

**BY ORDER OF THE COMMANDER  
673RD AIR BASE WING (PACAF)**

**673RD AIR BASE WING INSTRUCTION  
48-107**



**21 AUGUST 2018**

***Aerospace Medicine***

***BLOODBORNE PATHOGEN  
EXPOSURE CONTROL PLAN***

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OPR: 673 AMDS/SGPM

Certified by: 673 MDG/CC  
(Colonel Tambra L. Yates)

Supersedes: 3WGI 48-107, 12 June 2009

Pages: 28

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This instruction implements AFPDD 48-1, Aerospace Medical Program, and is used in conjunction with AFIs 44-108, Infection Control Program, and 48-101, Aerospace Medical Operations. This instruction establishes guidelines for personnel who have reasonably anticipated occupational exposure to blood borne pathogens (BBP) (see Paragraph 1) in the course of their duties on Joint Base Elmendorf Richardson (JBER). It applies to all organizations on base whose personnel have reasonably anticipated occupational exposure to blood, body fluids, or other potentially infectious materials (OPIM) in the course of their assigned duties, but does not apply to the Air Force Reserves or Air National Guard units and members. This primarily involves personnel working in the Medical Group, Fire Department, Security Police, and Office of Special Investigations (OSI). Also, included are employees required to provide first aid response as part of their duties. However, all personnel working on JBER should understand how blood borne pathogens are transmitted in case they must respond to an injured/ill coworker, dried blood found on an object, or a biohazardous spill. Waivers to this instruction must be requested through 673 MDG/CC. This instruction does not require functional OPR review. Refer recommended changes and questions about this publication to the office of primary responsibility (OPR) (see Attachment 1) using the AF Form 847, Recommendation for Change of Publication. Route the AF Form 847 through the appropriate chain of command. Ensure that all records created as a result of processes prescribed in this publication are maintained IAW Air Force Manual (AFMAN) 33-363, Management of Records, and disposed of IAW Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS)

***SUMMARY OF CHANGES***

This document is substantially revised and must be completely reviewed. Job categories, classifications and tasks were updated; .procedures were reorganized and updated and terms in **Attachment 1** were updated. **Attachments 2, 4, 5 and 6** were added. References to Tuberculosis (TB) were removed.

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## 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, OPIMs, 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 OPIMs, but employment may require performing unplanned/ emergency Category I tasks. Normal work routine involves no exposure to blood, body fluids, or OPIMs, 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:

**Table 1. Category II.**

JOB	TASK
Security Forces	Rendering First Aid
Mortuary Affairs	Potential exposure to human waste and human remains
Hospital Housekeeping	Duties performed in 673 MDG, Transporting
OPIMs, 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	
JOB	TASK
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 JBER 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.

## 2. Responsibilities:

### 2.1. The 673rd Wing Commander:

2.1.1. Is responsible for ensuring all units with personnel in Categories I and II (see paragraphs [1.1.1](#) and [1.1.2](#)) develop and review annually a unit-specific Bloodborne Pathogen Exposure Control Program (see [Attachment 2](#)).

2.1.2. Ensure initial and annual training (see [Attachment 3](#)) is accomplished for personnel considered at risk.

2.1.3. Ensure each unit commander complies with the guidance referred to in the following references: 29 Code of Federal Regulation (CFR) 1910.1030, Occupational Exposure to Blood borne Pathogens, Occupational Safety and Health Administration (OSHA); AFPD 48-1, AFIs 44-108, 48-101; 91-204, Safety Investigations and Mishaps; and 91-301, Air Force Occupational and Environmental Safety, Fire Prevention, and Health (AFOSH) Program; Morbidity and Mortality Weekly Report, Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for post exposure Prophylaxis, Vol. 50, No RR-11, 29 June 2001; Morbidity and Mortality Weekly Report, Guidelines for the Management of Occupational Exposures to HIV and Recommendations for post exposure Prophylaxis, Vol. 54, No RR-9, 30 September 2001; Morbidity and Mortality Weekly Report, Notice to Readers: Updated Information Regarding Antiretroviral Agents Used as HIV Postexposure Prophylaxis for Occupational HIV Exposures, Vol. 56, No. 49, 14 December 2007; as well as the expanded policies set by this program.

2.2. Unit Commanders. Will ensure that all personnel at risk for occupational exposure to blood, body fluids, or OPIMs are adequately protected, receive initial orientation and annual training, and comply with established guidelines and requirements defined in this program and 29 CFR 1910.1030.

2.3. Commanders of Organizations with Personnel at Risk for Occupational Exposures. Will designate an OPR for facilitating completion of the unit's BBP Exposure Control Program (using [Attachment 2](#)), monitoring compliance with engineering and work practice controls, PPE, housekeeping, elements of hazard communication and training documentation as stipulated by this program. NOTE: For contracted services, it's the contractor, not the Air Force, who assumes responsibility for compliance with OSHA standards and for the safety and health of their employees. Air Force contract specifications for services and materials must stipulate strict adherence to 29 CFR 1910.1030 and must specify who provides PPE to whom, who provides Hepatitis B vaccinations, who gives the training, and who investigates and documents blood borne or other potentially infectious pathogen exposure incidents.

2.4. At Risk Individuals. Each at-risk individual (active duty member, government employee, contract employee, student or volunteer assigned or attached to work in any affected organization) is responsible for knowledge of and compliance with this program. Each supervisor must document personnel training on AF Form 55, Employee Safety and Health Record, or its equivalent.

2.5. Training for Self-Aid and Buddy Care. All training for self-aid and buddy care (SABC) and CPR will include basic information concerning blood borne and other potentially infectious pathogens, their transmission, and method of exposure control.

2.6. The 673 MDG will provide:

2.6.1. Medical oversight for eligible workers exposed to blood, body fluids, or OPIMs in the course of their duties. Medical oversight for potentially exposed workers includes:

2.6.1.1. Immunizations (with documentation) to protect Category I and II workers against blood borne pathogens.

2.6.1.2. Medical follow-up, treatment, and documentation for authorized personnel exposed to blood, body fluids, or OPIMs in the course of their duties.

2.6.1.3. Written risk assessment opinions for employees exposed to blood, body fluids, or OPIMs.

2.6.2. Medical education to authorized workers following potential exposure to infectious materials in routine course of their duties.

2.6.3. Review and approval by Public Health (PH) (when requested by organizations) of unit exposure control programs and educational programs developed for workers potentially exposed to blood, body fluids, or OPIMs in the course of their duties.

2.6.4. Disposal of contaminated waste (upon request) through the medical waste disposal contract when waste contaminated with blood and body fluids. Any contaminated waste collected, gathered and transported in biohazard containers will also be disposed.

2.6.5. PH provides initial training upon request to organization supervisors on proper techniques and prevention of exposure to blood, body fluids, and OPIMs. Units may employ their own selected BBP initial training curriculum with review and approval by PH. PH also provides:

2.6.5.1. Technical advice and supervisory assistance on:

2.6.5.1.1. The types of PPE needed to protect workers from exposure to blood, body fluids, or OPIMs. Bioenvironmental Engineering and Infection Control personnel may also provide recommendations regarding PPE.

2.6.5.1.2. Training of workers exposed to blood, body fluids, or OPIMs in the course of their duties.

2.6.5.1.3. Training of workers on decontamination of surfaces contaminated with blood, body fluids, or OPIMs.

2.6.6. A medical consultant who will evaluate exposure incidents. A representative available to answer questions on exposure incidents.

2.7. All units with workers in Category I and II job classifications and any workers exposed to blood, body fluids, or OPIMs will:

2.7.1. Develop an Exposure Control Program for their workers using the template in [Attachment 2](#). The completed program will be reviewed by PH (673 AMDS/SGPM, Occupational Health Section) upon request. The Exposure Control Plan must be reviewed and updated at least annually, and 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 shall also reflect changes in technology that eliminate or reduce exposure to blood borne pathogens; and document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

2.7.2. Ensure the unit's written Exposure Control Program and its documentation are available to workers who may have questions and to authorized program evaluators for required review.

2.7.3. Develop, schedule, provide training materials, and document training for workers about the medical aspects of exposure to blood, body fluids, or OPIMs, organizational procedures, and the storage and use of PPE. PH will provide consultation as requested.

2.7.4. Purchase, properly store, and ensure the use of PPE needed to protect workers from exposure to blood, body fluids, or OPIMs. There must be enough PPE on hand to protect all workers involved in procedures with potential exposures. Additionally, PPE must be available in sizes that appropriately fit all workers potentially exposed.

2.7.5. Clean, launder, and/or dispose of PPE at no cost to the employee.

2.7.6. Repair or replace PPE as needed to maintain its effectiveness, at no cost to the employee.

2.7.7. If a blood or body fluid exposure takes place in the workplace:

2.7.7.1. Ensure that the affected worker washes the exposed area thoroughly with soap and water. Soap should not enter the eyes or the nose or mouth.

2.7.7.2. Immediately notify supervisor on duty; the supervisor will send the worker, and if possible, source individual to the 673 MDG Emergency Department as soon as possible.

2.7.7.3. Appropriately decontaminate surfaces soiled with blood, body fluids, or OPIMs, as soon as feasible using personnel trained in the management of blood borne pathogens to limit exposure of others.

2.7.7.4. To dispose of contaminated waste, call 673 MDG Facility Management at DSN 317-580-6136 for guidance. Transport the contaminated waste to 673 MDG for proper disposal. Bagged waste need not be transported immediately. It can be containerized and held in a secure manner until regular duty hours.

### 3. Procedures:

3.1. 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 in accordance with Air Force SG Policy Letter #03-004. Volunteers must receive the vaccine prior to working in Category I areas. Hepatitis B vaccination shall be made available after the employee has received the required training and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. (NOTE: The MDG currently provides Hepatitis B vaccination for all GS employees and volunteers. Contracted civilians are vaccinated according to their contract. Some contracts are written that the contracting company (employer) will provide the vaccine and it is not given at the MDG. OSHA requires the employer to provide the Hepatitis B vaccination, not the facility).

3.1.1. The Immunizations Clinic will document receipt of each vaccine for employees/volunteers who receive the Hepatitis B series in the Air Force Complete Immunizations Tracking Application (AFCITA) or other appropriate record maintenance system. For Category I personnel, PH also documents the HBV immunization status and follow-up activities into the Preventive Health Assessment and Individual Medical Readiness Database. Civilians declining this vaccine must sign a declination statement (see [Attachment 4](#)). If the employee later wishes to receive the vaccine, they may receive it at no cost. See NOTE on Contract civilians under 3.1.

3.2. At-risk workers will be given initial training prior to working in a work center with risk of exposure to blood or body fluids, or OPIMs and annual training as required by 29 CFR 1910.1030, Occupational Exposure to Blood borne Pathogens, (see [Attachment 3](#) for training requirements).

3.3. Supervisors will ensure that initial and annual training is documented on the employee's AF Form 55 or equivalent (and appropriate computerized training record if used by the organization) as Initial Blood borne Pathogen Training and Annual Blood borne Pathogen Training. PH is available to assist supervisors in training on Blood borne Pathogens to help meet both initial and annual training requirements.

3.4. PPE. Supervisors will:

3.4.1. Ensure adequate PPE (gloves, masks, goggles, face shields, outer protective garments, and so forth) is available for workers to use at all times where there is a potential for occupational exposure to blood, body fluids, or OPIMs.

3.4.2. Enforce the wearing of PPE during procedures in which there is a potential for occupational exposure to blood, body fluids, or OPIMs. Noncompliance of workers to adhere to policies and directives of this program must be immediately addressed through appropriate administrative procedures. This policy is established to protect the government's financial interest and to protect the worker's health.

3.5. If a worker is actually exposed to blood, body fluids, or OPIMs in the course of their duties, (for example, a needle puncture wound, getting cut with a contaminated object such as glass, having blood splash on the skin or mucous membranes of the eyes, nose or mouth) the supervisor will ensure that the worker thoroughly washes the affected area; for eyes, rinse with copious amounts of water. The supervisor will immediately send the exposed worker and, if possible, the source individual, to 673 MDG Emergency Department (ED) for appropriate evaluation and treatment. If it's not possible to send the source individual to the ED, the supervisor will ensure that Public Health receives the source individual's name and contact information.

3.5.1. The ED provider will evaluate the worker's potential exposure to blood borne pathogens using criteria developed by the Centers for Disease Control (CDC) and prevention based on the type of exposure and source's risk factors.

3.5.1.1. If indicated, ensure appropriate testing of the source as well as testing and initial treatment for the exposed worker are accomplished in a timely manner. The ED will notify Public Health of all exposed workers for military Public Health follow-up care.

3.5.1.2. Inform worker of the necessity of treatment and follow-up.

3.5.2. The flight surgeon on call will provide a written opinion on the individual's exposure incident and recommended follow-up care within 15 days after all initial evaluations have been completed. Ensure that the written opinion is placed in the individual's medical record.

3.5.3. PH will ensure that appropriate follow-up is accomplished using CDC and OSHA guidelines for blood, body fluid, and OPIMs exposure.

3.5.4. The unit where the exposure incident occurred will:

3.5.4.1. Ensure areas, equipment, clothing, and materials contaminated by blood, body fluids, or OPIMs are appropriately decontaminated. Small spills/ contamination may be cleaned by properly trained unit employees or by certified contractors.

3.5.4.2. Contact Contracting for spills that may be beyond the scope of the unit to manage internally as appropriate.

3.5.4.3. Unit employees trained in decontamination procedures will decontaminate and dispose of any blood, body fluids, or OPIMs using appropriately trained personnel and the procedures outlined in [Attachments 5](#) and [6](#).

3.5.4.4. Place all contaminated articles to be disposed of in a biological hazard bag. This task will be accomplished by appropriately trained unit personnel wearing proper PPE, including: puncture-resistant waterproof gloves, a protective outer garment, and shoe coverings, if there is a potential for contaminating the worker's shoes. If aerosolization or splattering of blood, body fluids, or OPIMs is expected,

individuals must wear a mask and goggles or face shield. The biohazard bags will be handled and transported appropriately to 673 MDG (consult with 673 MDG Facility Management, DSN 317-580-6136). If waste contains sharp items, such as broken glass, needles, or knives, these must be placed in a puncture resistant container which is sealed prior to placing it in a biohazard bag. NOTE: A regular plastic garbage bag can be used instead of a biohazard bag, if it is clearly marked with a biohazard label and double bagged. Contact Medical Logistics at DSN 317-580- 6355 to request a biohazard label.

#### **4. Contracted Operations:**

- 4.1. Protection for contract employees and appropriate disposal of collected waste should be the responsibility of the contractor.
- 4.2. Units planning to use contract services for cleanup of blood, body fluids or OPIM spills, must proactively establish a standing contract that will be quickly initiated when required. Ideally, contract workers should be on scene within an hour of their notification. Do not wait until a BBP incident occurs to try and establish an adequate contract.

#### **5. Record Keeping:**

- 5.1. The supervisor will document training on either an AF Form 55 (or equivalent) or computerized database for all units with Category I and II workers for the duration of the worker's employment.
- 5.2. At the end of the worker's employment, the unit will maintain the training record and any documentation of non-compliance by the worker for three years. Upon permanent change of station (PCS) or permanent change of assignment (PCA), the individual will take the AF Form 55 to the gaining unit.
- 5.3. Medical record. The 673 MDG will:
  - 5.3.1. For workers involved in a blood borne pathogen exposure incident, in the course of his/her duties on JBER, the following will be maintained in each individual's medical record:
    - 5.3.1.1. A copy of the employee's Hepatitis B vaccination status including the dates of Hepatitis B vaccinations and any medical documents relative to the employee's ability to receive the vaccination or the employee's declination statement.
    - 5.3.1.2. A copy of all results of examinations, medical testing, and follow-up procedures pertaining to an occupational exposure.
    - 5.3.1.3. Health professional's written opinion if exposure has occurred during employment.

5.3.2. Provide upon request from an authorized authority (as required by law) and in accordance with organizational procedures the pertinent portions of the employee's medical record for examination and copying. This task will be accomplished under the guidance of 29 CFR 1910.20, Access to Employee Medical and Exposure Records and must follow requirements of the Health Insurance Portability and Accountability Act of 1996.

ROBERT D. EVANS, Colonel, USAF  
Commander

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

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

AFI 44-108, Infection Prevention and Control Program, 11 December 2014, certified current 14 July 2015.

AFPD 48-1, Aerospace Medical Program, 3 October 2005.

AFI 48-101, Aerospace Medical Operations, 19 August 2005.

AFI 91-204, Safety Investigations and Mishaps, 24 September 2008

AFI 91-301, Air Force Occupational and Environmental Safety, Fire Prevention, and Health (AFOSH) Program, 1 June 1996.

29 CFR 1910.20, Access to Employee Medical and Exposure Records.

29 CFR 1910.1030, Occupational Exposure to Blood borne Pathogens.

Morbidity and Mortality Weekly Report, Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV, and Recommendations for Postexposure Prophylaxis, Vol. 50, No RR-11, 29 June 2001.

Morbidity and Mortality Weekly Report, Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis, Vol. 54, No RR-9, 30 September 2005.

Morbidity and Mortality Weekly Report, Notice to Readers: Updated Information Regarding Antiretroviral Agents Used as HIV Postexposure Prophylaxis for Occupational HIV Exposures, Vol. 56, No. 49, 14 December 2007.

***Adopted Forms***

AF Form 55, Employee Safety and Health Record

AF Form 847, Recommendation for Change of Publication.

***Abbreviations and Acronyms***

**AFCITA**—Air Force Complete Immunizations Tracking Application

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

**BBP**—Bloodborne Pathogens

**CDC**—Centers for Disease Control

**CFR**—Code of Federal Regulations

**CPR**—cardiopulmonary resuscitation

**ED**—Emergency Department

**HBV**—Hepatitis B virus

**HCV**—Hepatitis C virus  
**HIV**—Human Immunodeficiency Virus  
**JBER**—Joint Base Elmendorf Richardson  
**OPR**—Office of Primary Responsibility  
**OSHA**—Occupational safety and health administration  
**OSI**—Office of Special Investigations  
**PCA**—Permanent Change of Assignment  
**PCS**—Permanent Change of Station  
**PH**—Public Health.  
**OPIM**—Other Potentially Infectious Materials  
**PPA**—Personal Protective Attire  
**PPE**—Personal Protective Equipment  
**RDS**—Records Disposition Schedule  
**SABC**—Self-Aid and Buddy Care  
**TB**—Tuberculosis

### *Terms*

**Additional Terms**—For additional terms, see Occupational Safety and Health Standards (OSHA) Title 29 Code of Federal Regulations (CFR) 1910.1030.

**Bloodborne Pathogens (BBP)**—Disease-causing microorganisms that are present in human blood and can cause disease in humans. Examples include (but are not limited to) Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

**Contaminated**—Refers to the presence or the reasonably anticipated presence of blood or OPIMs on an item or surface.

**Decontamination**—Use of physical or chemical means to remove, inactivate, or destroy blood-borne pathogens on the 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.

**Employee**—All personnel working in any capacity for the United States Government at JBER, Alaska (that is, military, hired civilians, civilian/military volunteers, housekeeping personnel, and students).

**Engineering Controls**—Exposure control measures that isolate or remove the bloodborne pathogen hazard from the workplace (for example, sharps containers, self-sheathing needles, hand washing facilities).

**Exposed Individual**—Any individual who comes in contact with blood or OPIMs.

**Exposure**—Any encounter, direct or indirect, with an injured person’s blood or body fluids, or their personal items (that is, clothing, bed linens, bandages, and so forth) contaminated by blood or body fluids.

**Exposure Incident**—An incident in which blood or OPIMs contact the mucous membranes of the eye, nose, or mouth, or make contact with broken, non-intact, or irritated skin. It also includes any incident where a potentially contaminated item penetrates the skin (for example, needle-stick). Human bites are also considered an exposure incident for purposes of screening and follow-up.

**Occupational Exposure**—Eye, mucous membrane, or parenteral (through the skin/mucous membrane barrier) or non-intact skin exposure to blood or OPIMs during the course of an employee’s duties. Non-intact skin includes skin with dermatitis, hangnails, cuts, abrasions, chafing, and so forth.

**Parenteral**—Piercing mucous membranes or the skin barrier through such events as needle sticks, punctures, human bites, cuts, and abrasions.

**Personal Protective Equipment/Attire (PPE/PPA)**— Specialized clothing or equipment (gowns, gloves, masks, goggles) worn by an employee for protection against a hazard. General work clothes (for example, uniforms, pants, shirts, or blouses) are not intended to function as protection against hazards and are not considered PPE/PPA.

**Other Potentially Infectious Materials (OPIM)**—OPIMs include: All body fluids; any unfixed tissues or organs (other than intact skin) from a human (living or dead); and HIV cell/tissue/organ cultures and HIV or HBV containing culture medium or other solutions; blood, organs or other tissues from experimental animals infected with HIV or HBV.

**Sharps**—Any object that can penetrate the skin, including but not limited to needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

**Source Individual**—Any individual (living or dead) who’s blood or OPIMs may be a source of occupational exposure to the employee.

**Standard Precautions**—An approach to infection control in which all human blood and OPIMs (discussed above), or contaminated items that would release blood or OPIMs, are treated as if known to be contaminated with bloodborne pathogens. The approach includes the use of barriers or other personal protective equipment/attire (PPE/PPA) between the body fluid of the patient and skin or mucous membranes of the employee.

**Work Practice Controls**—Measures that reduce the chances of exposure by altering the manner in which a task is performed (for example, prohibiting the recapping of needles using a two- handed technique, avoiding picking up broken glass with bare hands, using proper procedures for collecting and disposing of OPIMs).

**Attachment 2**

**JOINT BASE ELMENDORF RICHARDSON BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

**A2.1. Sample Program with Detailed Explanations:**

A2.1.1. Unit:

A2.1.2. Preparation Date:

A2.1.3. Certifying Official **NOTE:** This sample program is provided only as a guide to assist in complying with 29 CFR 1910.1030, OSHA’s bloodborne pathogens standard. Organizations will need to add relevant information or change/delete information non relevant to their particular organization/function in order to develop an effective, comprehensive exposure control program. Organizations must review the standard for particular requirements applicable to their specific situation. The exposure control program must be reviewed annually and updated when necessary.

A2.1.4. In accordance with the OSHA Occupational Exposure to Bloodborne Pathogens Standard, 29CFR 1910.1030, the following exposure control program has been developed.

**A2.2. Exposure Determination.** OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood, body fluids or OPIMs. The exposure determination is made without regard to the use of personal protective equipment.

A2.2.1. 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.

**Table A2.1. Job Titles/Series.**

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

A2.2.2. 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 OPIMs, a listing of tasks or procedures is required to clearly understand which employees are considered to have occupational exposure.

**Table A2.2. Job Classification and Task Procedures.**

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

**A2.3. Implementation Schedule and Methodology.** This plan also requires a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

A2.3.1. Standard Precautions. The mandatory use of standard precautions is in effect. The term "standard precaution" refers to an infectious disease control system intended to prevent health care and public safety workers from mucous membrane, and non-intact skin exposures to bloodborne pathogens. Assume all blood and body fluids (semen, vaginal fluids, cerebrospinal, lymph, pericardial, and so forth) are potentially infectious and appropriate barriers must be established between the patient's blood, body fluids, and other infectious materials and the health care and public safety worker. Under circumstances where differentiation between body fluid types is difficult or impossible, consider all body fluids potentially infectious. Consider all blood, body fluid, or OPIMs infectious regardless of the perceived status of the source individual.

A2.3.2. Engineering and Work Practice Controls. Use engineering and work practice controls to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, use personal protective equipment. The following engineering controls will be used:

A2.3.3. Inspections will be conducted for the following controls:

**Table A2.3. Control and Inspection Control.**

CONTROL	INSPECTION CONTROL
(Hand Washes)	(Weekly/Inspected by Sgt 11/or list responsible Section.)

A2.3.4. Hand Washing Facilities. Employees who incur exposure to blood, body fluids or other infectious materials will wash at a readily accessible area. If hand-washing facilities are not feasible, the organization is required to provide either an appropriate antiseptic hand cleanser in conjunction with a clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, wash the hands with soap and running water as soon as feasible. Also, after removal of protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to mucous membranes, wash or flush those areas with running water immediately following contact. Organizations will list locations of readily accessible hand washing facilities and alternatives to hand washing facilities. Organizations that must provide alternatives to readily accessible hand washing facilities must ensure the maintenance and accessibility of these alternatives.

A2.3.5. Hand washing stations are located in the following locations:

**Table A2.4. Permanent Locations and Portable Station Locations.**

PERMANENT STATION LOCATIONS	PORTABLE STATION LOCATIONS
(List locations, for example, patient rooms, procedure areas, vehicles, specific areas in hangars, and so forth.)	

A2.3.6. Personal Protective Equipment (PPE):

A2.3.6.1. All employees will use PPE to minimize or eliminate exposure risks. Consider equipment appropriate only if it does not permit blood, body fluids, or OPIMs 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.

A2.3.6.2. Providing PPE. It's the responsibility of the individual organization to provide PPE for their employees at no cost to the employee. List here who in the organization will provide PPE 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. Choose PPE based on the anticipated exposure to blood, body fluids, or OPIMs. Make hypoallergenic gloves, powderless gloves, or other similar alternatives available for those employees who are allergic to the gloves normally used.

A2.3.6.3. Enforcing the wearing of PPE. The supervisor or section head will enforce the use of PPE by all employees. Not wearing PPE when exposed to blood, body fluids, or OPIMs is only allowed under rare and extraordinary circumstances where specific use of PPE will prevent delivery of health care or pose a safety hazard to the employee or co-workers. When the employee makes this judgment, the circumstances will be investigated by the supervisor and documented on a , (use an appropriate form for official documentation, such as a memorandum for record) to determine whether changes need to be instituted to prevent further incidents where PPE is not worn.

A2.3.6.4. Accessibility of PPE. The supervisor or section head will ensure availability of PPE in the work area and provide protective clothing to employees. The following (organization, person, unit, and so forth) is responsible for distribution of PPE.

A2.3.6.5. Coordinate with Medical Supply on types of PPE available for purchase.

**A2.4. Personal Protective Equipment is Stored:**

A2.4.1. Remove all PPE penetrated by blood, body fluids, or OPIMs immediately or as soon as feasible. Remove all PPE prior to leaving the work area.

A2.4.2. Place all contaminated PPE in an appropriately designated area or container for storage prior to decontamination or disposal. Handle contaminated disposable PPE as follows:

A2.4.3. The buddy system should be used if more than one individual is involved.

A2.4.4. Remove outer protective garment, (for example, gown, apron, lab coat, and so forth) fold garment in on itself as the garment is being removed and place in the biohazard-hazard bag.

A2.4.5. Remove shoe covers and place in the biohazard-hazard bag.

A2.4.6. Remove the face shield/goggles and place in designated storage area identified for holding contaminated PPE prior to decontamination for re-use.

A2.4.7. Remove gloves by turning inside out and place in designated storage area identified for holding contaminated PPE prior to decontamination for re-use or place in biohazard bag for disposal.

**A2.5. The following protocol has been developed to facilitate leaving the equipment at the work area:**

A2.5.1. The organization will clean, launder, and dispose of all PPE at no cost to employees. The organization will make all repairs and replacement at no cost to the employee.

A2.5.2. Employees will wear gloves when it is reasonably anticipated that hands could make contact with blood, body fluids, OPIMs, non-intact skin, mucous membranes and when handling or touching contaminated items or surfaces.

**A2.6. Gloves will be made available at the following locations:**

A2.6.1. Wear heavy duty, industrial grade utility gloves when any activity such as handling trash, decontamination of instruments/equipment, or environmental cleaning is performed. Wash utility gloves when minimal soiling occurs. Change utility gloves when heavily soiled or when the integrity of the barrier has been compromised. After removing gloves, employees will wash their hands with soap and water immediately or as soon as possible. Utility gloves may be decontaminated for reuse provided the integrity of the gloves is not compromised. Discard utility gloves when cracked, peeling, torn, punctured, or exhibiting signs of deterioration or when their ability to function as a barrier is compromised.

A2.6.2. Do not reuse disposable gloves. Do not wash or decontaminate disposable gloves for reuse. Replace gloves as soon as practical when they become contaminated, torn, punctured, or their ability to function as a barrier is compromised.

A2.6.3. Employees must wear masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin length face shields, whenever splashes, spray, splatter, or droplets of blood, body fluids, or OPIMs may be generated and if eye, mouth, or nose contamination is anticipated.

A2.6.4. The OSHA standard also requires the use of appropriate protective clothing, such as lab coats, gowns, aprons, clinic jackets, or similar outer garments. The type and characteristics will depend upon the task and degree of exposure anticipated.

**A2.7. The following situations/procedures require protective clothing be used:**

**Table A2.5. Situation/Procedures and PPE Used.**

SITUATION/PROCEDURE	PPE USED
(List situations/procedures to be used, for example, Emergency first aid, lab procedures, dental procedures, and so forth.)	(List PPE to be used. for example, lab coat, face shield, and so forth.)

A2.7.1. Handling contaminated needles, sharp instruments, or other contaminated articles. Education programs are to stress proper management of needles, sharp instruments, or other contaminated articles. Workers are to be aware of the occupational health hazards concerning their use. Common sense, safety, and environmental concerns are paramount in the workers handling and disposal of needles, sharp instruments, or other contaminated articles. Place emphasis on the minimal handling of these items.

A2.7.2. Do not use hands to pick up sharp instruments, broken glass, needle/syringe units, or other sharp objects contaminated with blood, body fluids, or OPIMs. Pick the object up using other methods not requiring an individual to come in direct contact with the contaminated object, (for example, tongs, forceps, a broom and dust pan, cardboard, and so forth).

A2.7.3. Place the contaminated objects in a puncture resistant, leak proof biohazard container, or other impervious, puncture resistant container to be placed in a biohazard bag and take to the 673rd MDG for disposal (contact 673 MDG Facility Management, 580-6136, for guidance). If the organization does not have a suitable biohazard container, contact the 673rd MDG to pick one up. You must exercise extreme caution when disposing of needles and sharp instruments/objects.

A2.7.4. Place contaminated non-sharps, (for example, contaminated gauze, towels, clothing, and so forth) in a leak proof biohazard bag.

**A2.8. Needles.** Do not bend, recap, remove, shear or purposely break contaminated needles and other contaminated sharps. OSHA allows an exception to this if the procedure requires the contaminated needle be recapped or removed and no alternative is feasible and the medical procedure requires the action. Use a mechanical device or one-handed technique if recapping or removal is required.

**A2.9. The following procedures require recapping or removal of needles:**

A2.9.1. Reusable Sharps Containers. Place reusable contaminated sharps immediately, or as soon as possible, into appropriate sharps containers to wait for cleaning and sterilization. At this facility the sharps containers are puncture resistant, labeled with biohazard label, and are leak proof. Workplace-specific Bloodborne Pathogen training should include location of sharps containers in the workplace training plan.

**A2.10. Work Area Restrictions:**

A2.10.1. Employees are not to eat, drink, apply cosmetics, lip balm, smoke, or handle contact lenses in work areas where there is a reasonable likelihood of exposure to blood, body fluids, or OPIMs.

A2.10.2. Do not keep food and beverages in refrigerators, freezers, shelves, cabinets, on counter tops or bench tops where blood, body fluids, or OPIMs are present.

A2.10.3. Mouth pipetting/suctioning of blood, body fluids, or OPIMs is prohibited.

A2.10.4. Conduct all procedures in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood, body fluids, or OPIMs.

**A2.11. The following methods will be used to accomplish work area restrictions:**

A2.11.1. Specimens:

A2.11.2. Place specimens of blood, body fluids, or OPIMs in containers which prevent leakage during the collection, handling, processing, storage, transport, or shipping of the specimens. Label or color code the containers used for this purpose in accordance with the requirements of the OSHA standard. Biohazard (red) bags or red containers may be substituted for labels. Organizations should note the standard provides a labeling/color coding requirement exemption, provided the facility uses standard precautions in the handling of all specimens and the containers are recognizable as containing specimens. This exemption applies only while the specimens remain in the facility.

A2.11.3. Place any specimen, which could puncture a primary container within a puncture resistant secondary container. This container must have appropriate biohazard markings. Workplace-specific training plans should include training on specimen handling. The following containers will be used for the listed specimens:

A2.11.4. If outside contamination of the primary container occurs, place the primary container within a secondary container, which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen. If specimen leakage is anticipated, double or triple bag the primary container using color-coded plastic bags or sturdy clear plastic bags.

**A2.12. Contaminated Equipment and Surfaces:**

A2.12.1. Examine equipment contaminated with blood, body fluids, or OPIMs prior to servicing or shipping and decontaminate as necessary unless the decontamination of the equipment is not feasible.

A2.12.2. Only trained personnel within the organization will decontaminate contaminated equipment and surfaces.

A2.12.3. Individuals who are responsible for decontaminating equipment and surfaces will wear appropriate PPE, including but not limited to: gloves, protective eyewear, and a smock.

A2.12.4. At a minimum, clean contaminated surfaces and equipment using procedures in [Attachment 5](#) and [Attachment 6](#).

**A2.13. List the procedures used for decontaminating equipment and surfaces.**

A2.13.1. If you cannot decontaminate the equipment or surfaces in this fashion, contact Public Health (551-4000) or 673rd MDG Infection Control Officer (580-2722) for advice.

A2.13.2. Attach a readily observable biohazard label to the portion of the equipment which remains contaminated.

A2.13.3. Submitting organizations must inform all affected employees, the servicing representative, and/or the manufacturer, of the biohazard potential prior to handling, servicing, or shipping, so appropriate precautions can be taken. The following is a list of equipment that would not be feasible to decontaminate prior to shipping or servicing:

#### **A2.14. Housekeeping:**

A2.14.1. Supervisors or section heads are responsible for maintaining their work areas in a clean and sanitary condition.

A2.14.1.1. Schedule of housekeeping procedures: Establish operating instructions for each section indicating schedule for cleaning and methods of decontamination based upon work area and procedures performed in the area.

A2.14.1.2. This facility will be cleaned and decontaminated according to the following schedule:

A2.14.1.3. Accomplish decontamination by utilizing the following materials:

A2.14.1.4. Decontaminate all contaminated equipment and work surfaces after completion of procedures and immediately or as soon as feasible after any spill of blood, body fluids, OPIMs (see [Attachment 5](#)), and at the end of the work shift if contamination occurred since the last cleaning. (Employers should add in any information concerning the usage of protective coverings, such as plastic wrap used to assist in keeping surfaces free of contamination.)

A2.14.1.5. Immediately replace protective coverings such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and work surfaces when they become overly contaminated, or at the end of the work shift if contamination occurs.

A2.14.1.6. Inspect all bins, pails, cans, and similar receptacles, intended for reuse, for blood, body fluid, or OPIMs. Decontaminate the receptacles on a regularly scheduled basis (for example, daily, weekly) and decontaminate immediately or as soon as feasible if contaminated. Inspect all bins, pails, cans, and similar receptacles and decontaminate on a regularly scheduled basis:

#### **A2.15. Regulated Waste Disposal:**

A2.15.1. Discard all contaminated sharps as soon as feasible in sharps containers located in the facility. Sharps containers are located:

A2.15.2. Place regulated waste other than sharps in appropriate containers. Such containers are located:

#### **A2.16. Laundry Procedures:**

A2.16.1. Handle laundry contaminated with blood, body fluids, or OPIMs as little as possible. Place such laundry in appropriately marked bags at the location where it was used. Do not sort or rinse such laundry in the area of use.

A2.16.2. All employees who handle contaminated laundry will use PPE to prevent contact with blood, body fluids, or OPIMs.

A2.16.3. Laundry at this facility will be cleaned at:

A2.16.4. When contaminated laundry is shipped off site to a second facility which does not use standard precautions in handling all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with 29 CFR 1910.1030(g)(1)(i).

**A2.17. Hepatitis B Vaccine.** At no cost to the employee the hepatitis B vaccine will be given to all appropriately designated individuals (for example, clinic personnel, fire department personnel, security police, OSI and other military members with potential occupational blood or body fluid exposure) who have been identified as having exposure to blood, body fluids, or OPIMs. All other civilian employees with exposure potential will be offered the vaccine at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood, body fluids, or OPIMs unless the employee has previously had the vaccine. Civilian employees (with the exception of Category I employees) who decline must sign the hepatitis B declination statement, [Attachment 4](#), which is placed in their medical record kept at the clinic. See NOTE on Contract Civilians under 3.1. of this ABWI.

A2.17.1. Post-Exposure Evaluation and Follow Up. When the employee incurs an exposure incident, the supervisor will report the exposure to PH and immediately direct the employee to the 673 MDG Emergency Department for initial evaluation and treatment. Post exposure evaluation and follow up will be done in accordance with the OSHA occupational exposure to bloodborne pathogens standard, 29 CFR 1910.1030.

**A2.18. Interaction with Health Care Professionals:**

A2.18.1. The health care provider (for example, attending physician, nurse practitioner, physician's assistant, and so forth) will give a written opinion for employees whenever the employee is sent to a health care provider following an exposure incident.

A2.18.2. Health care providers will be instructed to limit their opinions to:

A2.18.2.1. Whether the Hepatitis B vaccine or Hepatitis B immune globulin is indicated, if the employee has received the vaccine, or for evaluation following an incident.

A2.18.2.2. Information of the results of the evaluation.

A2.18.2.3. Telling the employee about any medical conditions resulting from exposure to blood, body fluids, or OPIMs. (NOTE: the written opinion to the employer is not to reference any personal medical information).

**A2.19. Training:**

A2.19.1. Supervisors will ensure training of all employees prior to initial assignment to tasks where occupational exposure may occur and annually thereafter. The required training elements can be found in [Attachment 3](#).

A2.19.1.1. All employees will receive annual refresher training. (NOTE: This training is to be conducted within one year of the employee's previous training).

**Table A2.6. Training Dates/Type Material Used/Who Conducted.**

TRAINING DATE	TYPE OF MATERIAL USED	WHO CONDUCTED
(Employers should list here if training will be conducted using video tapes, written material, and so forth. Also the employer is to indicate who is responsible for conducting the training.)		
THE OUTLINE FOR THE TRAINING MATERIAL IS LOCATED:		
(List where the training materials are located.)		

**A2.20. Record Keeping.** All records required by the OSHA standard will be maintained by:

**A2.21. Dates.** All provisions required by the standard will be implemented by:

## Attachment 3

## BLOODBORNE PATHOGEN TRAINING

Figure A3.1. Bloodborne Pathogen Training.

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.

**Attachment 4****HEPATITIS B VACCINE DECLINATION STATEMENT****Figure A4.1. Hepatitis B Vaccine Declination Statement.**

I \_\_\_\_\_, understand that due to my occupational exposure to blood, body fluids, or other potentially infectious materials (OPIMs) I may be at a higher risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge. However, I decline hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood, body fluids, or OPIMs during my employment with Joint Base Elmendorf Richardson and I decide to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge.

NOTE: The MDG currently provides Hep B vaccination to all GS employees and Volunteers. Contracted civilians are vaccinated according to their contract. Some contracts are written that the contracting company (employer) will provide the vaccine and it is not given at the MTF. OSHA requires the employer to provide the Hep B vaccination, not the facility.

Signature and date

Printed Name

## Attachment 5

### DECONTAMINATION PROCEDURES FOR BLOOD, BODY FLUIDS, AND OTHER POTENTIALLY INFECTIOUS MATERIALS

**A5.1. Procedures.** The following procedures are recommended for "site specific" clean-up of spill involving blood or body fluids. Five percent household bleach is used here. Consult the 673 MDG Infection Preventions for recommendations/approval of other disinfectants. Also, outline in the unit's control program the procedures for clean-up using the disinfectant.

A5.1.1. Make a "spill kit" readily available for site clean-up. Place ½ cup of household bleach in a dark brown or opaque bottle (sunlight will break down bleach). Put the bleach, ½ gallon of water (don't mix the two until you clean-up a spill), pair of heavyweight, puncture resistant utility gloves, such as those used for house cleaning and dish washing, 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, and so forth. Also have the following available for large spills or spills that have the potential for splattering:

A5.1.1.1. Clothing. Use cloth or disposable gowns/coats to prevent blood contamination of clean-up workers' clothing. A disposable plastic apron that covers the torso and thighs is recommended if there is a significant probability that blood or body fluids may be splashed onto the clean-up workers. At the completion of clean-up, discard the disposable apron into the biohazard-hazard waste bag.

A5.1.1.2. Facial Protection. Wear facial protection if splattering of blood or body fluids is anticipated. A disposable mask offers protection for the nose and mouth. Plastic, wrap-around safety glasses offer adequate protection; 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-hazard waste bag.

A5.1.1.3. Shoes. If the spill is large and/or there is a potential of contaminating the worker's shoes, wear water-proof shoe covers.

A5.1.1.4. Contaminated Sharp Objects. 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- hazard waste bag.

**A5.2. Absorb the Spill.** Absorb the bulk of spilled material prior to disinfection with disposable absorbent material (paper towels, gauze pads, or if a small spill, sponge). If the spill is large, granular absorbent material like that used to absorb caustic chemical spills may be used (for example, 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-hazard waste bag. Mix the 1/2-cup of bleach with the 1/2-gallon of water. Flood the site or wipe down the spill site with disposable towels or sponge soaked in bleach to make the site "glistening wet." Allow the bleach solution to remain in contact with the infectious material for 10 minutes. Absorb the disinfectant with paper towels and dispose of the paper towels in a biohazard-hazard

waste bag. Alternatively, the spill site may be permitted to air dry. Rinse the spill site with water to remove a chemical residue. Dry the site to prevent slipping. Place all disposable materials used in the decontamination process into a biohazard-hazard waste bag. Dispose of the remaining disinfectant by pouring down the sanitary sewer. Decontaminate reusable materials, and equipment following above procedures. If clothing becomes contaminated with blood or body fluids it should be removed as soon as possible, the skin washed with soap and water, the clothing placed in a biohazard-hazard bag and disposed of or cleaned by a laundry capable of handling blood contaminated clothing. NOTE: The above disinfecting solution is approximately a 1:10 dilution of household bleach. Larger or smaller amounts may be made following this dilution rate.

## Attachment 6

### BUILD-YOUR-OWN EMERGENCY BLOOD/BODY FLUID SPILL KIT CONTENTS LIST

#### A6.1. Suggested Components:

- A6.1.1. Impervious coverall w/hood and boots – 1
- A6.1.2. Pairs disposable nitrile gloves -- 3
- A6.1.3. Face shield w/Head Strap – 1
- A6.1.4. Rescue breather for CPR -- 1
- A6.1.5. Disposable dust/mist respirator mask – 1
- A6.1.6. Biohazard bags -- 2
- A6.1.7. Sheet of Biohazard labels -- 1
- A6.1.8. Household sponges -- 2
- A6.1.9. Zip closing bag containing paper towels or gauze -- 1
- A6.1.10. One small brown or opaque bottle containing ½ cup of household bleach (bottle must be tightly sealed and appropriately labeled); include an instruction sheet on how to mix with water (see [Attachment 5](#)).
- A6.1.11. One half gallon water in a sealed container (container with enough leftover space to add the ½ cup bleach), or a bucket marked to ½ gallon if water is immediately available.
- A6.1.12. One pair of disposable (plastic) tongs or other rigid tool to use for picking up contaminated sharps (explanation of this tool is explained in greater detail in decontamination procedures protocol, [Attachment 5](#)). Kit should not be reused.
- A6.1.13. Kit is non-sterile; please dispose of contaminated, non-cleanable material properly. Use Biohazard Labels on all containers used to transport biohazardous materials as well as bags containing contaminated waste. **NOTE:** Components of this kit, which are not contaminated during its use, may be reused when building another kit.