BY ORDER OF THE COMMANDER
MACDILL AIR FORCE BASE

MACDILL AIR FORCE BASE
INSTRUCTION

44-105

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Medical

CONTROLLING OCCUPATIONAL EXPOSURES TO BLOOD, BODY FLUIDS, AND OTHER POTENTIALLY INFECTIOUS MATERIALS

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This publication implements Air Force Instruction (AFI) 44-108, *Infection Prevention and Control Program*. It provides guidance for personnel who have reasonably anticipated occupational exposure to bloodborne pathogens (BBP) in the course of their duties at MacDill Air Force Base (AFB). It applies to all organizations on base whose personnel have reasonably anticipated occupational exposure to blood, body fluids, or other potentially infectious materials in the course of their assigned duties. This primarily involves personnel working in the Medical Group, Fire Department, Security Forces, and Office of Special Investigations. However, all personnel working on MacDill AFB should understand how BBPs are transmitted in case they must respond to an injured/ill coworker, dried blood found on an object, or a biohazardous spill. This instruction does apply to US Air Force Reserve and Air National Guard units and their personnel including the Air Force Reserve and Air National Guard (ANG), except where noted otherwise. This publication may be supplemented at any level, but all supplements must be routed to the Office of Primary Responsibility (OPR) listed above for coordination prior to certification and approval. Refer recommended changes and questions about this publication to the OPR listed above using the AF Form 847, *Recommendation for Change of Publication*; route AF Forms 847 from the field through the appropriate chain of command. Requests for waivers must be submitted to the OPR listed above for consideration and approval. Ensure that all records created as a result of processes prescribed in this publication are maintained in

accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS). The authorities to waive wing/unit level requirements in this publication are identified with a Tier ("T-0, T-1, T-2, T-3") number following the compliance statement. See AFI 33-360, *Publications and Forms Management*, for a description of the authorities associated with the Tier numbers. This

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Act of 1974 authorized by Title 10, United States Code (U.S.C.), **Chapter 55**, *Medical and Dental Care*. The applicable SORN(s) F044 AF SG K, *Medical Professional Staffing Records* is available at: **http://dpclo.defense.gov/Privacy/SORNs.aspx**.

SUMMARY OF CHANGES

This document has been substantially revised and must be completely reviewed. Major changes include removing the requirement for all personnel in specified units to in-process and out-process with Public Health (PH).

1. Overview or Background This instruction, in accordance with OSHA's BBP standard (29 Code of Federal Regulations (CFR) 1910.1030), prescribes safeguards to protect workers against the health hazards caused by BBPs. It's requirements include exposure control plans, universal precautions, engineering and work practice controls, personal protective equipment (PPE), Hepatitis B Virus (HBV) vaccination, and hazard communication training.

2. Roles and Responsibilities.

2.1. **As the "employer," 6th Air Refueling Wing Commander (6 ARW/CC), is responsible for the MacDill AFB BBP Exposure Control Program.** The 6th Medical Group (6 MDG) Commander (CC) has overall responsibility for managing the BBP. The 6 MDG/CC shall establish a written Exposure Control Program designed to eliminate or minimize employee exposure to blood, body fluids, or other potentially infectious materials. The program must:

2.1.1. Identify duties that conceivably pose a risk of occupational exposure to blood, body fluids, or other potentially infectious materials.

2.1.2. Ensure initial and annual training is accomplished for personnel considered at risk.

2.1.3. Ensure that each unit (group and squadron) commander complies with the guidance referred to in **Attachment 2**, as well as the expanded guidance and procedures set by this program.

2.2. **Unit commanders will identify the exposure risk category (see para 3.1.)** . They will ensure all personnel at risk for occupational exposure to blood, body fluids, or other potentially infectious materials are adequately protected, receive initial 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 office of primary responsibility (OPR) for facilitating completion of the unit's BBP template (Attachment 2), monitoring compliance with engineering and work practice**

controls, personal protective equipment (PPE), housekeeping, elements of hazard communication, and training documentation, as stipulated by this program.

2.4. **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*. All training for self-aid and buddy care as well as cardiopulmonary resuscitation (CPR) will include basic information concerning bloodborne and other potentially infectious pathogens, their transmission, and method of exposure control.

2.5. **The 6th Medical Group (6MDG) will provide:**

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

2.5.1.1. Immunizations (with documentation) to protect authorized workers against BBPs.

2.5.1.2. Medical follow-up, treatment, and documentation for authorized personnel exposed to blood, body fluids, or other potentially infectious materials in the course of their duties. See BBP Protocol at **Attachment 2**.

2.5.1.3. Health Care Providers will document written opinions for employees exposed to blood, body fluids, or other potentially infectious materials. Written opinions will be given within 15 days of exposure.

2.5.2. The attending medical provider or PH technician will provide medical education to authorized workers exposed to potentially infectious materials in routine course of their duties.

2.5.3. Review and approval through the Infection Prevention and Control Function of Unit Exposure Control Programs and educational programs developed for workers potentially exposed to blood, body fluids, or other potentially infectious materials in the course of their duties. **Note:** **Attachment 2** includes a suggested BBP Education and Training Program template for organization commanders to designate their BBP program OPR to utilize.

2.5.4. Disposal of contaminated waste (when requested by organizations) through the medical waste disposal contract for waste contaminated with blood and body fluids and biohazard bags used for gathering and transporting said waste.

2.5.5. Technical advice and supervisory assistance on:

2.5.5.1. The types of PPE needed to protect workers from exposure to blood, body fluids, or other potentially infectious materials.

2.5.5.2. Training of workers exposed to blood, body fluids, or other potentially infectious materials in the course of their duties.

2.5.5.3. Decontamination of surfaces contaminated with blood, body fluids, or other potentially infectious materials (see **Attachment 4**).

2.5.6. A medical consultant (Internal Medicine Clinic) who will evaluate exposure incidents.

2.6. **All organizations with workers in Category I and II job classifications and any with workers exposed to blood, body fluids, or other potentially infectious materials will:**

2.6.1. Develop an Exposure Control Program for their workers using the template at **Attachment 2**. The completed program must be sent to the Infection Preventionist initially and annually to be reviewed, then forward for approval by the 6 MDG Infection Prevention and Control Function.

2.6.2. Ensure the unit's written Exposure Control Program and its documentation are available to its workers and to authorized program evaluators for required review.

2.6.3. Develop, schedule, provide training materials, and document training to workers on the medical aspects of exposure to blood, body fluids, or other potentially infectious materials, organizations procedures, and the storage and use of PPE (see **Attachment 2**).

2.6.4. Purchase, properly store, and ensure the use of PPE needed to protect workers from exposure to blood, body fluids, or other potentially infectious materials. 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.

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

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

2.6.7. In the event a blood or body fluid exposure takes pace, follow procedures outlined below.

2.6.7.1. Ensure worker washed exposed area thoroughly with soap and water. Do not use soap on eyes or in nose or mouth. If skin has been punctured, promote bleeding by squeezing area before washing. Record name, address, and phone number of source person, if known. Immediately notify supervisor on duty and report to the 6 MDG, Internal Medicine Clinic, or call PH for information and action at 813-827-9601. If the incident occurs after duty hours, report to the Emergency Department at Tampa General Hospital (or closest). Call PH the next duty day to report incident.

2.6.7.2. Document on the AF Form 765, *Medical Treatment Facility Incident Statement*, information that includes the department/work area where the incident occurred: type, brand, and lot number (if available) of device involved in the incident, and explanation of how the incident occurred.

2.6.7.3. Refer the exposed individual and, if possible, the source of exposure, to the 6 MDG, Internal Medicine Clinic, for evaluation, appropriate treatment, and follow-up within two hours. Supervisor must complete BBP Exposure report form (**Attachment 3**) and forward to PH.

2.6.7.4. Appropriately decontaminate surfaces soiled with blood, body fluids, or other potentially infectious materials as soon as feasible, using personnel trained on BBPs to limit exposure of others (see **Attachment 4**).

2.6.7.5. Transport wastes to the 6 MDG, Building 1078, for proper disposal in accordance with **Attachment 4**. Contact 6 MDG Facilities Management at 827-9835 prior to transporting. Bagged waste need not be transported immediately. It can be containerized and held in a secure manner until regular duty hours.

3. Exposure Categories: Three exposure categories will be used to determine risk for occupational exposure to infectious BBP diseases. These categories are as follows:

3.1. Category I: Tasks 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, or tissues, or a potential for spills or splashes of them are Category I tasks. Use of appropriate PPE will be required for employees engaged in Category I tasks.

3.1.1. Category I job classifications shall include employees in the following job classifications: physicians, dentists, nurses, physician assistants, laboratory officers, medical lab technicians, dental and dental lab technicians, dental hygienists, dental assistants, dental volunteers, radiologists, radiology technicians, optometrists, optometry technicians, immunization technicians, aeromedical technicians, nursing assistants, independent duty medical technicians, emergency medical technicians, paramedics, mortuary affairs, and medical clinic housekeepers.

3.1.2. Category I job classifications are considered High Risk.

3.2. Category II: Routine tasks that involve no exposure to human blood, body fluids, or tissues, but employment may require performing unplanned/emergency Category I tasks. The normal work routine involves no exposure to blood, body fluids, or potentially infectious materials, 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 Flight, will be readily available to every employee engaged in Category II tasks.

3.2.1. Refer to **Table 3.1**. below for Category II job classifications and tasks, which may incur exposure.

Table 3.1. Category II Job Classifications and Tasks

JOB	TASK
Firefighters	Emergency Rescue Procedures/Rendering First Aid
Security Forces	Emergency Rescue Procedures/Rendering First Aid
Office of Special Investigations	Crime Scene Investigations
Housekeepers	Sorting Laundry/Trash
Flightline Maintainers/Transient Alert Personnel	Aircraft Recovery/Transportation Of Infected Passengers
Clinic Employees/Volunteers (not classified in Category I)	Potential Contact With Infectious Patients/Equipment
Medical Maintenance Technicians	Repair Of Contaminated Equipment
Designated First Aid Responders	First Aid Response In The Workplace
Other Maintenance, Repair Personnel, Contracts That Perform Tasks In Section	Plumbing, Filter Changes, Working In/Around Section
Veterinary Services Personnel	Handling Infectious Wastes
DoD School Nurses	Potential Exposure From Injured Students
Child Development Center Employees	Potential Contact With Infectious Child/Products
Family Home Day Care	Potential Contact With Infectious Child/Products

MWR Lifeguards	Potential Contact With Infectious Persons
Special Operations	Potential Contact With Infectious Persons
Egress	Potential Contact With Infectious Persons

3.2.2. Category II job classifications and tasks are considered Moderate Risk.

3.3. Category III: Tasks that involve no exposure to human blood, body fluids, or tissues, and Category I tasks are not conditions 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 potential exposure to body fluids). Persons who perform these duties are not called upon as part of their employment to perform or assist in emergency medical care or first aid, or to be potentially exposed in some other way. These workers may perform case as "Good Samaritans." Category III tasks and procedures that may result in occupational exposure of almost any person in any job classification (i.e., administrative workers, food handlers, routine laborers, etc.):

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

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

3.3.3. Provision of emergency first aid or CPR until professional help arrives.

3.3.4. Category III tasks equate to No Anticipated Risk.

3.4. Personnel who must be immunized against HBV on MacDill AFB include all active duty personnel and Category I personnel. All other personnel in Categories II and III will receive post-exposure prophylaxis to HBV if an incident occurs that is related to their occupational tasks. These individuals can be assured that, with this protocol, they are as protected as immunized persons.

4. General Procedures.

4.1. All Category I individuals and Fire Department, Security Forces, OSI and all active duty personnel require HBV vaccine or titer. Civilian employees are highly encouraged to receive HBV vaccine. Volunteers must be offered the vaccine prior to working in Category I areas. The HBV vaccine will always be available at no cost to the employee.

4.2. 6 MDG Immunizations Clinic personnel will immunize and document each vaccine of employees/volunteers who have received the HBV series. Civilians declining this vaccine must sign a declination statement. If the employee later wishes to receive the vaccine, they may receive it at no cost.

4.3. At-risk workers will be given initial training prior to working in a work center with risk of exposure to blood, body fluids, or other potentially infectious materials, and annual training as required by 29 CFR 1910.1030, *Bloodborne Pathogens*.

4.4. Upon request, PH and/or 6 MDG Infection Preventionist will assist supervisors in training on BBPs and/or tuberculosis to help meet both initial and annual training requirements.

4.4.1. Supervisors will ensure initial training is documented on the employee's AF Form 55 as Initial BBP Training (IBBPT may be used to indicate training).

4.4.2. Supervisors will ensure annual training is documented on the employee's AF Form as Annual BBP Training (ABBPT abbreviation may be used to indicate training).

4.5. For PPE supervisors will:

4.5.1. Ensure adequate PPE (gloves, masks, goggles, face shields, outer protective garments, etc.) is available for workers to use at all times where there is a potential for occupational exposure to blood, body fluids, or other potentially infectious materials (see **para. 2.6.4**.).

4.5.2. Enforce the wearing of PPE during procedures in which there is a potential for occupational exposure to blood, body fluids, or other potentially infectious materials. Failure of workers to comply with the procedures and directives of this program must be addressed immediately and documented through appropriate administrative procedures. This guidance is established to protect the worker's health as worker's health is our top priority.

4.5.3. Evaluate worker's duty performance during an exposure incident. If a workers does not don appropriate PPE or PPE is breached during the incident, the supervisor will complete a narrative summary of the incident (which will include the individual's name, job description, source of the blood, body fluid, or other infectious materials if known, and a statement on how the exposure occurred) and forward copies to 6 ARW, Occupational Safety (6 ARW/SEG) and 6th Operational Medical Readiness Squadron, PH (6 OMRS/SGXM) for their information and action.

4.6. If a worker is actually exposed to blood, body fluids, or other potentially infectious materials in the course of their duties (i.e., a needle puncture wound, getting cut with a contaminated object such as glass, having blood splash on the skin or mucous membranes of the eyes), after cleaning the wound in accordance with **para 2.6.7.1**., the supervisor will immediately send the exposed worker and, if possible, the source individual to 6 MDG Internal Medicine Clinic for appropriate evaluation, treatment, and follow-up (see **Attachment 3**).

4.6.1. Internal Medicine Clinic, with assistance from PH, in accordance with 6th Medical Group Instruction (6MDGI) 48-05, *Occupational Blood and Body Fluid Exposure Control Plan*, will:

4.6.1.1. Evaluate the worker's potential exposure to BBPs using criteria developed by the Centers for Disease Control and Prevention based on the type of exposure and source risk factors.

4.6.1.2. If indicated, ensure appropriate testing of the source as well as testing, treatment, and follow-up care for the exposed worker are accomplished.

4.6.1.3. The medical provider will notify the worker and the employing organization of the necessity for treatment and follow-up of the exposed worker.

4.6.1.4. The medical provider will provide a written opinion on the individual's exposure incident and recommended follow-up care. Ensure the written opinion is placed in the individual's medical record.

4.6.1.5. PH will ensure appropriate follow-up is accomplished for blood, body fluid, and potentially infectious materials exposure following the guidelines outlined in 6 MDGI 48-05.

4.6.2. The organization where the exposure incident occurred will:

4.6.2.1. Ensure that areas, equipment, clothing, and materials contaminated by blood, body fluids, or other potentially infectious material are appropriately decontaminated. This may be

done by properly trained unit employees or by certified contractors. Consultation with the PH/Infection Control office on spills that may be beyond the scope of the unit to take care of initially is appropriate (see **Attachment 4**).

4.6.3. Individuals performing decontamination will (see **Attachment 4**):

4.6.3.1. Decontaminate and dispose of any blood, body fluids, or other potentially infectious materials using appropriately trained personnel and the procedures outlined in **Attachment 4**. If it is determined that use of bleach is not feasible due to its caustic nature (i.e. in equipment panels), the unit should consult with the PH/Infection Control office for an alternate method of decontamination.

4.6.3.2. Place all contaminated articles that are to be disposed of in a biological hazard bag. Biological hazard bags are double bagged. Appropriately trained organizational personnel wearing the 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, will accomplish this task. If aerosolization or splattering of blood, body fluids or other potentially infectious materials is expected, individuals must wear a mask and goggles or face shield. Contact the 6 MDG Facility Management Office prior to transporting biohazard bags to 6 MDG, Building 1078. Personnel will dispose of the biohazard bags in the medical waste disposal system from the originating organization. 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 the 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 (see **Attachment 5**) and double bagged.

5. Contracted Operations. The Administrative Contracting Officer, with assistance from PH and work area supervisor (if requested), will advise contractors of the need to follow OSHA guidance provided in 29 CFR 1910.1030. Protection for contract employees and appropriate disposal of collected waste should be the responsibility of the contractor.

6. Record Keeping.

6.1. Document training on AF Form 55 for all organizations with Category I and II workers.

6.2. Supervisors are responsible for maintaining training rosters according to Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS).

6.3. For Medical Record, 6 MDG will:

6.3.1. Maintain all civilian and military medical records and all documentation pertaining to the medical records.

6.3.2. Maintain the following in each individual's medical record that is identified as having reasonable anticipated occupational exposure to BBPs in the course of his/her duties on MacDill AFB.

6.3.2.1. A copy of the employee's HBV vaccination status, including the dates of HBV Vaccinations, and any medical records relative to the employee's ability to receive the vaccination or the employee's declination statement.

6.3.2.2. A copy of all results of examinations, medical testing, and follow-up procedures pertaining to an occupational exposure (to include tuberculin skin testing).

6.3.2.3. Medical provider's written opinion letter if exposure has occurred during employment.

6.3.3. Provide upon request to authorized authorities (as required by law) the pertinent portions of the employee's medical record for examination and copying.

STEPHEN P. SNELSON, Colonel, USAF
Commander

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFI 44-108, *Infection Prevention and Control Program*, 5 June 2019

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

AFI 48-105, *Surveillance, Prevention, and Control of Disease and Conditions of Public Health or Military Significance*, 19 January 2016

AFI 91-204, *Safety Investigations and Reports*, 27 April 2018

AFI 90-821, *Hazard Communication Program*, 13 May 2019

AFI 44-119, *Medical Quality Operations*, 16 August 2011

29 CFR 1910.1030, *Bloodborne Pathogens*

29 CFR 1910.1030, *Bloodborne Pathogens Standard*, Centers for Disease Control and Prevention, MMWR, 29 June 2001/50 (RRI 1): 1-42

29 CFR 1904.8, *OSHA Recording Criteria for Needlestick and Sharps Injuries*

MMWR, Vol 54/No. RR-9, *Updated USPHS Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post Exposure Prophylaxis*

10 USC 55, *Medical and Dental Care*

10 USC 8013, *Power and Duties of the Secretary of the Air Force*

Executive Order 9397, *Systems of Records Notice*

62 FR 31793, *Reporting of Medical Conditions of Public Health and Military Significance*

Prescribed Forms

None

Adopted Forms

AF Form 847, *Recommendation for Change of Publication*

AF Form 55, *Employee Safety and Health Record*

AF Form 765, *Medical Treatment Facility Incident Statement*

Abbreviations and Acronyms

6 ARW—6th Air Refueling Wing

6 MDG—6th Medical Group

6MDGI—6th Medical Group Instruction

6 OMRS—6th Operational Medical Readiness Squadron

AFB—Air Force Base

AFI—Air Force Instruction

AFMAN—Air Force Manual

AFRIMS—Air Force Records Information Management System

ANG—Air National Guard

BBP—Bloodborne Pathogen

CC—Commander

CFR—Code of Federal Regulations

CPR—Cardiopulmonary Resuscitation

HBV—Hepatitis B

HCV—Hepatitis C

HIV—Human Immunodeficiency Virus

OPR—Office of Primary Responsibility

OSHA—Occupational Safety and Health Administration

PH—Public Health

PPE—Personal Protective Equipment

RDS—Records Disposition Schedule

IBBPT—Initial Bloodborne Pathogen Training

ABBPT—Annual patiePathogen Training

SEG—Occupational Safety

SGXM—Public Health

Terms

Employee—All personnel working in any capacity for the United States Government at MacDill AFB, Florida (i.e., military, hired civilians, civilian/military volunteers, housekeeping personnel, and students).

Exposure Incident—Specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials, that results from the performance of an employee's duties.

BBPs—Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to HBV, Hepatitis C (HCV), and Human Immunodeficiency Virus (HIV).

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

Decontamination—Use of physical or chemical means to remove, inactivate, or destroy BBPs 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.

Engineering Controls—Controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the BBP hazards from the workplace.

Occupational Exposure—Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials—The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial 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); and HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

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

Source Individual—Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Standard Precautions—Assumes blood and body fluid of any patient could be infectious; all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other BBPs.

Work Practice Controls—Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

Victim or Exposed Patient—Worker exposed to blood or other potentially infectious materials.

Attachment 2

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN/TRAINING PROGRAM TEMPLATE (SAMPLE PROGRAM WITH DETAILED EXPLANATIONS)

Figure A2.1. Bloodborne Pathogens Exposure Control Plan/Training Program Template (Sample Program with Detailed Explanations)

Unit:

_____

Preparation Date:

_____

Certifying Official:

_____

(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.)

In accordance with 29 CFR 1910.1030, the following exposure control program has been developed.

A2.1. Exposure Determination. OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood, body fluids or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment. This exposure determination requires a listing of **all** job classifications in which **all** employees may be expected to be exposed, regardless of frequency.

A2.1.1. List job classifications where **all** employees have been determined to have a reasonably anticipated occupational exposure to bloodborne pathogens.

Figure A2.2. Reasonably Anticipated Occupational Exposure to Bloodborne Pathogens

JOB TITLE	**JOB SERIES/AFSC**
(List Title and Job Series or AFSC) (i.e., Public Health (PH) Technician)	(4EOX1)

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 potentially infectious materials, a listing of tasks or procedures is required to clearly understand which employees are considered to have occupational exposure.

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

Figure A2.3. Reasonably Anticipated Occupational Exposure To Bloodborne Pathogens While Performing Specific Job Tasks And Procedures.

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

A2.1.3. Hepatitis B Vaccine: At no cost to the employee, the Hepatitis B vaccine will be given to all appropriately designated individuals (i.e., section personnel, fire department personnel, security policy, 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 other potentially infectious materials. All other civilian employees 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 other potentially infectious materials unless the employee has previously had the vaccine. Civilian employees who decline must sign the Hepatitis B declination statement that is placed in their medical record.

A2.2. 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:

A2.2.1. 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 parenteral, mucous membrane, and non-intact skin exposures to bloodborne pathogens. Assume all blood and body fluids (semen, vaginal fluids, cerebrospinal, lymph, pericardial, etc.) 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 other potentially infectious materials infectious regardless of the perceived status of the source individual.

A2.2.2. Engineering and Work Practice Controls: Utilize 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.

Figure A2.4. Personal Protective Equipment

THE FOLLOWING ENGINEERING CONTROLS WILL BE UTILIZED:

CONTROLS
(List controls, i.e., sharp containers, hand washes, eye washes, etc.)

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows (list schedule such as daily, weekly, etc.). List who (individual or section) has responsibility to review the effectiveness of the individual controls.

Figure A2.5. Inspections Will Be Conducted For The Following Controls:

CONTROL	**INSPECTION CONTROL**
(Hand Wash)	(Weekly/Inspected by XXXX/or list responsible section

A2.2.2.1. 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 waterless antiseptic hand cleanser 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 shall 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.

Figure A2.6. Hand Washing Stations Are Located In the Following Locations

PERMANENT STATION LOCATIONS	**PORTABLE STATION LOCATIONS**
(List locations, i.e., patient rooms, procedure areas, vehicles, specific areas in hangars, etc.)	

A2.2.2.2. Procedures:

A2.2.2.2.1. Personal Protective Equipment (PPE).

A2.2.2.2.1.1. All employees will use PPE to minimize or eliminate exposure risks. Consider equipment appropriate only if it does not permit blood, body fluids, or other potentially infectious materials to pass through or to reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal condition of use and for the duration of use.

A2.2.2.2.1.2. Providing PPE: It is the responsibility of the individual organization to provide PPE for their employees at no cost to the employee. PPE includes, but is 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 other potentially

infectious materials. Make hypoallergenic gloves, latex free or other similar alternatives, available for those employees who are allergic to the gloves normally used.

A2.2.2.2.1.3. 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 other potentially infectious materials is not allowed. When the employee fails to use proper PPE, he/she shall be investigated by the supervisor and document the incident to determine whether changes need to be instituted to prevent further incidents where PPE is not worn. A copy of this report will be forwarded to PH.

A2.2.2.2.1.4. Accessibility of PPE: The supervisor or section head will ensure availability and distribution of PPE in the work place.

A2.2.2.2.1.5. Coordinate with Medical Supply on types of PPE available for purchase.

A2.3. Personal Protective Equipment is Stored.

Figure A2.7. Personal Protective Equipment is Stored

PPE TYPE	STORAGE LOCATION
(List equipment type and storage location.)	

A2.3.1. Remove all PPE contaminated by blood, body fluids, or other potentially infectious materials immediately or as soon as feasible. Remove all PPE prior to leaving the work area.

A2.3.2. Place all contaminated PPE in an appropriately designated area or container for storage prior to decontamination or disposal. Handle contaminated disposable PPE as follows:

A2.3.2.1. The buddy system should be used if more than one individual is involved.

A2.3.2.2. Remove outer protective garment, (i.e., gown, apron, lab coat, etc.), fold garment in on itself as the garment is being removed and place in the biohazard-hazard bag.

A2.3.2.3. Remove shoe covers and place in the biohazard-hazard bag.

A2.3.2.4. Remove the face shield/goggles and place in designated storage area identified for holding contaminated PPE prior to decontamination for re-use.

A2.3.2.5. 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-hazard bag for disposal.

A2.4. The Following Protocol Has Been Developed to Facilitate Leaving the Equipment at the Work Area

Figure A2.8. Protocol to Facilitate Leaving the Equipment at the Work Area

PLACE/ROOM	CONTAINER/DISPOSAL SITE
(List where employees are expected to place the PPE upon leaving the work area, and other protocols, etc.)	

A2.4.1. 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.

A2.4.2. Employees will wear gloves when it is reasonably anticipated that hands could make contact with blood, body fluids, other potentially infectious materials, non-intact skin, or mucous membranes and when handling or touching contaminated items or surfaces.

A2.4.3. Gloves will be made available at the following locations:

Figure A2.9. Available Glove Locations

GLOVE DISPERSAL SITE	RESPONSIBLE PARTY
(State location and person responsible for distribution of gloves.)	

A2.4.3.1. 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.

A2.4.3.2. 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.

A2.4.3.3. You 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 other potentially infectious materials may be generated and if you anticipate eye, mouth, or nose contamination.

A2.4.3.4. The OSHA standard also requires the use of appropriate protective clothing such as lab coats, gowns, aprons, section jackets, or similar outer garments. The type and characteristics will depend upon the task and degree of exposure anticipated.

A2.5. 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 worker's handling and disposal of needles, sharp instruments, or other contaminated articles. Place emphasis on the minimal handling of these items.

A2.5.1. Do not use hands to pick up sharp instruments, broken glass, needle/syringe units, or other sharp objects contaminated with blood, body fluids, or other potentially infectious materials. Pick the object up using other methods not requiring an individual to come in direct contact with the contaminated object, (i.e., tongs, forceps, a broom and dust pan, cardboard, etc.).

A2.5.2. 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 6th

Medical Group (6 MDG), Building 711, Facilities Management, for disposal. If the organization does not have a suitable biohazard container, contact the 6 MDG to pick one up. You must exercise extreme caution when disposing of needles and sharp instruments/objects.

A2.5.3. Place contaminated non-sharps (i.e., contaminated gauze, towels, clothing, etc.) in a leak proof biohazard bag.

A2.5.4. 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.

A2.5.5. Sharp containers must be replaced when three-quarters full.

A2.5.6. Place contaminated sharps immediately, or as soon as possible, into appropriate sharps containers. The sharp containers must be puncture resistant, labeled with Biohazard label, and are leak proof.

Figure A2.10. Contaminated Object Disposal

LOCATION OF SHARPS CONTAINERS	RESPONSIBLE PARTY	INSPECTION FREQUENCY
(Every 90 days)		

A2.6. The Following Methods will be used to Accomplish Work Area Restrictions.

Figure A2.11. Methods used to Accomplish Work Area Restrictions

PROCEDURE	CONTROL METHOD USED
(List the procedures and methods used, i.e., covers on centrifuges, usage of dental dams if appropriate, etc., to control spraying, splattering, splashing, etc. Also, list other appropriate work area restrictions, i.e., designated break rooms, no eating, smoking signs, etc.)	

A2.6.1. 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 other potentially infectious materials.

A2.6.2. Do not keep food and beverages in refrigerators, freezers, shelves, cabinets, on counter tops or bench tops where blood, body fluids, or other potentially infectious materials are present.

A2.6.2.1. Refrigerators must be labeled for type of use.

A2.6.3. Mouth pipetting/suctioning of blood, body fluids, or other potentially infectious materials is prohibited.

A2.6.4. Conduct all procedures in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood, body fluids, or other potentially infectious materials.

A2.7. Contaminated Equipment and Surfaces.

Figure A2.12. Contaminated Equipment and Surfaces

PROCEDURE	**METHOD OF CONTROL**
(List procedures and methods used, i.e., covers on centrifuges, usage of dental dams if appropriate, etc., to control spraying, splattering, splashing, etc. Also, list other appropriate work area restrictions, i.e., designated break rooms, no eating, smoking signs, etc.)	

A2.8. Post-Exposure Evaluation and Follow Up: When the employee incurs an exposure incident, the supervisor will report the exposure to PH and direct the employee to the 6 MDG, Internal Medicine Clinic for initial evaluation and treatment within 2 hours. Post exposure evaluation and follow up will be done in accordance with 29 CFR 19 10.1030 and the 6 MDG HI 48-5.

A2.9. Training. Supervisors will be trained by the 6 MDG Infection Control Officer on an annual basis. Supervisors will ensure training of all employees prior to initial assignment to tasks where occupational exposure may occur. Conduct the training in the following manner:

A2.9.1. Training for employees will include the following and an explanation of:

A2.9.1.1. The OSHA standard for bloodborne pathogens.

A2.9.1.2. Epidemiology and symptomology of bloodborne diseases and tuberculosis, if required by occupation.

A2.9.1.3. Modes of transmission of bloodborne pathogens and tuberculosis, if potential for risk of exposure exists.

A2.9.1.4. This exposure control program will cover all major aspects (i.e., key points of the program, lines of responsibility, how the program will be implemented, etc.) and also explain how an individual can obtain a copy of the program.

A2.9.1.5. Procedures that might cause exposure to blood, body fluids, or other potentially infectious materials.

A2.9.1.6. Personal protective equipment available.

A2.9.1.7. Post exposure evaluation and follow-up.

A2.9.1.8. Signs and labels used.

A2.9.1.9. Hepatitis B Vaccine Program.

A2.9.1.10. All employees will receive annual refresher training. ***Note***: This training is to be conducted within one year of the employee's previous training. (Employers should list here if training will be conducted using video tapes, written material, etc. Also, the employer is to indicate who is responsible for conducting the training. **NOTE: THE OUTLINE FOR THE TRAINING MATERIAL IS LOCATED:** (List where the training materials are located.)

A2.10. Record Keeping. All records required by the OSHA standard will be maintained by (all records and documents are subject to the Privacy Act of 1974):

A2.10.1. Document all training of AF Form 55, *Employee Health and Training (PA).*

A2.10.2. Unit supervisors should maintain copies of training plans and attendance rosters yearly (Insert name or department responsible for maintaining and securing records). (All medical records, civilian and military, will be maintained by the Records Section of the 6 MDG. Each organization is responsible for maintaining training records.)

A2.11. Dates. All provisions required by the standard will be implemented by: (Insert date for implementation of the provisions of the OSHA standard.)

Figure A2.13. Dates

APPROVED/DISAPPROVED

NCOIC/OIC Signature
6th Medical Group, Infection Control Function

Attachment 3

AF FORM 765, MEDICAL TREATMENT FACILITY INCIDENT STATEMENT

Figure A3.1. AF Form 765, Page 1

QUALITY ASSURANCE DOCUMENT - EXEMPT FROM DISCOVERY IAW U.S.C SECTION 1102
DO NOT RELEASE WITHOUT PERMISSION OF MTF COMMANDER

MEDICAL TREATMENT FACILITY INCIDENT STATEMENT

OMB No. 0701-0135
Expires: 9-30-97

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, DIOR, 1215 Jefferson Davis Highway, Suite 1204, Arlington VA 22202-4302; and to OMB, Paperwork Reduction Project (0701-0135), Washington DC 20503. Please DO NOT RETURN your form to either of these addresses. Return your completed form to your Supervisor.

MEDICAL FACILITY ADDRESS | INCIDENT NUMBER

1. INCIDENT DATA

TYPE | DATE | TIME | LOCATION

2. PERSONAL DATA

PERSON (Last, First, Middle Initial) | SEX ☐ M ☐ F | RANK/GRADE | DE

STATUS | SSN | ORGANIZATION

SPONSOR (Name and Grade) | RELATIONSHIP TO SPONS

ADDRESS (Street, PO Box, City, State, Zip Code) | PHONE NO.

3. STATUS

☐ MEDICAL PERSONNEL | DEPARTMENT | JOB TI

☐ VISITOR/OTHER | REASON FOR BEING IN MED ACILITY

☐ INPATIENT ☐ OUTPATIENT | REGISTER NO. | UNIT IC | REASON HOSPITALIZATION

4. COMPLE PR RT QU ER VOLVED

DESCRIBE PROPERTY/EQUIPMENT

5. COMP IF BED INVOLVED

	YES	NO	UP	DOWN	ORDERED
HE T OF BED ADJUSTABLE	☐	☐	☐	☐	
BED S PRESENT	☐	☐	☐	☐	☐
FOOTS L BY BED	☐	☐			

6. COMPLETE IF MEDICATION INVOLVED (Medicine Administered)

DRUG (s) | ☐ ORAL | ☐ INJECTION | ☐ INTRAVENOUS INFUSION

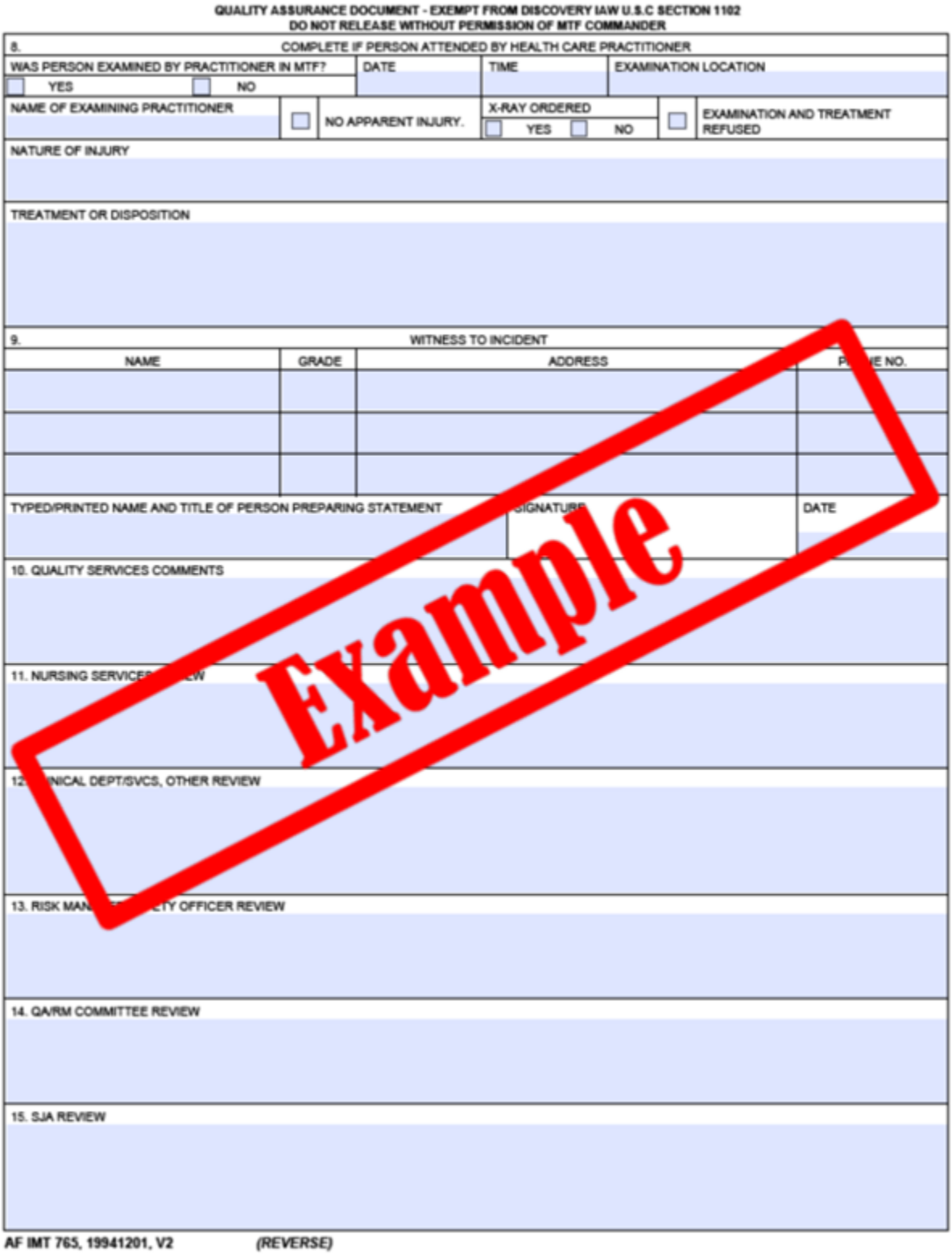
7. NARRATIVE C T (Give a concise statement of the facts. DO NOT include opinions or conclusions.)

DO NOT FILE OR REFER TO IN MEDICAL RECORDS

AF IMT 765, 19941201, V2 PREVIOUS EDITIONS ARE OBSOLETE.

Example

Figure A3.2. AF Form 765, Page 2



QUALITY ASSURANCE DOCUMENT - EXEMPT FROM DISCOVERY IAW U.S.C SECTION 1102
DO NOT RELEASE WITHOUT PERMISSION OF MTF COMMANDER

8. COMPLETE IF PERSON ATTENDED BY HEALTH CARE PRACTITIONER

WAS PERSON EXAMINED BY PRACTITIONER IN MTF? ☐ YES ☐ NO	DATE	TIME	EXAMINATION LOCATION

NAME OF EXAMINING PRACTITIONER	☐ NO APPARENT INJURY.	X-RAY ORDERED ☐ YES ☐ NO	☐ EXAMINATION AND TREATMENT REFUSED

NATURE OF INJURY

TREATMENT OR DISPOSITION

9. WITNESS TO INCIDENT

NAME	GRADE	ADDRESS	PHONE NO.

TYPED/PRINTED NAME AND TITLE OF PERSON PREPARING STATEMENT	SIGNATURE	DATE

10. QUALITY SERVICES COMMENTS

11. NURSING SERVICES REVIEW

12. CLINICAL DEPT/SVCS, OTHER REVIEW

13. RISK MANAGEMENT/SAFETY OFFICER REVIEW

14. QA/RM COMMITTEE REVIEW

15. SJA REVIEW

Example

AF IMT 765, 19941201, V2 *(REVERSE)*

Attachment 4

DECONTAMINATION PROCEDURES FOR SPILLS OF BLOOD AND BODY SUBSTANCES

A4.l. For spills containing large amounts of blood or other body substances, workers should first remove visible organic matter with absorbent material (e.g., disposable paper towels discarded into leak-proof, properly labeled containment), and then clean and decontaminate that area.

A4.2. Prompt removal and surface disinfection of an area contaminated by either blood or body substances are sound infection control practices and OSHA requirements. HBV, HIV, and HCV are inactivated with a variety of germicides, which include quaternary ammonium compounds. Commercially available germicides registered for use as "hospital disinfectants" with a tuberculocidal claim (registered with the Environment Protection Agency) or intermediate-level disinfectants, a solution of sodium hypochlorite (household chlorine bleach), prepared daily is an inexpensive and effective broad-spectrum germicide. A 1:10 or 1:100 dilution of household bleach is effective depending on the amount of organic matter. Appropriate personal protective equipment (e.g., gloves, goggles) should be worn when preparing hydrochloride solutions.

A4.3. Procedure:

A4.3.1. Person cleaning the spill will wear gloves and personal protective equipment.

A4.3.2. Remove the majority of residual organic matter and place in a leak-proof, properly labeled container.

A4.3.3. Clean surface to remove residual organic matter.

A4.3.4. Decontaminate the area with an approved germicidal.

A4.4. Absorb the Spill: Absorb the bulk of spilled material with disposable absorbent material (paper towels, gauze pads, or if a small spill, sponge) prior to disinfecting. If the spill is large, granular absorbent material like the one used to absorb caustic chemical spills may be used (e.g. kitty litter). Blot (do not wipe) up the spill allowing the fluids to be absorbed by the towels, etc. After the absorption of the liquid, discard all materials into a biohazard waste bag.

A4.5. 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 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.

A4.6. Dispose of potentially infectious materials: Specimens of blood or other potentially infectious materials shall be double-bagged to prevent leakage during collection, handling, processing, storage, transport, or shipping. The container for storage, transport or shipping shall be closed prior to being stored, transported, or shipped and labeled with the following text.

Figure A4.1. Potentially Infectious Material

BIOHAZARD TURN IN TAG
ORGANIZATION/WORKPLACE: _____
DATE: _____TURNED IN BY: _____
CONTENTS: _____

A4.6. l. If the contaminated material could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

A4.6.2. The PIMS container shall be transported in a secure manner outside the passenger area of the transport vehicle (i.e., the closed trunk of the vehicle). Vehicles or equipment that may become contaminated with blood or other PIMS shall be examined prior and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

A4.6.3. The employer shall ensure the information is conveyed to all affected employees, as appropriate prior to handling, servicing, or shipping PIMS so that appropriate precautions will be taken.

A4.6.4. Decontaminate reusable materials and equipment following above procedures.

A4.6.5. If clothing becomes contaminated with blood or body fluids, it should be removed as soon as possible and placed in a biohazard bag, then disposed of or cleaned by a laundry capable of handling blood contaminated clothing. The exposed skin area should be washed with soap and water.

A4.6.6. Dispose of the remaining disinfectant by pouring down the sanitary sewer.

A4.6.7. 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 5

BIOHAZARD LABEL EXAMPLES

Figure A5.1. Biohazard Label 1 Example

Figure A5.2. Biohazard Label 2 Example

Figure A5.3. Biohazard Label 3 Example