

**BY ORDER OF THE COMMANDER  
SPANGDAHLEM AIR BASE (USAFE)**

**SPANGDAHLEM AIR BASE  
INSTRUCTION**



**48-107**

**18 SEPTEMBER 2024  
Certified Current 31 March 2025**

***Aerospace Medicine***

***HUMAN BLOOD/BODY FLUID  
CONTINGENCY SPILL PLAN***

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction implements Air Force Policy Directive 48-1, *Aerospace & Operational Medicine Enterprise (AOME)* and establishes guidance for response and cleanup of accidents or incidents where exposure to human blood, body tissue or fluid could occur. In general, cleanup of blood, body tissue or fluid resulting from an accident or incident will be performed by a contracted cleanup service. To meet time sensitive operational requirements, however, a commander may direct unit personnel to perform cleanup. This instruction is written to serve as the “Written Exposure Control Plan” required by Title 29, Code of Federal Regulations (CFR) Part 1910.1030, *Bloodborne Pathogens*, for work performed by unit personnel. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Instruction (AFI) 33-322, *Records Management and Information Governance Program*, and disposed of in accordance with Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS). Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the DAF Form 847, *Recommendation for Change of Publication*; route DAF Forms 847 through appropriate chain of command. 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 DAFI 90-160, *Publications and Forms Management*, for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the Publication OPR for non-tiered compliance items.

## ***SUMMARY OF CHANGES***

General revisions reflect current policies and guidelines; format has been modified to comply with Air Force regulations; references have been updated and added to [Attachment 1](#).

### **1. Definition.**

1.1. **Accident/Incident.** An event resulting in a significant spillage of blood, body tissue or fluid, e.g., suicide, auto accident, amputation. For the purpose of this instruction, minor events, such as a sliced finger or sports injury, are not considered.

1.2. **Bloodborne Pathogens.** Microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

1.3. **Decontamination.** The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

1.4. **Exposure Incident.** A 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.

1.5. **Regulated Waste.** Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and can release these materials during handling; contaminated sharps, and pathological and microbiological wastes containing blood or other potentially infectious materials.

1.6. **Standard Precaution.** An approach to infection control involving engineering controls (administrative, PPE, etc.) to mitigate the risks of disease transmission through blood and body fluids. According to the concept of standard precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

### **2. Responsibilities.**

2.1. **Unit Commander.** Submit Air Force Form 9, *Request for Purchase*, to 52d Contracting Squadron (52 CONS) to have contaminated building areas cleaned and sanitized. Once notified that the scene no longer requires preservation (for Safety investigation, SFS investigation, etc.) submit AF Form 9. If no investigation is required, the AF Form 9 should be submitted as soon as possible.

2.2. **52d Civil Engineer Squadron, Fire Department (52 CES/CEF) and 52d Health Care Operations Squadron, Emergency Services (52 HCOS/SGOME):**

2.2.1. Provide emergency rescue and render first aid using standard precautions: Flight Management Plan (FMP) 32-304, *Infectious Disease Control Program*, and 52d Medical Group Instruction (MDGI) 44-108, *Infection Prevention and Control Program*.

2.2.2. Ensure other responders (e.g., Security Forces) are aware of any blood, body tissue or fluid contamination hazards.

**2.3. 52d Security Forces Squadron:**

2.3.1. Provide initial response to the accident/incident area while utilizing appropriate Personal Protective Equipment (PPE)--rubber gloves, etc. and coordinate the establishment of site security and traffic control as directed by the Incident Commander.

2.4. **52 CES, Operations (52 CES/CEO).** Ensure repair of any damage to government facilities after the affected area is cleaned and sanitized.

2.5. **52d Operational Medical Squadron, Public Health Flight (52 OMRS/SGXM).** Provide training assistance to emergency responders and other units (on an as needed basis) with potential exposure to bloodborne pathogens.

2.6. **52 HCOS or 52 OMRS, Health Care Provider (52 HCOS/SGH or 52 OMRS/SGP).** Manage post-exposure follow-up (e.g., blood tests for HIV and hepatitis) on any personnel inadvertently exposed to an exposure incident.

2.7. **52 OMRS, Bioenvironmental Engineering Flight (52 AMDS/SGXB).** Provide consultation on mitigating controls to include PPE and necessary procedures to protect response and cleanup personnel from bloodborne pathogen hazards.

2.8. **52 CONS, Base Support Flight (52 CONS/LGCB):** Receive AF Form 9 requesting cleaning and sanitizing services and provide for immediate contractor performance. 52 CONS maintains the capability for providing emergency services, if necessary, and can provide for services within 24 hours of identification of need.

2.9. **52d Fighter Wing, Safety (52 FW/SE):** If investigation is required, notify unit commander when the scene no longer requires preservation.

**3. Cleanup Operations by Air Force Personnel.** If cleanup operations must be performed immediately in order to meet time-sensitive operational requirements, a unit commander may designate unit personnel to perform cleanup.

3.1. **Training.** Personnel must be trained on the hazards of bloodborne pathogens prior to performing cleanup. Training must include an explanation of the associated health hazards, modes of transmission, requirements for use of personal protective equipment and explanation of the procedures to follow if an exposure incident occurs. This instruction may be used as the basis for training and training assistance is available from Public Health.

**3.2. General:**

3.2.1. Standard precautions shall be observed to prevent contact with blood or other potentially infectious materials. When differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

3.2.2. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

3.2.3. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

3.2.4. Contaminated broken glassware shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.

3.2.5. Access to the work area shall be limited to individuals who have been advised of the potential biohazard.

3.2.6. General household cleaner or a 5 percent bleach solution mixed with water should be used to decontaminate equipment, furniture, floors, windows, walls, and all other non-fabric fixtures.

3.2.7. Blood or fluids present outdoors on pavements, roads, sidewalks, or parking areas should be rinsed away with water.

**3.3. Personal Protective Equipment.** Personal protective equipment will be worn as identified below to prevent blood or other potentially infectious materials to pass through or reach workers' clothes, skin, eyes, mouth, or other mucous membranes.

3.3.1. **Gloves.** As a minimum, latex, nitrile, or butyl rubber glove will be worn to protect the hands. Gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Disposable (single use) gloves shall not be washed or decontaminated for re-use.

3.3.2. **Eye Protection and Face Shields.** Eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, splatter or droplets of blood or other potentially infectious materials may be generated.

3.3.3. **Gowns, Aprons and Other Protective Body Clothing.** Impervious coveralls or aprons shall be worn as required to protect clothing if splash, spray, or splatter of infectious materials may be generated. If a garment is penetrated by blood or other potentially infectious material, the garment shall be removed immediately or as soon as feasible.

3.3.4. Non-disposable gloves, eye protection, and aprons must be sanitized using general household cleaner or 5 percent bleach solution mixed with water after use.

**3.4. Hand Washing:**

3.4.1. Workers will wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. Workers must wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

3.4.2. When hand washing facilities are not available, antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes will be used to clean hands. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible. Antiseptic hand cleansers and towelettes may not effectively remove all infectious agents. Consult Public Health for incident specific recommendations.

**3.5. Waste Disposal:**

3.5.1. Dirty solution used for cleaning may be disposed of into the sanitary sewer system (i.e., down the toilet).

3.5.2. Regulated waste must be disposed of as infectious waste. Fluorescent orange or orange red “Biohazard” warning labels shall be affixed to containers of regulated waste. Red bags or red containers may be substituted for labels.

3.5.3. Contaminated carpets, furniture and/or other building materials which are not considered regulated waste may be disposed of as municipal waste (i.e., normal trash).

**3.6. Any exposure incident where a worker’s eyes, mouth, other mucous membrane or non-intact skin comes into contact with blood or other potentially infectious materials must be immediately reported to Public Health or post-exposure evaluation and medical follow-up as necessary.**

**4. Work centers at increased risk for exposure to blood and bodily fluids.**

4.1. DoDDS Staff.

4.2. MDG Staff (Refer to MDGI 48-109, Occupational Blood and Body Fluid Exposure Control Plan for further guidance).

4.3. 726 Air Mobility Squadron Aircraft Services.

4.4. Environmental Control (Pest Management).

4.5. Geilenkirchen Medical Squadron.

4.6. Housing Maintenance.

4.7. Fire Department (Refer to FMP 32-304, Infectious Disease Control Program for further guidance).

4.8. Water and Fuels System Maintenance.

**5. Post Exposure Evaluation and Follow Up.**

5.1. **Personnel that have an exposure to blood or bodily fluids will immediately report to Flight Medicine.** The provider will determine the risk category of the member (low, medium, high) based on the type of exposure.

5.2. **Flight Medicine will advise member on follow up procedures IAW MDGI 48-109.**

KARRI A. ROMAN, Colonel, USAF, NC  
Commander, 52 Medical Group

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

AFI 33-322, *Records Management and Information Governance Program, IC*, 28 July 2021  
AFI 48-101, *Aerospace Medicine Enterprise*, 8 December 2014, Certified Current 22 April 2020  
FMP 32-304, *Infectious Disease Control Program*, 4 Jan 2024  
MDGI 44-108, *Infection Prevention and Control Program*, 30 September 2022  
MDGI 48-109, *Occupational Blood and Body Fluid Exposure Control Plan*, 14 April 2017  
National Fire Protection Association 1581, *Standard on Fire Department Infection Control Program*, 2019 Edition  
Title 29, CFR, Part 1910.1030, *Bloodborne Pathogens*, 14 May 2019

***Adopted Forms***

AF 9, *Request for Purchase*  
DAF Form 847, *Recommendation for Change of Publication*

***Acronyms and Abbreviations***

**AFI**—Air Force Instruction  
**AFMAN**—Air Force Manual  
**AFPD**—Air Force Policy Directive  
**AMDS**—Aerospace Medical Squadron  
**CES**—Civil Engineer Squadron  
**CFR**—Code of Federal Regulations  
**CONS**—Contracting Squadron  
**FMP**—Flight Management Plan  
**HBV**—Hepatitis B Virus  
**HIV**—Human Immunodeficiency Virus  
**MDGI**—Medical Group Instruction  
**MDOS**—Medical Operations Squadron