

**BY ORDER OF THE COMMANDER
TINKER AIR FORCE BASE**

**TINKER AIR FORCE BASE
INSTRUCTION 44-102**



23 JULY 2020

Medical

**BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN**

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This instruction implements Air Force Policy Directive 44-1, *Medical Operations*. This instruction establishes standardized procedures for education and training, developing exposure control plans, addresses clean-up procedures for potentially infectious material spills and medical management for workers on Tinker Air Force Base (TAFB) who may have or have had exposure to blood and/or body fluids. It is applicable to all organizations, including tenant organizations. This publication requires the collection and or maintenance of information protected by the Privacy Act (PA) of 1974. The information contained in the [state system collecting this info] is FOR OFFICIAL USE ONLY (FOUO) information which must be protected under the Freedom of Information Act, 5 United States Code (USC) §552, Public Information; Agency Rules, Opinions, Orders, Records, and Proceedings, and / or the Privacy Act of 1974, 5 USC §552a, Records Maintained on Individuals. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AFI 33-322, *Records Management and Information Governance Program*, and disposed of in accordance with the Air Force Records Disposition Schedule located at <https://www.myaf.mil/afrims/afrims/afrims/rims.cfm>. It applies to Air Force Reserve Command (AFRC) and Air National Guard (ANG) units, except where noted otherwise. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Form 847s through publications/forms managers.

SUMMARY OF CHANGES

This revision reflects current guidance with 29 Code of Federal Regulations 1910.1030, changes include renumbering from 48-102 to 44-102 IAW AFD 44-1, Medical Operations; clarification that the employer, TAFB, identified three risk categories to meet mandates on job classifications under exposure determination; updates on office of primary responsibility, certifying official and approving official; added cleanup responsibility determination section; incorporated specific cleanup procedures to minimize exposures to spilled blood or OPIM; and specified contracted companies' responsibilities in adhering to 29 CFR 1910.1030 requirements

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1. Exposure Determination.

1.1. Exposure Categories. Occupational Safety and Health Administration (OSHA) requires a list of job classifications in which employees have occupational exposure to blood and other potentially infectious materials (OPIMs). Tinker Air Force Base has identified three risk categories for jobs with potential occupational exposure to 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 OPIM, but employment may require performing unplanned and/or 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
Medical Treatment Facility (MTF) Housekeeping	Duties performed in 72 MDG; transporting OPIMs, contaminated laundry/trash
MTF Employees/Volunteers not in Cat I	Potential contact with infectious patients and/or equipment
Designated Search & Rescue Responders	Potential contact with infectious remains and/or personal items during aircraft mishap
Designated First Aid Responders	First Aid Response in workplace
Firefighters	First responders, emergency rescue procedures, rendering first aid
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 maybe hypothesized under which someone maybe exposed to body fluids). Persons who perform these duties are not normally called upon 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, dorm managers, 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 Tinker AFB include all Category I personnel, 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 workers to human waste and/or blood and body fluids. All other personnel in Category III should be evaluated for post-exposure prophylaxis to HBV if an exposure incident occurs that is related to their occupational tasks.

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

1.2.1. Develop a Bloodborne Pathogen (BBP) Exposure Control Program (ECP) for their workers using the template in [Attachment 2](#) and forward the completed program, if needed, to be reviewed by Public Health (PH) in Bldg. 3334.

1.2.2. Review and update at least annually and when necessary to reflect new or modified tasks and procedures that may affect occupational exposure, and to reflect new or revised employee positions with occupational exposure. The review and update shall also reflect changes in technology and documentation, when applicable, of annual consideration and implementation of appropriate commercially available and effective safer medical devices that eliminate or reduce exposure to blood borne pathogens.

1.2.3. Ensure the unit BBP ECP and its documentation are available to workers who may have questions and to authorized program evaluators for required review.

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

1.2.5. Purchase, properly store, and ensure 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.

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

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

2. Responsibilities.

2.1. 72nd Air Base Wing Commander will:

2.1.1. Ensure all units with personnel in Categories I and II develop and review annually a unit-specific BBP ECP.

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

2.2. Unit Commanders/Directors/Supervisors will:

2.2.1. Ensure all personnel at risk for occupational exposure to blood, body fluids, or OPIM are protected and receive initial training within 10 days of assignment to a job with occupational exposure. Ensure annual training and compliance with established guidelines and requirements as defined in Tinker Air Force's BPP ECP and OSHA's 29 CFR 1910.1030 to eliminate or minimize employee exposure. Initial and annual training should be documented on AF Form 55, *Employee Safety and Health Record* maintained for the duration of Category I and II workers' employment.

2.2.2. Inform contracted companies that it is 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 identify who provides PPE to whom, who provides Hepatitis B vaccinations, who gives the training, and who investigates and documents blood borne or OPIM exposure incidents.

2.2.3. 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.

2.2.4. Enforce the wearing of PPE during procedures in which there is a potential for occupational exposure to blood, body fluids, or OPIMs.

2.2.5. Immediately address workers who do not adhere to policies and directives of this program in order to protect the worker's health.

2.2.6. Ensure exposed worker thoroughly washes the affected area; for eyes, rinse with copious amounts of water.

2.2.7. Will immediately send the exposed worker to assigned Primary Care Manager (for active duty) or Occupational Medicine Clinic (for civilians) for appropriate evaluation and treatment.

2.2.8. Ensure areas, equipment, clothing, and materials contaminated by blood, body fluids, or OPIM are appropriately examined prior to servicing or shipping and shall be decontaminated as deemed necessary. Small spills/contamination maybe cleaned by properly trained unit employees or by certified contractors.

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

2.3. 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, or its equivalent.

2.4. Dorm Managers will:

2.4.1. Ensure blood/body fluids in case of an accident/injury in the dorms are cleaned up appropriately, whether through clean-up with use of appropriate PPE or contacting a designated clean-up contractor.

2.4.2. Use the chain of command to procure an off-base contract to cleanup and dispose of the blood spill/body fluids, if needed.

2.5. Immunization Clinic will:

2.5.1. Document receipt of each vaccine for employees/volunteers who receive the Hepatitis B series in Aeromedical Services Information Management System.

3. Self-Aid and Buddy Care.

3.1. All training for self-aid and buddy care (SABC) and CPR will include basic information concerning blood borne and OPIM, their transmission, and method of exposure control.

4. 72 MDG will:

4.1. Address BBP exposures of healthcare workers in accordance with (IAW) MDGI, 48-017, *Medical Group Exposure Control Plan and Employee Health Program* and all other non-MTF employee exposures will be evaluated by their Primary Care Manager (PCM) or by the Occupational Medical Flight.

4.2. Provide medical oversight for eligible workers exposed to blood/body fluids OPIM in the course of their duty. Medical oversight for potentially exposed workers includes:

4.2.1. Immunizations to protect eligible workers against bloodborne pathogens and documentation of those immunizations.

4.2.2. Provide medical follow-up, treatment and documentation for personnel exposed to blood/body fluids or OPIM in the course of their duty on base.

4.2.3. Written opinions to be provided to employees exposed to blood/body fluids or OPIM.

4.2.4. Medical education, as required, to workers potentially exposed to infectious materials in the course of their duty. This educational service is on a consultant basis to the organization supervisors who have primary responsibility for training.

4.2.5. Provide initial training to organization supervisors on proper techniques and prevention of exposure to blood/body fluids and OPIM.

4.2.6. Review and approve unit specific BBP ECPs and educational programs developed for workers potentially exposed to blood/body fluids or OPIM in the course of their duties.

4.3. Provide technical advice and assistance on:

4.3.1. The types of PPE needed to protect workers from exposure to blood/body fluids, or OPIM.

4.3.2. Proper decontamination of surfaces contaminated with blood/body fluids or OPIM.

5. Cleanup Responsibility Determination:

5.1. Employees. It is the responsibility of the injured employee to cleanup his/her own blood/body fluids, if he/she is able. Blood/body fluids are to be cleaned up in a timely fashion and should not be left for later cleanup.

5.2. Supervisors. It is the responsibility of the injured employee's supervisor to ensure cleanup of any blood/body fluid spill if the employee is unable, whether through clean-up with the use of appropriate PPE or contacting a designated clean-up contractor. This applies to the work area and/or any community area where an incident has occurred. If a supervisor has determined that a blood/body fluid spill is beyond his/her capabilities, he/she can go up the chain of command to procure an off-base contractor to cleanup and dispose of the blood spill/body fluids. It is also the responsibility of the supervisor to initiate and ensure timely completion of the OSHA Form 301, Injury and Illness Incident Report, AF Form 978, *Supervisor Mishap Report*, if applicable, and data request from investigative units and/or agencies.

5.3. Supervisor and/or designee will receive initial Bloodborne Pathogen training provided by PH personnel in Bldg. 3334 via email and as needed for updates. Supervisors will train all employees on health hazards, clean-up procedures, and conduct an annual review of the unit BBP ECP. The BBP ECP should be made accessible to employees. Supervisors may request guidance from PH as needed.

5.4. Supervisor will document Bloodborne Pathogen training on the individual's AF Form 55, electronic equivalent or other equivalent training record as specified by the using organization.

5.4.1. Bioenvironmental Flight will provide information on required PPE, if needed.

5.4.2. PH will provide guidance on clean-up efforts if requested.

5.4.3. PH will provide education and training to all supervisors and/or employees as needed.

6. Cleanup and Disposal Procedures for Indoor Spills of Blood and/or OPIM.

6.1. 72d Medical Group (MDG) recommends the following procedures for the cleanup of spilled blood or potentially infectious materials, as defined below, that occur at Tinker Air Force Base. For guidance or additional information on any blood spill/body fluid cleanup, contact PH at 734-3582 or 582-6542.

6.1.1. Cleanup materials needed: Household bleach, one gallon bucket or larger, mop, towels/rags and PPE as needed (to include, at a minimum: non-porous gloves and eye protection). It is also permissible to use a blood spill clean-up kit that can be obtained through supply or through local purchase. The use of cleaning solutions other than bleach is acceptable if the solution will kill HCV, HBV and HIV. The use of PPE is mandatory in all instances when exposure to blood or body fluids can be reasonably anticipated.

6.1.2. Limit access to the spill area.

6.1.3. Wear appropriate PPE. If waste contains sharp items, such as broken glass or knives, then place items in a puncture resistant container which is sealed prior to placing it in a biohazard bag. Mix solution of 1 2/3 cup (13 fluid ounces) of bleach with one gallon of water to produce a 10% solution. Mop area until clean. Prevent access to the area until site is dry.

- 6.1.4. Dispose of contaminated bleach/water solution by pouring it into the commode, sink or sanitary drain. Be cautious to prevent splashing.
 - 6.1.5. Discard items soiled with blood/body fluids. Lightly soiled items (small area of contamination/non-saturated) should be discarded as solid waste (trash). Moderately or heavily soiled or saturated items should be handled as infectious waste and placed in a leak- proofed bag, labeled as infectious waste, or red biohazard bag may be used.
 - 6.1.6. 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.
 - 6.1.7. Remove and properly dispose of PPE prior to leaving the area.
 - 6.1.8. Transport soiled/bagged items to Medical Logistic Flight's back dock Bldg. 1094 at 72 MDG for disposal. If after hours, secure the bag away from pedestrian traffic and transport to Medical Logistics the next duty day.
 - 6.1.9. Place all contaminated articles to be disposed of in 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 IAW [paragraph 6.1.8](#) If waste contains sharp items, such as broken glass, these must be placed in a puncture resistant container which is sealed prior to placing it in a biohazard bag.
- 6.2. Members exposed to blood/body fluids, must immediately wash affected area with soap and water, flush eyes with clean water, if applicable, and notify supervisor immediately.
- 6.2.1. Civilian personnel not enrolled in the MDG BBP ECP should report to the Occupational Medicine Flight (OMF) in Bldg. 3334 between 0700 hours and 1545. After hours, supervisors will call 911 for immediate instructions and care. PH should refer civilian personnel to OMF for follow-up care.
 - 6.2.2. Active Duty Service Members will immediately report to their assigned provider in Bldg. 1094 or local emergency room (ER) if exposure occurs after duty hours. Upon completion of the PCM or ER initial evaluation, member will proceed to PH in Bldg. 1094 during normal duty hours or next duty day if initial evaluation concluded after duty hours.
 - 6.2.3. Contractors should inform workplace supervisor and follow the contracted company requirements. Protection for contract employees and appropriate disposal of collected waste should be the responsibility of the contractor's company.
 - 6.2.4. Ensure all employees that have experienced a potential exposure, whether military or civilian, are seen in PH at the earliest available opportunity so that all follow-up encounters adhere to OSHA guidelines.

6.3. If body parts are discovered, place the severed part in ice and transport it with the injured employee. If discovered later, send ASAP to the treating facility. If employee is deceased or a mass casualty situation exists, notify Security Forces, Office of Special Investigations, Command Post, Casualty Affairs and Mortuary Affairs.

7. Procedures:

7.1. 72 MDG recommends the following procedures for the cleanup of spilled blood or OPIM, which occur outside of buildings (i.e., parking lots, streets and sidewalks). The following guidelines apply to the cleanup of any spill and can be performed by anyone.

7.1.1. Cleanup materials needed: Source of water, hose, sprayer, eye protection and latex or similar gloves. If the spill is large, absorbent material may be needed, i.e., Dura Pads, Moor Dri 100, etc., biohazard bags and a 10% bleach solution.

7.1.2. Universal precautions shall be observed to prevent contact with blood or OPIM. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

7.1.3. Limit access to the spill area.

7.1.4. Don PPE as needed. If ground or surface conditions allow place absorbent material (i.e., Dura Pads, Moor Dri 100, etc.) over blood/body fluids. Saturate area with 10% bleach solution and then collect absorbent material and place in biohazard bags. Apply a low- pressure stream of water to the soiled area until all blood/body fluids are visibly washed away. Be careful not to splash yourself or anyone else in the area.

7.1.5. Employees trained in decontamination procedures will decontaminate and dispose of any blood, body fluids, or OPIMs using appropriately trained personnel.

7.1.6. Follow [paragraph 6](#) of this instruction if body parts are involved, items become soiled with blood or OPIM, and if anyone is inadvertently exposed to blood or OPIM.

7.1.7. Wash hands and any other skin with soap and water, or flush mucous membranes with water (if applicable) immediately or as soon as feasible after removal of gloves or other personal protective equipment.

8. Blanket purchase agreement (BPA). BPAs should be implemented for events beyond the scope of incidents described in [paragraphs 6](#) and [7](#), such as a traumatic incident (suicide/murder/large scale accident). The BPA should allow for a biohazard cleanup agency, licensed to clean potentially infectious materials. The BPA will be developed and maintained by 72 MSG/CC and may be executed by the Public Health Emergency Officer (PHEO), 72 MSG/CC and 72 ABW/CC.

9. Hepatitis B vaccination:

9.1. All Category I civilians and MTF volunteers will adhere to MGI 48-017, *Medical Group Exposure Control Plan and Employee Health Program*.

9.2. If a civilian employee declines the Hepatitis B vaccine, they must sign a “Statement of Declination” which will be filed in their individual medical record and kept for the duration of employment plus 30 years.

PAUL FILCEK, Colonel, USAF
Commander

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

5USC §552, Public Information; Agency Rules, Opinions, Orders, Records, and Proceedings, 3 January 2012

5USC §552a, Records Maintained on Individuals, 7 January 2011

29CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens; Final Rule, Occupational Safety and Health Administration (OSHA), 1 April 2019

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

AFI 48-101, Aerospace Medicine Enterprise, 8 December 2014

AFI 33-322, Records Management and Information Governance Program, 23 March 2020

AFPD 44-1, Medical Operations, 9 June 2016

MDGI 48-017, Medical Group Exposure Control Plan and Employee Health Program, 21 November 2018

Adopted Forms

AF Form 847, Recommendation for Change of Publication

AF Form 55, Employee Safety and Health Record

OSHA Form 301, Injury and Illness Incident Report

AF Form 978, Supervisor Mishap Report

Acronyms and Abbreviations

AFB—Air Force Base

AFRC—Air Force Reserve Command

ANG—Air National Guard

BBP—Blood Borne Pathogen

BPA—Blanket Purchase Agreement

CPR—Cardiopulmonary Resuscitation

ECP—Exposure Control Program

ER—Emergency Room

FOUO—For Official Use Only

HBV—Hepatitis B Virus

HCV—Hepatitis C Virus

HIV—Human Immunodeficiency Virus

IAW—In Accordance With

MDG—Medical Group

MTF—Medical Treatment Facility

OMF—Occupational Medicine Flight

OPIM—Other Potentially Infectious Materials

OPR—Office of Primary Responsibility

OSHA—Occupational Safety and Health Administration

PA—Privacy Act

PCM—Primary Care Manager

PH—Public Health

PHEO—Public Health Emergency Officer

PPE—Personal Protective Equipment

SABC—Self-Aid and Buddy Care

TAFB—Tinker Air Force Base

USC—United States Code

Terms

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

Bloodborne Pathogens—Pathogenic 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), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

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

Exposure Control Plan—A plan that identifies and documents the tasks, procedures and job classifications covering instances where there is exposure to blood or other potentially infectious materials.

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

Potential Exposure—Eye, mouth, other mucous membrane, non-intact skin or puncture into the skin resulting in contact with blood or other body fluids.

Potentially Infectious Materials—Blood, semen, vaginal secretions and any bodily fluid visibly contaminated with blood and all body fluids in situations where it is difficult to differentiate between body fluids.

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 (OPIM)—Includes 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.

Attachment 2

SAMPLE EXPOSURE CONTROL PLAN FOR TINKER AIR FORCE BASE

A2.1. Exposure Determination.

A2.1.1. Exposure Determination. OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood, body fluids or other PIMs. The exposure determination is made without regard to the use of personal protective equipment.

A2.1.2. 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.

Figure A2.1. Job Title/Series.

<u>JOB TITLE</u>	<u>JOB SERIES/AFSC</u>
List Title and Job Series or AFSC EXAMPLE: Dental Tech	4Y0XX

A2.1.3. 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 PIMs, a listing of tasks or procedures is required to clearly understand which employees are considered to have occupational exposure.

Figure A2.2. Job Classification/Tasks.

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

A2.2. Exposure Control Plan Elements.

A2.2.1. Universal Precautions. The term “Universal Precautions” refers to an infectious disease control process intended to prevent exposure to workers by treating all human blood and certain body fluids as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

A2.2.1.1. All Victims and their body fluids. Considered to be potentially infected with a bloodborne disease and therefore treated the same.

A2.2.1.2. Personal Protective Equipment (PPE). Includes, but is not limited to, gloves and resuscitation devices and will be provided by the organization and readily available to all workers who may be potentially exposed to blood or body fluids. The wearing of PPE is mandatory in all instances when exposure to blood or body fluids is anticipated.

A2.2.2. Work Practice Controls. Controls that reduce the likelihood of exposure or injury are: hand washing, correct handling of contaminated needles, sharp instruments or other contaminated articles and equipment and surface decontamination.

A2.2.2.1. Hand Washing. It is essential for personnel to wash their hands with soap and water after exposure to blood or other infectious materials. In areas where hand washing facilities are not available, use of antiseptic hand cleaners is acceptable. However, wash hands with soap and running water as soon as feasible. At a minimum, wash hands after coming in contact with blood or other potentially infectious materials, eating, sneezing, using the restroom, touching areas of broken skin (cuts) or touching objects that could have contamination of blood or body fluids, after any situation in which germs come in contact with the hands and after removal of gloves or other PPE.

A2.2.2.2. Personal Protective Equipment. 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 PIMs 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.

A2.2.2.3. Safe Handling of Contaminated Needles, Sharp Instruments, or Contaminated Articles. Workers must be aware of the occupational health hazards concerning the handling and disposing of needles, sharp instruments or other contaminated articles. Place emphasis on the minimal handling of these items. Do not pick up by hand sharp instruments, broken glass, needle/syringes, or other sharp objects contaminated with blood/body fluids, or infectious materials. Pick up contaminated objects using tongs, forceps, a broom and dustpan or some other method that does not require an individual to come in direct contact with the object. Once picked up, place the contaminated objects into a puncture-resistant, leak-proof container. Reference section 6 and 7 of this regulation for specific cleanup and disposal guidelines.

A2.2.2.4. Equipment and Surface Decontamination. At a minimum, clean the contaminated surfaces by absorbing the spilled material and disinfecting the spill area with a 10% solution of household bleach. Dispose of fluids in the sanitary sewer system (i.e. commode, sink or sanitary drain). Place contaminated paper products used in the cleanup operation in a biohazard bag and dispose of as in [paragraph 6.1.8](#) If the area cannot be decontaminated in this manner, contact PH at 734-3582 or 582-6542 for additional information.

A2.2.3. Hepatitis B Immunization:

A2.2.3.1. Offer individuals whose duties involve occupational exposure to blood/body fluids, or other potentially infectious materials, free of charge, immunizations to protect them from Hepatitis B prior to employment. The employee may decline vaccination by signing a Statement of Declination. Employees who decline immunization may at a later date request to start the Hepatitis B series if they change their mind. The Immunization Clinic at 72 MDG will administer the Hepatitis B vaccine. The vaccine is given in a series of three injections at 1, 30 and 180 days. **Note:** This applies to personnel identified in Category I and II. Civilian employees (with the exception of Category I employees) who decline must sign the Hepatitis B declination statement, which is placed in their medical record.

A2.2.3.2. Personnel who have First Aid as a collateral duty DO NOT require Hepatitis B immunizations.

A2.2.4. Training:

A2.2.4.1. Supervisor will ensure initial and annual training of all employees who have potential exposure to blood/body fluids, or other potentially infectious materials as part of their regular job, will receive bloodborne pathogen training prior to assuming duties and within 10 days of assignment and annually thereafter. PH will provide assistance as needed with training.

A2.2.4.2. PH recommends all employees who have potential for assisting with a blood cleanup receive education prior to assuming that duty and within 10 days of assignment. The supervisor or his designate will do this training. PH will give assistance with training as needed.

A2.2.4.3. Supervisors should document the training in Block V of each employee's AF Form 55. Document initial training as "Initial Bloodborne Pathogen Training" and document update training as "Annual Bloodborne Pathogen Training."

A2.2.5. Evaluation of Exposure Incidents:

A2.2.5.1. Report immediately to the supervisor any incident which involves potential exposure to blood/body fluids, or other potentially infectious materials. Take the individual(s) receiving exposure and, if possible, the source of the blood/body fluids or other potential infectious materials to the 72d MDG Clinic or OMF. If these services are closed, dial 911 on base and you will receive directions for care. After initial evaluation and /or treatment, refer the individual(s) to PH.

A2.2.5.2. PH will counsel the individual on risk factors and ensure follow-up testing and treatment is completed.

Attachment 3

BLOODBORNE PATHOGEN TRAINING TEMPLATE

Figure A3.1. Bloodborne Pathogen Training Template.

<p>UNIT:</p> <p>PREPARED BY:</p> <p>CERTIFIED BY:</p> <p>A3.1. OSHA standard blood-borne pathogens 29 CFR 1910.1030. (Briefly outline standard.)</p> <p>A3.2. Epidemiology and symptomatology of bloodborne diseases. (Testing for exposure and symptoms of related diseases.)</p> <p>A3.3. Modes of transmission. (Needle sticks, sharps, punctures, splashes, direct contact, and so forth).</p> <p>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.)</p> <p>A3.5. Procedures that might cause exposure. (Rescue, surgery, dental procedures, CPR, and so forth.)</p> <p>A3.6. Control methods. (PPE requirements, safe handling of material, and standard precautions.)</p> <p>A3.7. Personal Protective Equipment. (Types, wear, use, and basis for selection.)</p> <p>A3.8. Post exposure and follow-up. (Outline what is done.)</p> <p>A3.9. Signs and labels. (Meaning, where to order, and how to use.)</p> <p>A3.10. Hepatitis B vaccine. (Requirements, declination form, and request after initial decline.)</p> <p>A3.11. Questions. (Interactive question and answer session.)</p> <p>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.</p>
