APPENDIX J

Exposure Control Plan for Bloodborne Pathogens

1. Purpose. This appendix establishes guidelines for employees to follow to prevent transmission of Hepatitis B Virus (HBV) or Human Immunodeficiency Virus (HIV) , and procedures to follow if exposure is suspected.

2. Application. This program applies to all POD employees, both military and civilian, whose duties involve the possibility of exposure to blood or body fluids as defined in paragraph 4. below.

3. References.

a. AR 40-5, Preventive Medicine

b. EM 385-1-1, USACE Safety and Health Requirements Manual

c. 29 CFR 1910.1030, Occupational Safety and Health Standards, Bloodborne Pathogens

4. Definitions.

a. Blood: Human blood components, and products made from human blood.

b. Bloodborne Pathogen: Pathogenic microorganisms that are present in human blood and cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

c. Clinical Laboratory: A workplace where diagnostic or other screening procedures is performed on blood or other potentially infectious materials.

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

e. Contaminated Sharps: Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wire.

f. 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 or transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

g. Engineering Controls: Controls (e.g. sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

h. Exposure Incident: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

i. Hand washing Facilities: A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

j. Licensed Healthcare Professional: A person whose legally permitted scope or practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and follow-up.

k. HBV: Hepatitis B virus. HIV means human immunodeficiency virus.

l. 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.

m. Other Potentially Infectious Materials:

(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is difficult or impossible to differentiate between fluids.

(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

(3) 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.

n. Parenteral: Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

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

p. 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 are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

q. Research Laboratory: A laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

r. 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.

s. Sterilize: The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

t. Universal Precautions: An approach to infection control. According to the concept OT Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

u. Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two handed technique).

5. Engineering Controls. In order to prevent transmission of infectious agents, it is imperative that universal precautions be followed whenever there is a possibility of exposure to blood or body fluids, needlesticks or splashes of blood or body fluids into the mucous membranes.

6. Employer Responsibilities.

a. All employees covered by this regulation will be informed of the following:

(1) The risk of acquiring Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

(2) The availability of Hepatitis B vaccine for employees who occupational exposed to blood and other potentially infectious materials.

(3) Polices outlined in this plan, particularly those for universal precautions and safe disposal of sharps and other waste visibly contaminated with blood or body fluids.

b. Newly hired or transferring employees will be informed of these requirements during orientation.

c. Initial and annual training programs including and pertaining to, the SOP, work practices, and protective equipment for the task will be provided.

7. Employee Responsibilities.

a. Follow the guidelines established in this SOP and in accordance with instructions and training received. Universal Precautions will be followed to prevent exposure to blood and other body fluids.

b. Report immediately to his supervisor needlesticks or splashes of blood or body fluids into the mucous membranes, especially those where no barrier precautions were used or available.

c. Must be offered Hepatitis B vaccine and must sign a declination form (Appendix B) if the employee does not wish to take the vaccine upon initial assignment. If the employee changes his/her mind they may receive the vaccine in the future.

8. Training Program. The training program will include the following:

a. The modes of transmission of HBV and HIV.

b. Types of protective clothing and equipment generally appropriate for handling blood and other potentially infectious materials.

c. Appropriate actions to take and persons to contact if unplanned situations are encountered.

d. Requirements for work practices and protective equipment specified in SOP's covering tasks to be performed

e. Access to and use of protective equipment

f. Proper disposal of contaminated clothing and/or equipment

g. Corrective actions to take in the event of spills, personal exposure to fluids, tissues and the appropriate reporting procedures.

9. Recordkeeping. Records shall be maintained documenting:

a. Positions and employees covered under this regulation.

b. Training records indicating dates of training sessions, names of all persons conducting and receiving training, and content of training sessions.

c. Observations of compliance with work practices and use of protective equipment and clothing.

d. Conditions associated with each incident of mucous membrane or other exposure to body fluids or tissue, and a description of any corrective measures taken to prevent a recurrence or other similar exposure

e. Vaccination records of personnel who have received the HBV vaccine

f. Declination forms signed by personnel who, although exposed to blood and other potentially infectious materials, have chosen not to receive the Hepatitis B vaccine.

10. Infection Control Procedures. Use appropriate barrier precautions when contact with blood/body fluids is anticipated.

a. GLOVES must be worn for touching blood/body fluids; mucous membranes or non-intact skin; and for handling items or surfaces soiled with blood/body fluids. High risk body fluids include wound drainage, semen, vaginal secretions, and breast milk. Body fluids of lesser risk include urine, feces, saliva, and vomitus. If the fluid cannot be identified, it must be assumed to be of high risk.

b. MASKS AND PROTECTIVE EYEWEAR / FACE SHIELDS must be worn during procedures that may splatter blood/body fluids on employee's mouth, nose or eyes.

c. AMBU BAGS OR SIMILAR SHIELDING DEVICES must be readily available and used for resuscitation. It is recommended that each CPR provider is furnished a device for personal use in order that familiarity with the device is established. A good face-to-bag seal is easier to achieve with a familiar device, therefore assuring that the device is used properly when necessary.

d. HANDWASHING FACILITIES for the hands and skin surfaces should be immediately available to employees who have come in contact with blood/body fluids. Hands should be thoroughly washed with soap and water or a waterless disinfectant hand cleaner immediately after gloves are removed.

e. SKIN CONDITIONS AND CUTS will eliminate employees from providing emergency care or handling contaminated waste or infected items. This includes draining cuts or sores, chapped or abraded skin.

f. DECONTAMINATION of surfaces or equipment soiled with blood/body fluids should be accomplished by using 1 part bleach to 10 parts water. Visual material should first be removed and the area should be thoroughly cleaned with this solution.

g. CONTAMINATED CLOTHING saturated with blood/body fluids should be taken removed and placed in a plastic bag. A shower should be taken before donning fresh clothing. Soiled clothing can be washed at home using hot water and usual detergent. It is recommended that the clothing not be handled during placement into the washer, and washed separate from other laundry items.

11. Handling and Disposing of Sharp and Contaminated Medical Waste.

a. Sharp items (needles, scalpel blades, and similar instruments) should be considered potentially infective and be handled with extraordinary care to prevent accidental injuries.

b. Pick up needles, syringes, lancets, or other sharps by the syringe end or handle with pliers. Items which cannot be grasped in this manner should be carefully swept into a dustpan.

c. Do not attempt to remove the sharp from the holder.

d. Needle should not be recapped, purposefully bent, broken, removed from disposable syringes, or otherwise manipulated by hand.

e. Place needles, syringes, lancets, and other sharp objects in a hard plastic or metal container with a screw-on tightly secured lid. A plastic bleach or fabric softener bottle is suitable for this purpose. A coffee can will do, but the plastic lid should be reinforced with heavy duty tape before use. To prevent accidental contact, do not hold the container while discarding the sharp object.

f. Do not use glass or clear plastic containers.

g. Keep all containers with sharp objects secure.

h. Soiled bandages, gloves, and other items should be placed in a securely fastened plastic bag. The bag should then be placed into a second plastic bag and securely fastened before discarding.