



UNITED STATES MARINE CORPS

MARINE CORPS BASE
PSC BOX 20004
CAMP LEJEUNE, NORTH CAROLINA 28542-0004IN REPLY REFER TO:
BO 6530.6A
BISS/SAFE

DEC 12 2003

BASE ORDER 6530.6AFrom: Commanding General
To: Distribution List

Subj: BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Ref: (a) 29 CFR 1910.1030
(b) OSHA Instruction CPL 2-2, 69, of 27 Nov 01Encl: (1) Definitions
(2) Worker Exposure, Category A
(3) Worker Exposure, Category B
(4) Biohazard Label and Biohazard Sign
(5) Personal Protective Equipment
(6) Hepatitis B Vaccination
(7) Mandatory Hepatitis B Vaccination Declination Form
(8) Incident and Post-Exposure Evaluation and Follow-up
(9) Training Roster

1. Purpose. To limit occupational exposure of employees to blood and other potentially infectious body fluids and materials that may transmit bloodborne pathogens and lead to disease or death.

2. Cancellation. BO 6530.6

3. Background. The references were issued to reduce the occupational transmission of infections caused by microorganisms sometimes found in human blood and certain other potentially infectious materials. Although a variety of harmful microorganisms may be transmitted through contact with infected human blood, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) have been shown to be responsible for infecting workers in the course of their duties who were exposed to human blood and certain other body fluids containing these viruses, through routes like needle stick injuries and by direct contact of mucous membranes and non-intact skin with contaminated blood/materials. Occupational transmission of HBV occurs much more often than transmission of HIV. Although HIV is rarely

DEC 12 2002

transmitted following occupational exposure incidents, the lethal nature of HIV requires that all possible measures be used to prevent, when possible, the exposure of our employees to disease-causing microorganisms transmitted through human blood and other potentially infectious materials, and as a means of complying with the Bloodborne Pathogen standards. Enclosure (1) provides definitions of terms used throughout this Order.

4. Information

a. Exposure Determination. In all job categories where it is reasonable to anticipate that an employee will have skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials are included in this Exposure Control Plan. Exposure determination is made without regard to the use of personal protective equipment (PPE). Employees are considered to be exposed even if they wear PPE.

b. Other Potentially Infectious Materials (OPIM). Examples of other potentially infectious materials include any body fluid visibly contaminated with blood, semen/vaginal secretions, cerebrospinal fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and saliva in dental procedures, organs, or other tissues.

c. Employees Exposed. Job-related tasks with an inherent potential for membrane or skin contact with blood, body fluids, or tissues, or a potential for spills or splashes of them are Category A tasks. Enclosure (2) identifies workers considered to be Category A risks and includes requirements for PPE.

d. Employees Potentially Exposed. Category B tasks involve no exposure to blood, body fluids, or tissues, but employment may require performing unplanned Category A tasks. Appropriate protective measures will be readily available to every employee engaged in Category B tasks. See enclosure (3).

e. Methods of Compliance

(1) Universal Precautions. All blood or other potentially infectious materials will be handled as if contaminated by a bloodborne pathogen. Under circumstances in

DEC 12 2003

which differentiation between body fluid types is difficult or impossible, all body fluids will be considered potentially infectious materials. Engineering and work practice controls will be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment will also be used. Engineering controls, safer medical devices such as sharps with engineered sharp injury protection and needle-less systems, sharps containers; biologic safety cabinets; self-sheathing needles; leak/puncture resistant containers for blood/other potentially infectious materials, red in color, or containers labeled with a biohazard label; or containers not requiring employee to reach into container when processing sharps will be utilized. Evaluation and selection of new procedures and safer medical devices will include employee input as directed through the Naval Hospital. These controls will be maintained or replaced on a regular schedule. When processes, conditions, or the regulations require change, the Base Safety Manager will review and recommend changes to ensure compliance.

(2) Hand-washing and Other General Hygiene Measures.

Hand-washing is a primary infection control measure, which is protective of both the employee and the individual. Appropriate hand washing must be diligently practiced. Employees will wash hands thoroughly using soap and water whenever hands become contaminated, and as soon as possible after removing gloves or other PPE. When other skin areas or mucous membranes come in contact with blood or other potentially infectious materials, the skin will be washed with soap and water, and the mucous membranes will be flushed with water as soon as possible. Other precautions include:

(a) Using antiseptic hand cleanser and towels or antiseptic towelettes if providing handwashing facilities is not feasible (such as in emergency vehicles). Whenever antiseptic hand cleansers or towelettes are used, employees must wash their hands with soap and running water as soon as possible.

(b) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials.

DEC 12 2003

(c) Food and drink will not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.

(d) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

(e) Use practices to minimize splashing, spraying, spattering, and generation of droplets during procedures involving blood or other potentially infectious materials.

(f) Cover or provide a barrier for the opening of containers which contain suspect infectious materials. No personal needles (i.e., diabetic insulin) will be disposed of in trashcans.

(3) Sharps Management. No intrusive procedures will be performed except by qualified personnel. Sharps will be disposed of using accepted medical procedures.

(4) Precautions in Handling Specimens. Specimens of blood or other potentially infectious materials will be placed in a container that prevents leakage during collection, handling, processing, storage, transport or shipping. The container must be closed before being stored, transported or shipped. These bags or receptacles intended for contaminated items should be located within the first responder vehicle for immediate access. Containers must be labeled (biohazard) and color-coded red. See enclosure (4). If outside contamination of the primary container occurs, or if the specimen could puncture the primary container, the primary container will be placed within a secondary container that prevents leakage and/or resists puncture during handling, processing, storage, transport or shipping. These containers should be maintained by first responders and made immediately accessible in the event of primary container failure.

(5) Management of Contaminated Equipment. Any equipment (such as machines involved in a mishap where an employee has been injured) that may be contaminated must be examined prior to servicing or shipping. If the equipment is found to be contaminated, it must be decontaminated unless not feasible to do so. Any portions of the equipment that remain contaminated

must have an appropriate biohazard label attached. This label must describe which portions of the equipment are contaminated. Information regarding any areas of the equipment that have remained contaminated must be given to all affected employees (employees who use the equipment, circulate in its proximity, clean the equipment and surrounding areas, etc.). The manufacturer and their service representatives must also be provided with this information if the machine is to be serviced while it remains in your facility. If the equipment is to be packaged and shipped to a location outside the facility for servicing, information regarding portions of the equipment remaining contaminated must be conveyed to the involved employees, the equipment service representative and the equipment manufacturer. Naval and/or civilian medical personnel will be summoned to assist and evaluate any equipment that is considered contaminated.

(6) Personal Protective Equipment. All PPE (i.e., gloves, gowns, laboratory coats, face shields, masks, eye protection, mouthpieces, resuscitation bags, pocket masks, etc.) will be provided, repaired, cleaned and disposed of at no cost to employees. Employees will wear PPE when doing procedures in which exposure to the skin, eyes, mouth, or other mucous membranes is anticipated. The articles to be worn will depend on the expected exposure. See enclosure (5).

(a) Gloves. All employees must wear gloves whenever hand contact with blood or other potentially infectious materials are anticipated; for example, treating cuts or lacerations. Disposal (single-use) gloves, such as surgical or examination gloves, must be replaced as soon as possible if they are contaminated, torn, punctured or otherwise lose their ability to function as a barrier to exposure. Disposable gloves cannot be washed or decontaminated for reuse. Utility gloves, such as those made of vinyl, leather or other heavy materials, can be decontaminated for reuse if their integrity has not been compromised. Utility gloves must be discarded if cracked, peeling, torn, punctured, show other signs of deterioration, or their ability to function as a barrier to exposure is lost.

(b) Protective Eyewear. Employees will wear eye protection devices such as goggles, glasses with side shields, face shields, etc., whenever splashes, spray, splatter, or droplets of blood or other infectious materials may occur.

DEC 12 2003

(c) Body Clothing. Employees will wear appropriate protective body clothing, such as coats, jackets, aprons, etc., when body exposure to blood or other infectious materials is anticipated. If blood or other infectious materials penetrate a garment, it must be removed immediately or as soon as feasible. Employees will remove all potentially contaminated PPE prior to leaving their "work areas" (in many cases this means the "accident/incident site"). Place contaminated equipment in a color-coded/designated container in an area from which it will be collected for storage, washing, decontamination or disposal.

(7) Housekeeping. Housekeeping is a key component of the Exposure Control Plan. The best way to prevent hazards from affecting employees is to eliminate them, rather than to protect the employee through the use of PPE.

(a) Worksites, response vehicles and other surfaces affected by this instruction will be maintained in a cleaned and sanitary condition. Appropriate disinfectants will be used for this purpose, i.e., Wexcite, LPH Disinfectant, one-part bleach to ten parts water. Since no surfaces at the command are typically contaminated, no specific schedule of decontamination is necessary. Decontamination needs must be based on specific events including the type of soil present, type of surface to be cleaned and tasks or procedures that are performed in an area.

(b) Decontamination. Decontaminate affected work surfaces with an appropriate disinfectant. Remove and replace all protective coverings (linen, plastic bags or wrap, aluminum foil, absorbent paper) that have been used to protect or cover equipment (such as stretchers, trash containers, etc.) and environmental surfaces. Inspect and decontaminate all trash containers, bins, pails, and similar receptacles that have a reasonable likelihood for becoming contaminated. This must occur immediately or as soon as feasible when surfaces are overtly contaminated, or at the end of the work shift if the surface may have been contaminated since last cleaning.

(8) Special Sharps Precautions. Ensure broken glassware that may be contaminated is cleaned up using "mechanical means" such as a brush and dustpan, tongs, forceps, etc. It may not be picked up directly with the hands.

Prohibit contaminated reusable sharps from being stored or processed in ways that require employees to reach by hand into the containers where the sharps are located.

(9) Regulated Waste

(a) Class "A" includes 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 or other potentially infectious materials capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials. Any of these substances must be placed in containers that are closeable; constructed to contain the contents and prevent fluid leakage; and red in color or labeled with an appropriate biohazard-warning label. These containers must also be closed prior to handling, shipment or storage.

(b) Class "B" includes absorbent materials that are caked with blood (not free flowing) and would not release infectious materials if compressed such as bandage, gauze, diapers, facial tissue, disposable gowns, sanitary napkins, etc. These items will be disposed of in a sanitary manner (wrapped or bagged) and disposed of as regular trash.

(10) Regulated Waste Disposal. All Class "A" regulated-hazardous waste will be turned over to the nearest Branch Medical Clinic or Naval Hospital for handling and disposition in accordance with the Naval Hospital Infectious Waste standards. Only government vehicles will be used for the transportation of Class "A" regulated medical waste. Privately owned vehicles (POV's) are not authorized.

(11) Laundry. Contaminated laundry or laundry that is potentially contaminated with blood or other body fluids should be handled as little as possible. Contaminated laundry will be placed and transported only in properly labeled and color-coded containers that will prevent soak through. If necessary, laundry will be placed in double containers. Employees handling laundry will wear protective gloves and other PPE as appropriate.

DEC 12 2003

If laundered locally, clothing/linen should be washed with hot water and detergent for at least 25 minutes. Laundering of PPE is to be provided at no cost to personnel. If laundry is shipped offsite to a second or contract facility, bags or containers with appropriate labeling and/or color-coding will be used to communicate the hazards associated with the material. Workplace supervisors are responsible for ensuring the proper handling, storage, shipping or cleaning of contaminated clothing/laundry.

f. Communication of Hazards to Employees. Warning labels will be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material, and other containers used to store, transport or ship blood or other potentially infectious materials. Contaminated equipment will also be labeled in this manner. Information about the portions of the equipment that remain contaminated will be added to the label. Labels will be fluorescent orange or orange-red with lettering or symbols in a contrasting color. The label is either to be an integral part of the container or affixed as close as feasible to the container by a method which prevents loss or unintentional removal of the label. The label will have the biohazard symbol and the text BIOHAZARD. See enclosure (4). Red bags or red containers may be substituted for the warning label. The labels/color coding described is not required:

(1) When containers of blood, blood components, or blood products are labeled as to their contents and have been released for transfusion or other clinical use;

(2) When individual containers of blood or other potentially infectious materials are placed in labeled containers during storage, transport, shipment or disposal;

(3) When regulated waste has been decontaminated.

g. Hepatitis B Vaccination Policy. Upon medical determination, employees who have been identified as having exposure to bloodborne pathogens will be offered the Hepatitis B vaccination series at no cost. In addition, employees will be offered post-exposure evaluation and follow-up at no cost should they experience an exposure incident on the job.

DEC 12 2009

The vaccination will be offered to employees after receiving training on bloodborne pathogens and within 10 working days of initial assignment to a job category with exposure. See enclosure (6) for routing diagram. The vaccination series will not be offered to employees who have previously received the complete Hepatitis B vaccination series; who have immunity as demonstrated through antibody testing, or to any employee for whom the vaccine is medically contraindicated. Any exposed employee who chooses not to take the Hepatitis B vaccination will be required to sign a declination statement. See enclosure (7).

h. Procedures for Evaluation and Follow-Up of Exposure Incidents

(1) Exposure Incidents. An exposure incident is 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. Employees who experience an exposure incident must immediately report their exposure to their supervisor. When an employee reports an exposure incident, the employee will immediately be offered a confidential medical evaluation and follow-up to include:

(a) Documentation of the route(s) of exposure;

(b) The circumstances under which the exposure incident occurred;

(c) Identification and documentation of the source individual unless identification is infeasible. If the infectivity status of the source individual is unknown, the individual's blood will be tested as soon as feasible after consent is obtained. The exposed employee will be informed of the result of the source individual's testing. The exposed employee's blood will be collected as soon as feasible after consent is obtained and tested for HBV and HIV serological status. If the employee consents to baseline blood collection but does not give consent at the time for serologic baseline blood collection, or serologic testing, the sample will be preserved for at least 90 days.

If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as feasible. The exposed employee will be offered post exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service. See enclosure (8). The exposed employee will be offered counseling and medical evaluation of any reported illnesses regarding the exposure.

(2) Exposure Evaluation. The following information will be provided to the healthcare professional evaluating an employee after an exposure:

(a) A copy of the reference.

(b) A description of the exposed employee's duties as related to the exposure incident.

(c) Documentation (MCB 5100/3 OccHlth Permit and CA-17) of the route(s) of exposure and circumstances under which the exposure occurred.

(d) Results of the source individual's blood testing, if available.

(e) All medical records relevant to the appropriate treatment of the employee including vaccination status.

(3) Supervisor's Action. Supervisors will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The written opinion will be limited to the following information:

(a) The employee has been informed of the results of the evaluation.

(b) The employee has been told of medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment. All other findings will remain confidential and will not be included in the written report. See enclosure (8).

DEC 18 2002

i. Employee Training. Employees will be trained regarding bloodborne pathogens at the time of initial assignment to task where exposure may occur and annually thereafter. Additional training will be provided whenever there are changes in tasks or procedures, which affect employees' occupational exposure. This training will be limited to the new exposure situation. The training content will include:

- (1) Explanation of the bloodborne pathogens standard.
- (2) General explanation of the epidemiology, modes of transmission and symptoms of bloodborne diseases.
- (3) Explanation of this Exposure Control Plan and how it will be implemented.
- (4) Procedures that may expose employees to blood or other potentially infectious materials.
- (5) Control methods that will be used at this facility to reduce the risk of exposure to blood or other potentially infectious materials.
- (6) Explanation of the basis for selection of PPE.
- (7) Information on the Hepatitis B vaccination program including the benefits and safety of vaccination.
- (8) Information on procedures to use in an emergency involving blood or other potentially infectious materials.
- (9) Procedure to follow if an exposure incident occurs.
- (10) Explanation of post-exposure evaluation and follow-up procedures.
- (11) An explanation of warning labels and/or color-coding.

5. Action

- a. Commanding Officers/Department Heads will:

(1) Use enclosures (2) and (3) as guides in determining workers identified as Category A and Category B exposure risk occupations. However, newly established positions will require assessment by an industrial hygienist with the Preventive Medicine Unit, Naval Hospital, for possible inclusion in the Exposure Control Plan.

(2) If personnel are identified as having Category A or B exposure risks, write and implement a department/unit Exposure Control Plan meeting all the requirements set forth in this Order. This Order may be used as a guide to write internal standard operating procedures.

(3) Ensure items of PPE and containers are provided to each employee as required by reference (a).

(4) Ensure each employee receives training as required by reference (a).

(5) Ensure each employee identified as requiring the Hepatitis B vaccination is afforded the opportunity to receive inoculation; further, that record keeping requirements are met as a way of documentation of vaccination or declination is made in respective medical records.

(6) Be responsible via command medical personnel for medical surveillance of military personnel reporting potential exposures to bloodborne pathogens.

b. Commanding Officer, Naval Hospital will:

(1) Assist Commanding Officers/Department Heads in identifying personnel requiring inclusion in the Exposure Control Plan during Industrial Hygiene baseline and annual surveys.

(2) Provide Hepatitis B vaccine serum for inoculation of personnel identified for inclusion in the Exposure Control Plan.

(3) Be responsible for medical surveillance of personnel reporting potential exposures to blood borne pathogens.

(4) Document vaccinations/declinations of vaccinations and medical surveillance in respective medical records.

(5) Provide training support concerning medical issues required by reference (a) to personnel included in the Exposure Control Plan, supervisors, and Commanding Officers/Department Heads.

(6) Receive from Marine Corps Base activities contaminated materials, (i.e., biohazard bag waste containing dressings, gloves, contaminated sharps, etc.) and process for disposal.

c. Assistant Chief of Staff, Installation Security and Safety, will assign responsibilities to the Base Safety Manager as the Marine Corps Base Exposure Control Plan Manager.

d. Marine Corps Base Safety Manager will:

(1) Serve as the Marine Corps Base Exposure Control Plan Manager.

(2) Monitor effectiveness of the Base's Exposure Control Plan.

(3) Coordinate personnel training programs/requirements with the Commanding Officer, Naval Hospital.

(4) Assist Department Heads in developing internal standing operating procedures.

(5) Review annually and update, as needed, the Marine Corps Base Exposure Control Plan.

6. \ Records Disposition

a. Medical Recordkeeping. All medical records for civilian personnel will be maintained at the Occupational Health Clinic, Naval Hospital, Camp Lejeune; medical record custodians will maintain all active duty military health records. The records will be maintained for the duration of employment plus 30 years in accordance with reference (a). The record will include:

(1) Name and social security number of the employee.

DEC 12 2003

(2) A copy of the employee's Hepatitis B vaccination status with the dates of Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.

(3) A copy of examination results, medical testing, and any follow-up procedures.

(4) A copy of the healthcare professional's written opinion.

(5) A copy of the information provided to the healthcare professional who evaluates the employee for suitability to receive Hepatitis B vaccination prophylactically and/or after an exposure incident.

b. Confidentiality of Medical Records. The record will be kept confidential and will not be disclosed or reported to any person within or outside the workplace without the employee's express written consent, except as required by law or regulation. Employee medical records required under 29 CFR 1910.1030 will be provided, upon request for examination and copying, to the subject employee and to the Department of Labor and Industry.

c. Training Records. Training records will be maintained for three years from the date on which the training occurred. Training records will be provided upon request for examination and copying to employees, to employee representatives, and to the Department of Labor and Industry in accordance with reference (a). See enclosure (9) for training form. The following information will be included:

- (1) Dates of training sessions.
- (2) Contents or a summary of the training sessions.
- (3) Names and qualifications of trainer(s).
- (4) Names and job titles of all persons attending.

7. Applicability and Scope. This Order includes, but is not limited to, a written Bloodborne Pathogen Program for individual Marine Corps Base, Camp Lejeune work centers and shops. This Order is offered as a guide to tenant commands in writing independent command exposure control plans.

8. Reserve Applicability. This Order is applicable to the Marine Corps Reserve.

9. Concurrence. This Order has been coordinated with and concurred in by the Commanding Generals, II Marine Expeditionary Force, 2D Marine Division, 2D Force Service Support Group; Commanding Officers of Marine Corps Air Station, New River, Naval Hospital, and Naval Dental Clinics.



W. A. MEIER

Chief of Staff

DISTRIBUTION: A plus SAFD (10)

DEFINITIONS

1. Blood means human blood, human blood components, and products made from human blood.
2. Bloodborne Pathogens are 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) and Human Immunodeficiency Virus (HIV).
3. Clinical Laboratory is a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
4. Contaminated is the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
5. Contaminated Laundry is laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.
6. Contaminated Sharps are any contaminated objects that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
7. Decontamination is 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.
8. Engineering Controls are controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.
9. Exposure Incident is 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.

DEC 12 2003

10. Hand-Washing Facility is a facility that provides an adequate supply of running potable water, soap and single use towels or hot air drying machines.

11. HBV - Hepatitis B Virus.

12. HIV - Human Immunodeficiency Virus.

13. 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.

14. Other Potentially Infectious Materials:

a. 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 visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

b. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

c. 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.

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

16. Personal Protective Equipment (PPE): 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.

DEC 12 2003

17. Regulated Wastes: 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.

18. 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.

ENCLOSURE (1)

WORKER EXPOSURE, CATEGORY A

TYPES OF EXPOSURE TO BODY FLUIDS	BARRIER NEEDED	PROCEDURES	WORKERS
1. Oral/Pharyngeal Secretions -- Mouth -- Trachea -- Nares	1. Gloves 2. Gown/Apron 3. Disposable Coveralls (if soilage is likely)	Perform one of the following procedures: a. Paramedic b. EMT c. Basic Life Support d. First Responder	Firefighter - Regular Firefighter - Driver/Operator Firefighter - Station Captain Fire Inspector Assistant Fire Chief Deputy Fire Chief
2. Blood		Needle Sticks Handles blood, blood-soaked materials or other body fluids	Fire Chief MCCS Boxing Coach MCCS Lifeguards (Military) PMO-Military Police Patrolman Brig Correctional Specialist Brig correctional Specialist Brig Consular Brig Engineers
3. Other Body Fluids Vaginal Secretions Semen			Red Cross Worker (Volunteer) MCCS Boxing Coach MCCS Lifeguards (Military) PMO-Military Police Patrolman PMO-Criminal Investigator PMO-Evidence Custodian NCIS-Drug Agent NCIS-Evidence Custodian

ENCLOSURE (2)

BO 6530.6A
DEC 12 2003

WORKER EXPOSURE, CATEGORY B

TYPES OF EXPOSURE TO BODY FLUIDS	BARRIER NEEDED	PROCEDURES	WORKERS
<p>Tasks that involve no exposure to blood, body fluid, but occupation may require performing unplanned Category "A" tasks</p>	<p>Only if contact with blood or body fluids is required, use:</p> <ol style="list-style-type: none"> 1. Gloves 2. Gowns 3. Disposable coveralls <p>Otherwise, no barriers needed</p>	<p>May have to perform CPS in emergencies</p> <p>Assertive training procedures for handling prisoners</p>	<p>MCCS-Lifeguards (Seasonal) CDS-Directors CDS-CDC Caregivers CDS-in-Home Providers American Red Cross Workers (Paid) also handle blood containers MCCS-Physical Fitness Director MCCS-Recreation Specialist MCCS-Recreation Aides</p>

DEC 12 2002

BIOHAZARD LABEL AND BIOHAZARD SIGN

1. BIOHAZARD LABEL: (Fluorescent Orange or Orange-Red or predominately so, with lettering or symbols in contrasting color).



BIOHAZARD

2. BIOHAZARD SIGN: (Fluorescent Orange or Orange-Red or predominately so, with lettering or symbols in contrasting color).



BIOHAZARD

BIOHAZARD

- Name of the Infectious Agent
- Special Requirements for Entering the Area
- Name, Telephone Number of the Laboratory
Director or Other Responsible Person

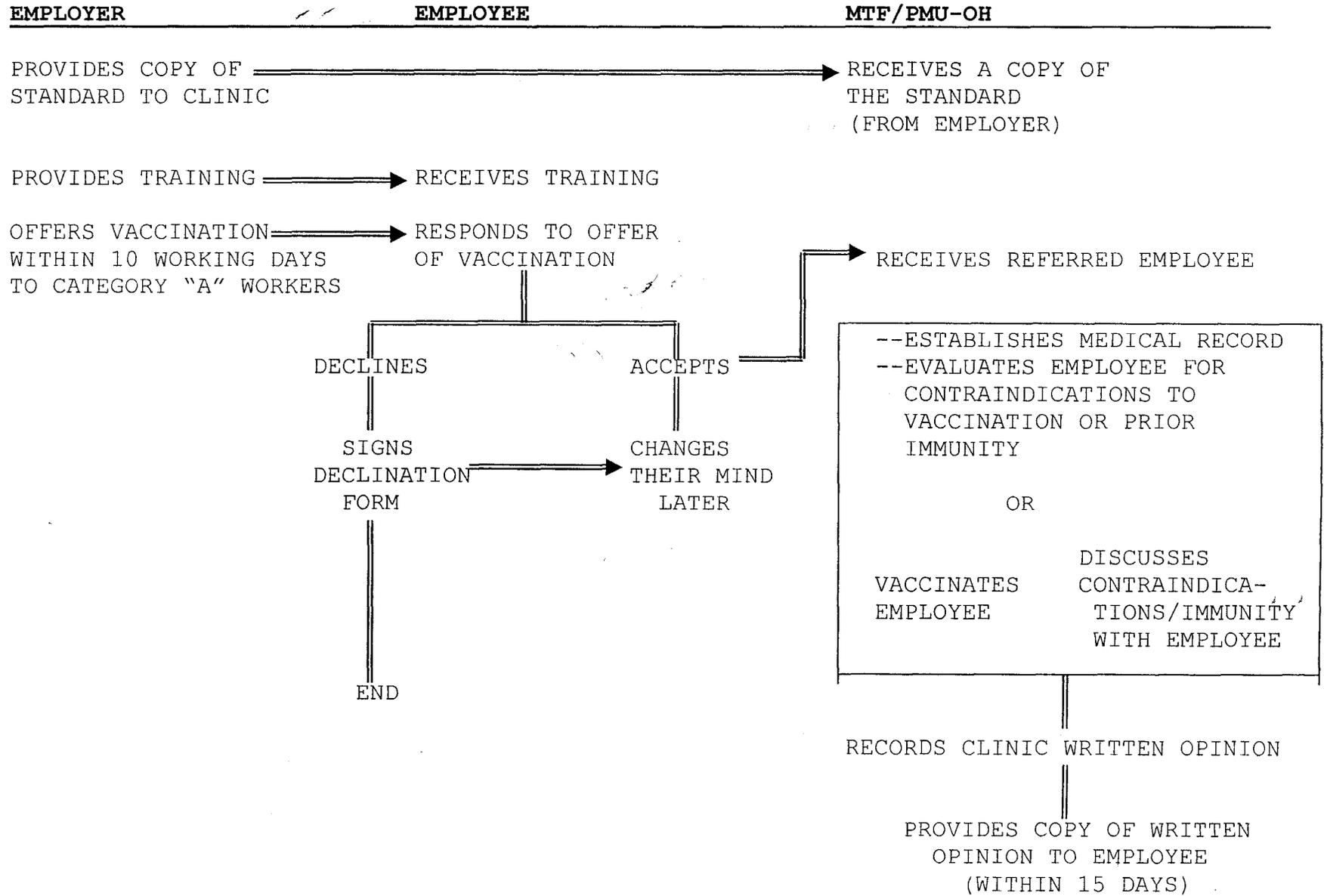
PERSONAL PROTECTIVE EQUIPMENT

Examples of recommended Personal Protective Equipment (PPE) for worker protection against HIV and HBV transmission in pre-hospital settings.

Guidelines for prevention of transmission of HIV and HBV to health care and public workers; reprinted from DHHS (NIOSH) Centers for Disease Control, 1987, HHS Publications No. 89-107, Table 4, Page 28.

TASK OF ACTIVITY	DISPOSABLE		PROTECTIVE	
	Gloves	Gown	Mask	Eyewear
Bleeding Control with spurting blood	Yes	Yes	Yes	Yes
Bleeding control with minimal bleeding	Yes	No	No	No
Emergency Childbirth	Yes	Yes	Yes, if splashing is likely	Yes, if splashing is likely
Blood Drawing	Yes	No	No	No
Starting an intravenous (IV) line	Yes	No	No	No
Endotracheal esophageal obturator	Yes	No	No, splashing is likely	No, splashing is likely
Oral/Nasal manually cleaning	Yes	No	No, splashing is likely	No, splashing is likely
Handling and cleaning instruments with contamination	Yes	No, soiling likely	No	No
Measuring Blood Pressure	No	No	No	No
Measuring Temperature	No	No	No	No
Giving an injection	No	No	No	No

HEPATITIS B VACCINATION



DEC 12 2003

MANDATORY HEPATITIS B VACCINATION DECLINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B Virus (HBV). I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no cost. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no cost.

Signature

Position

Printed Name

Date

ENCLOSURE (7)

INCIDENT AND POST-EXPOSURE EVALUATION AND FOLLOW-UP

