

Chapter 15

Exposure Control Plan (ECP) for Blood Borne Pathogens

1. Purpose

a. The ECP is implemented to meet the letter and intent of the OSHA Blood borne Pathogens Standards. ECP is a policy to prevent or reduce the risk of personnel occupationally contracting Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other blood borne diseases.

b. The ECP sets forth procedures, engineering controls, personal protective equipment, work practices, and other methods designed to protect personnel and meet the requirements stipulated in the OSHA Blood borne Pathogens Standards.

2. Policy. The ECP for Blood borne Pathogens will comply with references (d) and (g).

3. Applicability. Applicable personnel are encouraged to study provisions of the ECP and direct questions and/or comments to the Installation Safety Manager. The input and involvement of applicable personnel is needed to ensure this ECP continues to provide adequate workplace safety. The ECP is subject to an annual review and revision, or as needed.

4. Definitions

a. Biohazard Label. A label affixed to containers of regulated waste and other containers used to transport blood and other potentially infectious materials. The label must be fluorescent orange-red with the biohazard symbol and the word "biohazard" on the lower part of the label.

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

c. Blood borne Pathogens. Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, HBV and HIV.

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

e. Contaminated Sharps. Contaminated objects that can penetrate the skin including, but not limited to, needles and broken glass.

f. Decontamination. The use of physical or chemical means to remove, inactivate, or destroy blood borne 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.

g. Personnel. An individual employed in a health care, industrial or other facility, or operation that may be exposed to blood borne pathogens in the course of their assignments.

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

i. Exposure Control Officer. Personnel designated by the employer, and who is qualified by training or experience, to provide technical guidance in the development and implementation of the facility's ECP.

j. Exposure Incident. A specific eye, mouth, other mucous membrane, non-intact skin, parenteral contact with blood, or other potentially infectious materials that results from personnel performing their duties.

k. Hand Washing Facilities. A facility providing an adequate supply of running potable water, soap, single use towels, or hot air drying machines.

l. HBV. The disease can produce mild to chronic infection, liver damage such as cirrhosis, liver cancer, or death due to liver failure.

m. HIV. The precursor to the Acquired Immunodeficiency Syndrome (AIDS). AIDS results in the breakdown of the immune system, so the body does not have the ability to fight off other diseases. Currently no vaccination exists to prevent infection of HIV, and there is no known cure.

n. Licensed Health Care Professional. A person who is legally permitted a scope of practice that allows them to independently perform the activities required by reference (d), section 1030, paragraph f.

o. Medical Consultation. A consultation which takes place between personnel and a licensed medical professional for the purpose of determining the employee's medical condition resulting from exposure to blood or other potentially infectious materials, as well as any further evaluation or treatment that is required.

p. National Institute for Occupational Safety and Health (NIOSH). The federal agency which assists OSHA in occupational safety and health investigations and research.

q. 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 their duties.

r. Other Potentially Infectious Materials (OPIM)

(1) Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva exposure from dental procedures, any bodily fluid that is visibly contaminated with blood, and body fluids in situations where it is difficult or impossible to differentiate between body fluids.

(2) Unfixed tissue or organ (other than intact skin) from a human (living or dead).

s. Percutaneous. Piercing mucous membrane or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

t. Personal Protective Equipment (PPE). PPE is specialized clothing or equipment worn by personnel for protection against a hazard. General work clothes (e.g., uniforms, scrub suits, pants, shirts, or blouses) are not intended to function as protection against a hazard. These work clothes are not considered to be PPE.

u. Regulated Waste. Liquid or semi-liquid blood or other potentially infectious materials that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items caked with dried blood or other potentially infectious materials capable of releasing materials during handling, to include contaminated sharps.

v. Source Individual. Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to personnel. Examples include, but are not limited to, trauma victims and human remains.

w. Universal Precautions. An approach to infection control. According to the concept of universal precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.

x. 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. Exposure Determination. For the following MCAS Cherry Point job classifications, it is reasonable to anticipate occupational exposure to bloodborne pathogens while performing certain jobs or tasks as identified in periodic IH surveys:

<u>Department</u>	<u>Job Title</u>	<u>Procedure</u>	<u>Location</u>
PMO	Patrolman	First responder	Patrol
MCCS	Lifeguards	First responder	Swimming Pools
MCCS	Childcare	Providers	Child Development Centers
Fire Dept	Firefighters	First responder	MCAS Cherry Point
OPS	ARFF/EOD	First responder	Flightline
Facilities	Housekeeping	Clean up	BOQ/Cherry Point Inn

6. Engineering Controls. Whenever possible, utilize engineering controls to reduce potential exposure (e.g., dustpan and broom, tongs for cleaning up broken glass, etc.).

7. Required Work Practices (General)

a. Wash hands immediately or as soon as possible after removing gloves or other PPE and after hand contact with blood or OPIM.

b. If conditions are such that hand washing facilities are not available, use antiseptic hand cleaners and wash hands at the first available opportunity.

c. Remove PPE immediately upon leaving the work area or as soon as possible. Place PPE in an appropriately designated leak proof bag and transport to the MCAS Cherry Point Branch Medical Clinic, Building 2496 for proper disposal.

d. Do not eat, drink, smoke, apply cosmetics/lip balm or handle contact lenses in work areas where there is a potential occupational exposure.

8. Personal Protective Equipment (PPE)

a. Where there is potential occupational exposure, personnel will be provided with (at no cost to the individual) required PPE including, but not limited to, gloves, glasses with side shields, and face shields. When necessary, provide hypoallergenic, powderless, or other alternative gloving to personnel who are allergic to types normally provided.

b. Obtain PPE through the worksite immediate supervisor.

c. Do not decontaminate or wash single-use (disposable) gloves for re-use.

d. Remove and dispose of PPE prior to leaving the work area.

e. Appropriate PPE does not permit blood or OPIM to pass through or contact clothing, skin, mouth, or mucous membranes.

f. Listed below are types of PPE available for use and circumstances under which to use them:

<u>Item</u>	<u>Procedure</u>
One-way valve disposable rescue breather	Rescue breathing/CPR
Disposable gloves	Rescue breathing/CPR

9. Housekeeping

a. Work Surfaces. Decontaminate work surfaces with an appropriate disinfectant immediately after blood spills or OPIM and at the end of the work shift.

b. Equipment. Routinely check equipment for blood or OPIM contamination and decontaminate as necessary.

c. Receptacles. Inspect, clean and disinfect bins, pails, cans, and similar receptacles intended for reuse which have a potential for becoming contaminated with blood or OPIM immediately or as soon as possible upon visible contamination.

d. Glassware. When cleaning up potentially contaminated broken glass, use a brush and dustpan; do not use your hands.

e. Responsibilities. Supervisors are responsible for providing clean and sanitary worksites.

10. Waste Disposal

a. Place infectious waste disposal material in a closed, leak proof container or bag; color-coded or labeled. Deliver containers/bags to the MCAS Cherry Point Medical Clinic for proper disposal.

b. The worksite supervisor shall ensure that waste is properly eliminated and that the following is observed:

(1) If outside contamination of the container/bag is likely to occur, use a second leak proof container/bag, color-coded or labeled, over the outside of the first and close it to prevent leakage during handling, storage and/or transport.

(2) Observe disposal procedures concerning medical waste in accordance with other applicable Federal, State and local regulations.

11. Communication of Hazards to Personnel

a. Labels

(1) Affix warning labels to containers of infectious waste and contaminated PPE.

(2) Labels shall bear the legend described in reference (d). They shall be fluorescent orange or orange-red or predominately so, with lettering or symbols in the contrasting color.

(3) Labels shall be an integral part of the container or affixed as close as safely possible to the container by string, wire, adhesive or any other method that prevents their loss or unintentional removal.

(4) Substitute red bags or red containers for labels on containers of infectious waste.

(5) Worksite supervisors are responsible for ensuring that containers of bio-hazardous waste are properly labeled.

b. Information and Training

(1) Personnel with occupational exposure shall participate in Exposure Control Training prior to their initial assignment and at least

annually thereafter. Coordinate training through the Safety Directorate. Training must be documented thru ESAMS.

(2) Personnel shall receive information and training in the following areas:

- (a) Regulatory standards.
- (b) Epidemiology and symptoms of bloodborne diseases.
- (c) Modes of transmission of bloodborne pathogens.
- (d) Exposure Control Plan.
- (e) Appropriate methods for recognizing tasks and procedures that may involve exposure to blood or OPIM.
- (f) Use and limitations to prevent or reduce exposure, including appropriate engineering controls and work practices.
- (g) Personal protective equipment.
- (h) Selection of personal protective equipment.
- (i) Hepatitis B vaccine.
- (j) Appropriate actions and contact personnel in the event of an emergency.
- (k) Procedures in the event an exposure incident occurs, including reporting method.
- (l) Medical counseling.
- (m) Signs, labels, and/or color-coding.
- (n) Questions and answers.

12. Medical Surveillance

a. General Information

(1) Individuals possibly exposed to potentially infectious materials shall report to the Naval Medical Clinic, Internal Medicine Department, for initial screening. After normal working hours, weekends and holidays, personnel are to report to a medical treatment facility (MTF) off base (e.g., Carolina East Medical Center-New Bern, Carteret General Hospital - Morehead City) where the incident victim(s) are being directed to and/or transported by Emergency Medical Services (EMS) personnel for further screening. Civilian personnel are to file a Workman's Compensations (CA-1) Form with their workplace supervisor to cover off base medical treatment service expenses.

(2) Individuals possibly exposed to potentially infectious materials shall be offered, at no cost, a vaccination for Hepatitis B, unless previously vaccinated or antibody testing reveals immunity.

(3) Individuals must sign a waiver if declining vaccination see Figure 15-1.

b. Post Exposure Procedures

(1) Should an exposure occur to a potentially infectious material (via needle stick, splash, etc.), provide a post-exposure evaluation as described herein.

(2) Following a report of an exposure incident, provide a confidential medical evaluation and follow-up, including:

(a) Documentation of the route(s) of exposure, HBV and HIV antibody status of the source individual's blood (if known), and the circumstances under which the exposure occurred.

(b) If the source individual can be determined and permission obtained, collect and test the source individual's blood to determine the presence of HIV or HBV infection.

(c) Collect blood from the exposed individual as soon as possible after the exposure incident for determination of HIV/HBV status. Actual antibody or antigen testing of the blood or serum sample may be done at that time or at a later date, if requested by the exposed individual. Preserve samples for a least 90 days.

(d) Follow-up of the exposed individual to include antibody or antigen testing, counseling, illness reporting, and safe and effective post-exposure prophylaxis, according to standard recommendations for medical practices.

c. Information Supplied to Medical. Provide the attending health care professional the following information:

(1) A copy of reference (d) including appendices.

(2) A description of the affected individual's duties as they relate to the occupational exposure.

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

(4) Other pertinent medical records, including vaccination records relevant to the treatment of the exposed individual.

d. Health Care Professional's Report. The attending health care professional shall provide a written opinion to the individual's command concerning the following:

(1) The health care professional's recommended limitations upon the exposed individual's ability to receive the HBV vaccination.

(2) A statement that personnel have been informed of the results of the medical evaluation and have been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.

(3) Related specific findings or diagnoses to the individual's ability to receive the HBV vaccination. Any other findings and diagnoses shall remain confidential.

e. Report to Exposed Individual. For each evaluation under this section, provide the exposed individual a copy of the attending health care professional's written opinion within 15 working days of the completion of the evaluation.

13. Recordkeeping

a. Medical Records. Medical records shall be kept for the length of the individual's employment plus 50 years per reference (d). Maintain records at the designated medical treatment facility supporting the command or activity or transferred to the archives according to current regulations.

b. Training Records. All training is required to be entered into permanent records.

(1) Keep training records for three years.

(2) The Safety Department shall maintain records.

(3) Forward all training records to the TSD for entry into official personnel files. Also, forward a copy of the training records to the ISM for compliance monitoring of the program.

Figure 15-1

HEPATITIS B VACCINE DECLINATION

Date: _____

Employee Name: _____

Employee DODID: _____

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

Employee Signature: _____ Date: _____

Medical Corps Representative Signature: _____