



DEPARTMENT OF THE NAVY

NAVAL AIR WEAPONS STATION
POINT MUGU, CALIFORNIA 93042-5001

NAWSPTMUGUINST 6230.1
P0713
23 Mar 1993

NAWS POINT MUGU INSTRUCTION 6230.1

From: Commanding Officer

Subj: OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

Ref: (a) 29 CFR 1010.1030 Occupational Exposure to Bloodborne Pathogens; Final Rule

Encl: (1) Definitions
(2) Exposure Control Plan

1. Purpose. To establish a Bloodborne Pathogen Exposure Control Plan to minimize exposure to bloodborne pathogens while on board the Naval Air Weapons Station (NAWS) Point Mugu as per reference (a).

2. Background. Many personnel working at NAWS Point Mugu are required to work in occupations, or may find themselves in situations, where exposure to bloodborne pathogens is possible. Two bloodborne pathogens where control is most needed is Hepatitis B (HBV) and the Human Immunodeficiency Virus (HIV). The proper procedures and action as listed herein will reduce the chance of contracting these and other bloodborne pathogens diseases.

3. Discussion. The Occupational Safety and Health Administration (OSHA) has issued a bloodborne pathogens standard to protect the more than 5.6 million workers who may be occupationally exposed. Each year, more than 200 deaths and more than 9,200 bloodborne infections occur throughout the Continental United States. Bloodborne pathogens are microorganisms in human blood that can cause disease in humans. They include HBV and HIV, which causes AIDS. Enclosure (1) explains definitions of terms used. Since any exposure to blood could potentially be fatal, enclosure (2) provides guidelines to employees who may reasonably anticipate coming into contact with human blood and other potentially infectious material in order to perform their jobs.

4. Applicability. This instruction applies to all NAWS Point Mugu personnel who may be exposed to a bloodborne pathogen.

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5. Action. The Bloodborne Pathogens standard was effective 6 March 1992 and is effective with this instruction. Enclosure (2) contains information regarding training and recordkeeping. The regulations regarding engineering and work practice controls, personal protective equipment, housekeeping, hepatitis B vaccination and post-exposure evaluation and follow-up, and labels and signs shall also take effect immediately.



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DEFINITIONS

1. Bloodborne Pathogens - Pathogenic microorganisms that are present in human blood and cause disease in humans. These pathogens include, but are not limited to, Hepatitis B (HBV) and Human Immunodeficiency Virus (HIV).
2. Contaminated - The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
3. Contaminated Laundry - Laundry which has been soiled with blood or other potentially infectious materials.
4. Decontamination - The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item.
5. Disinfect - To inactivate virtually all recognized pathogen microorganisms, but not necessarily all microbial forms (e.g., bacterial spores) on inanimate objects.
6. Engineering Controls - Controls that isolate or remove the hazard from the workplace.
7. Exposure Incident - A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
8. 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. This definition excludes incidental exposures that may take place on the job, and that are neither reasonably nor routinely expected and that the worker is not required to incur in the normal course of employment.
9. Other Potentially Infectious Materials:
 - a. The following body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and any body fluid that is visibly contaminated with blood.
 - b. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
 - c. HIV or HBV containing cell or tissue cultures, organ cultures, and cultures medium or other solution.

10. Parenteral - Piercing mucous membranes or the skin barrier with needles, human bites, cuts, abrasion, etc.
11. Personal Protective Equipment - Specialized clothing or equipment worn by an employee for protection against a hazard.
12. Potentially Infectious Waste - Blood and blood products, all contaminated sharps, all tissue specimens, all operating wastes, isolation waste, all laboratory wastes contaminated with blood or body fluids, and all wastes heavily contaminated with blood or body fluids.
13. Source Individual - Any individual, living or dead, whose blood, body fluids, tissues, or organs may be a source of exposure to the employee.
14. Sterilize - The use of physical or chemical procedures to destroy all microbial life including highly resistant bacterial endospore.
15. Universal Precautions - A method of infection control in which all blood and fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
16. Work Practice Controls - Controls that reduce the likelihood of exposure by altering the manner in which a task is performed. For example: Emergency response to injured auto accident personnel, emergency response to personal injury situations, or assisting ambulance personnel in personal injury situations.

EXPOSURE CONTROL PLAN

1. Job Classifications

a. The following military and civilian job classifications have been identified as having the potential of exposure to bloodborne pathogens. All military and civilians identified below, by military or civilian classification, will be included for the purpose of this instruction.

Firefighter
Lifeguards
Day Care Givers
Police

b. The following tasks have been identified as being performed by employees in the above job classifications in which occupational exposure may occur:

- (1) Response to a personal accident with injuries;
- (2) Response to an automobile mishap with injuries;
- (3) Response to assist prisoners, children, or other personnel who, for some reason, are bleeding; or
- (4) There is the potential to be exposed to bloodborne pathogens.

2. Training

a. Employees assigned to positions in which there is the potential of occupational exposure will receive initial training and continue training on an annual basis.

b. Training will be coordinated by the Occupational Safety and Health (OSH) Office (P0713) and conducted with assistance from their respective prevention medical personnel. It will include the following information:

- (1) An accessible copy of the regulatory text of the OSHA Standard 29 CFR 1910.1030;
- (2) A general explanation of the epidemiology and symptoms of bloodborne diseases;
- (3) An explanation of the modes of transmission of bloodborne pathogens;

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(4) An explanation of the employer's exposure control plan and the employee will be provided a copy of the written plan;

(5) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.

(6) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls and personal protective equipment;

(7) Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment;

(8) Information on the Hepatitis B vaccine, including information such as safety, benefits, efficacy methods of administration, and availability.

(9) Information on the appropriate action to take and persons to contact in an emergency when blood or other potentially infectious materials are involved;

(10) An explanation of the procedure on how to report an exposure incident and the post-exposure evaluation and follow-up.

(11) An explanation of the signs and labels and/or color coding used.

(12) A question and answer period.

c. Copies of roster training signature sheets will be retained by the OSH Office (P0713) for inclusion in the training records. The roster will include the date of training, name of person conducting training, and name and job title of all attendees. Training records will be kept for a period of three years.

3. Medical Surveillance

a. Firefighters and Police will be entered into a medical surveillance program. Hepatitis B vaccinations and prescreening will be offered, as necessary, to an employee within ten days of assignment to an identified position.

b. Employees are not required to submit to an HBV antibody prescreening or vaccination. If an employee declines the Hepatitis B vaccine, however, the statement shown in Appendix A must be signed by the employee and kept on file at the OSH Office (Code P0713). The employee may later request the vaccine should they so desire.

4. Personal Protective Equipment

a. The use of appropriate personal protective equipment during a potential occupational exposure helps prevent occupational exposure to infectious material. The following items will be required to be in all Security and Fire Department vehicles for employee use:

(1) Gloves: Disposable gloves (single-use such as surgical or examination) are recommended. These gloves will be removed as soon as practicable when contaminated or as soon as feasible if they are torn or punctured. Disposable gloves will not be washed or decontaminated for reuse. They should be placed, along with other contaminated material, in a plastic bag and transported to the local medical facility for proper disposal.

(2) Masks, Eye Protection, Face Shield: Masks in combination with eye protection devices, such as goggles or glasses with solid side or face shields, will be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be expected.

(3) Skin Cleaner: A skin cleaner is recommended for use if immediate access to washing facilities is not available.

b. Additional recommended items include:

(1) Gowns: Appropriate protective clothing such as gowns, aprons, or tyvek suits will be worn if a severe occupational exposure situation is encountered.

(2) Shoe Covers or Boots: Shoe covers or boots will be maintained and worn if gross contamination is expected.

c. The Child Development Center and Station Swimming Pool will, as a minimum, have disposable gloves accessible to employees. A barrier kit(s) will also be provided to the Child Development Center and Station Swimming Pool.

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5. Emergency Response Procedures

a. Upon providing assistance to an injured person, where blood or exposure to blood is possible, disposable single-use gloves will be used, as a minimum. Other personal protective equipment will be used if additional exposure to blood might reasonably be anticipated. If a situation develops where exposure to blood is necessary to save life and no personal protective equipment is available, assistance should be given to save life and wash all areas exposed to bloodborne pathogens with soap and water as soon as possible. This incident should be reported to the OSH Office (P0713) for proper follow-up. When disposable personal protective equipment is removed, it will be placed in a plastic bag (which will prevent any leakage of contaminants) and transported to NC-20 for proper disposal as contaminated material.

b. If a garment is penetrated by blood or other potentially infectious materials, the garment will be removed immediately or as soon as feasible. Garment(s) will be bagged until washed. They will be separated from other laundry and washed, using hot water and a small amount of bleach.

c. After any contamination with blood, always wash with soap and water even if personal protective equipment is used. Good personal hygiene habits are critical in reducing the chance of exposure to bloodborne pathogens.

6. Post Exposure Evaluation

a. When an employee is exposed, the incident should be reported to the OSH Office (P0713) immediately. All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. This follow-up will include the following:

(1) Documentation of the route of exposure and the circumstances related to the incident.

(2) Identification and status of the source individual should be provided, if possible. The blood of the source individual will be tested, after consent is obtained, for HIV/HBV infectivity.

(3) Results of testing the source individual will be made available to the exposed employee. The exposed employee will be informed about applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual and will also receive a written copy of applicable laws and regulations.

(4) The employee will be offered the option of having his/her blood collected for testing of the HIV/HBV serological status (Appendix A). The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV/HBV serological status. However, if the employee decides prior to that time that testing will or will not be conducted, then the appropriate action can be taken and the blood sample discarded.

(5) The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.

b. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

7. Action

a. Security, Fire Department, Lifeguards, and Day Care Givers will:

(1) Keep a compiled list of tasks and job classifications which involve potential exposure to bloodborne pathogens.

(2) Ensure personal protective equipment as outlined in paragraph 4 is available at all times for use by personnel where an occupational exposure is likely.

(3) Ensure the requirements for training and medical surveillance are complied with as stated in Paragraphs 2 and 3.

b. The Naval Medical Clinic, Port Hueneme will administer the medical surveillance program as outlined in Paragraph 3 and conduct the training as requested and coordinated by the OSH Office (P0713).

c. Occupational Safety and Health Office (P0713) will:

(1) Review bloodborne pathogens standards for personnel annually.

(2) Maintain required training records.

(3) Keep a copy of compiled list of tasks and job classifications which involve potential exposure to bloodborne pathogens.

APPENDIX A

HEPATITIS B VACCINE DECLINATION

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. However, I decline 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 Hepatitis B Vaccine, I can receive the vaccination series at no charge to me.

Signature

Name (Typed or Printed)

Department

Date