



UNITED STATES MARINE CORPS

MARINE CORPS LOGISTICS BASE
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ALBANY GA 31704-0302

MCLBAO 6260.3B

CO0001

13 OCT 2020

MARINE CORPS LOGISTICS BASE ALBANY ORDER 6260.3B

From: Commanding Officer, Marine Corps Logistics Base Albany
To: Distribution List

Subj: BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

Ref: (a) 29 Code of Federal Regulations (CFR), Section
1910.1030
(b) OPNAVINST 5100.23H
(c) NAVMC DIR 5100.8
(d) OPNAVINST 11320.27A

Encl: (1) Definitions
(2) Training Requirements
(3) Engineering and Work Practice Controls
(4) Exposure Determination Job Classifications
(5) Report of Exposure Incident/First-Aid Assistance Form
(6) Bloodborne Pathogen Exposure Control Plan Self-Evaluation Checklist

1. Situation. Marine Corps personnel in some occupations, including first responders, housekeepers, lifeguards, childcare providers and staff at our health and fitness facilities may be at risk for exposure to bloodborne pathogens. The Occupational Safety and Health Administration established the bloodborne pathogen standard to protect personnel from occupational exposures to infectious microorganisms in human blood or other body fluids. This Order revises the requirements to eliminate or minimize occupational exposures to bloodborne pathogens and other potentially infectious materials (OPIM), as defined in enclosure (1), and establishes the written Bloodborne Pathogen Exposure Control Plan for Marine Corps Logistics Base (MCLB) Albany as required by reference (a).

2. Cancellation. Base Order 6260.3A.

3. Mission. Effective upon receipt, leaders and supervisors aboard MCLB Albany will comply with the provisions of this Order IOT prevent bloodborne pathogen infections within the workforce.

4. Execution.

a. Commander's Intent. The intent of this plan is to eliminate or minimize the risk to personnel who have an occupational exposure or are reasonably anticipated to have an occupational exposure to blood or OPIM. The method is to understand, implement, and comply with the requirements and standards contained in this Order. The endstate is mission continuity while preventing infections caused by blood or OPIM exposure.

b. Concept of Operations. The Bloodborne Pathogen Exposure Control Plan is centrally-managed by the Bloodborne Pathogen Program Manager (BPPM) and

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locally executed; primarily in organizations and divisions with determined exposure job classifications. The enclosures detail requirements and standards of the plan. The BBPM assesses program compliance through program reviews during facility safety inspections, stakeholder feedback, external inspections, and an annual program review.

c. Tasks.

(1) Installation Safety Manager (ISM) will:

(a) Appoint in writing one safety professional to serve as the Command BPPM.

(b) Provide staff supervision over the BPPM.

(c) Provide training to ensure the BPPM is qualified to perform his or her duties.

(d) Provide the necessary resources to allow for the effectively management of the program by the BPPM.

(e) Budget for and fund bloodborne pathogen protection supplies and training related to the Bloodborne Pathogen Exposure Control Plan.

(2) Bloodborne Pathogen Program Manager will:

(a) Serve as the Program Manager of the Bloodborne Pathogen Exposure Control Plan.

(b) Provide policy and direction for all aspects of the program to include the requirements in enclosures (2) and (3).

(c) Coordinate and provide resources for training occupationally exposed and emergency response personnel identified in enclosure (4).

(d) Provide technical assistance to assist Division Directors and Commanders/Officers in Charge of tenant activities, in successfully executing the program.

(e) Investigate and coordinate for post exposure evaluations and medical consultation for personnel involved in exposure incidents.

(f) Maintain a copy of enclosure (5) and all related records to exposure incidents and first-aid assistance for a minimum of 3 years.

(g) Audit subordinate divisions and tenant organizations for program compliance using enclosure (6).

(h) Establish and maintain a program, which ensures employee protection from workplace bloodborne pathogen hazards and OPIM.

(i) Review and update the Bloodborne Pathogen Exposure Control Plan annually and whenever necessary to reflect new or modified task and procedures that affects occupational exposure and to reflect new or revised employee positions.

(3) Marine Corps Logistics Base Albany Fire Chief will:

(a) Ensure first responder personnel complete the bloodborne pathogen training and any additional training recommended by their organization, and review the incident and first-aid assistance reporting procedures, (enclosure 4).

(b) Follow disinfecting procedures for spilled body fluids or when an individual with body fluids on his or her person is treated or transported in a government owned vehicle.

(c) Provide biohazardous spill containment, cleanup, handling, labeling, and disposal of blood or OPIM within the Fire Department's capabilities for spilled body fluids or when an individual with body fluids on his or her person is treated or transported in a government owned vehicle. In the event a blood or OPIM spill exceeds the cleanup capability of Fire Department personnel, the MCBLA Fire Chief will coordinate with the BBPM to obtain in-house personnel or contractor support to manage the cleanup, removal, and disposal of biohazardous waste.

(d) Dispose of biohazardous waste in accordance with established procedures within the department.

(4) Marine Corps Logistics Base Albany Police Chief will:

(a) Ensure first responder personnel complete the bloodborne pathogen training and any additional training recommended by their organization, and review the incident and first-aid assistance reporting procedures, (enclosure 4).

(b) When using government owned vehicles to transport individual(s) with body fluids on his or her person follow disinfecting procedures for spilled body fluids.

(5) Unit Safety Officers will:

(a) Review this Order and reference (a).

(b) Document and provide the BPPM with the names of occupationally exposed personnel within their organization upon request.

(c) Update records and notify BPPM of any changes made within the organization of occupationally exposed personnel.

(d) Assist supervisors within their organization in coordinating training.

d. Coordinating Instructions.

(1) Division Directors; Special Staff Officers; Commanding Officer, Headquarters Company; and Commanders/Officers in Charge of Tenant Activities shall:

(a) Report voluntary first aid and CPR assistance or "Good Samaritan Acts" to the Bloodborne Pathogen Program Manager (BPPM) in accordance with enclosure (3) paragraph five using the Report of Exposure Incident/First-Aid Assistance, enclosure (5).

(b) Inform personnel within their organization of the provisions of this Order and the potential hazards from blood and/or OPIM.

(c) Document and maintain a list of occupationally exposed personnel within their organization and ensure training is coordinated through the Bloodborne Pathogen Program Manager (BPPM).

(2) Supervisors will:

(a) Comply with the program requirements set forth in this order.

(b) Ensure a copy of this Base Order is accessible to their employee(s) that are occupationally exposed.

(c) Document and maintain a list of occupationally exposed personnel within their organization and coordinate training through the BPPM.

(d) Document and maintain all training records for occupationally exposed personnel and have the training records available upon request.

(e) Provide the necessary resources for occupationally exposed personnel to ensure compliance with this order.

(f) Offer occupationally exposed personnel the HBV vaccine or, should the decline the vaccine, ensure they complete the HBV declination statement.

(g) Resource and provide to occupationally exposed personnel, personal protective equipment (PPE) (gloves, gowns, face shields or mask, eye protection, mouthpieces, etc., and in appropriate sizes) and other necessary supplies (antiseptic wipes, infectious waste containers) that are required to protect employee(s) from blood or OPIM.

(h) Maintain control and proper storage of PPE in a convenient location readily accessible for occupationally exposed personnel.

(i) Clean, launder, repair, replace, or dispose of PPE as needed to maintain its effectiveness against blood or OPIM.

e. Lateral Support Requests. The Command requests the following support from Officer-In-Charge (OIC), Naval Medicine Readiness & Training Unit Albany, Georgia:

(1) Enforce program requirements set forth in the Bloodborne Pathogen Exposure Control Plan for the internal operations of Naval Medicine Readiness & Training Unit Albany, Georgia.

(2) Provide medical services to workers enrolled in the Bloodborne Pathogen Medical Surveillance Program.

(3) Maintain an accurate roster of employees enrolled in the Bloodborne Pathogen Medical Surveillance Program to include the Hepatitis B Vaccination (HBV) status.

(4) Provide Hepatitis B Vaccinations for occupationally exposed personnel.

(5) Provide post-exposure evaluations and medical consultations to occupationally exposed personnel.

(6) Maintain required medical records related to the HBV, medical testing and treatment for bloodborne infections or disease in accordance with reference (a).

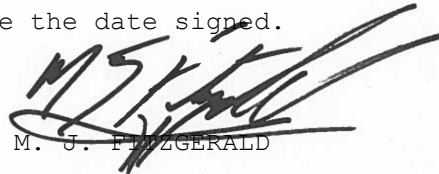
(7) The Industrial Hygienist assists the BPPM in training and resources for the program.

5. Administration and Logistics. Submit recommendations pertaining to the contents of this order through the Division, Special Staff, or Headquarter Company Unit Safety Officer to the Installation Safety Manager.

6. Command and Signal.

a. Command. This Order is applicable to this Command and tenant commands and organizations located aboard MCLB Albany. Contractors are responsible for providing their own Bloodborne Pathogen Exposure Control Plan and personal protective equipment. Point of contact for this Order is the BPPM at extension (229) 639-5249.

b. Signal. The Order is effective the date signed.



M. J. FITZGERALD

DISTRIBUTION: A

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OSHA defines the following terms in 29 CFR 1910.1030(b),
Bloodborne Pathogens:

1. Bloodborne 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 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. Engineering Controls - Controls that isolate or remove bloodborne pathogen hazards from the workplace.
4. Exposure Incident - A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious material that results from the performance of an employee's duties.
5. Handwashing Facility - A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machine.
6. HBV - Hepatitis B Virus. A virus that produces a high incidence of chronic liver disease, liver damage such as cirrhosis, liver cancer, or death due to liver failure. A safe and effective vaccine is available to prevent HBV.
7. HCV - Hepatitis C Virus. A viral disease that leads to swelling (inflammation) of the liver.
8. HIV - Human Immunodeficiency Virus. The precursor to Acquired Immunodeficiency Syndrome (AIDS). AIDS results in the breakdown of the immune system, leaving the body incapable to fight off other disease. Currently, no vaccination exists to prevent infection of HIV and there is no known cure.
9. Medical Consultation - A consultation which takes place between an employee 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.

Enclosure (1)

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10. 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 reasonable nor routinely expected and that the worker is not required to incur in the normal course of employment.

11. Occupationally-Exposed Personnel - The cohort of workers listed in enclosure (2) paragraph 1a, whose duties and responsibilities could result in occupational exposure as defined above.

12. OPIM - Other Potentially Infectious Materials. (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluids, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluids, amniotic fluid, or anybody fluid that is visibly contaminated with blood; (2) All human body fluids in situations where it is difficult or impossible to differentiate between body fluids; (3) Any unfixed tissue or organ, other than intact skin from a human, living or dead.

13. PPE - Personal Protective Equipment. Specialized clothing or equipment worn by employees for protection against bloodborne pathogen hazards or OPIM.

14. Regulated Waste - Liquid or semi-liquid blood or OPIM; contaminated item that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps, pathological and microbiological wastes containing blood or OPIM.

15. Universal Precautions - Any method of infection control in which all blood and other body fluids are treated as if known to be infectious for HIV, HBV, HCV, or other Bloodborne pathogens.

Enclosure (1)

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TRAINING REQUIREMENTS

1. Employees who have occupational exposure to bloodborne pathogens will receive initial and annual training. Provide annual refresher training for these employees approximately one year from their previous training.
2. Supervisors will ensure the person conducting the training are knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.
3. Employees who have occupational exposure to bloodborne pathogens will receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training shall cover, at a minimum, the following:
 - a. An explanation of the OSHA bloodborne pathogen standard outline in references (a) through (c).
 - b. An explanation of this Order and how to obtain a copy.
 - c. An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.
 - d. An explanation of the use and limitations of engineering controls, work practices, and PPE.
 - e. An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE.
 - f. An explanation of the basis for PPE selection.
 - g. Information on the HBV, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge.
 - h. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
 - i. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.

Enclosure (2)

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j. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.

k. An explanation of the signs and labels and/or color required by the standard and used at this facility.

l. An opportunity for interactive questions and answers with the person conducting the training session.

4. Supervisors shall document training for each employee upon completion. The training records shall include:

a. Dates of the training sessions.

b. Contents or a summary of the training sessions.

c. Training outline.

d. Names and qualifications of persons conducting the training.

e. Names and job titles of all persons attending the training sessions.

5. Supervisors shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

6. Supervisors shall provide training records upon request to the BPPM, employee or the employee's authorized representative.

Enclosure (2)

13 OCT 2020ENGINEERING AND WORK PRACTICE CONTROLS1. General Requirements

a. Practice universal precautions in order to prevent contact with blood or OPIM. Consider all blood or OPIM infectious regardless of the perceived status of the individual source. Under circumstances in which differentiation between body fluid types is difficult or impossible, treat all body fluids as potentially infectious.

b. Engineering and work practice controls will be used to eliminate or minimize exposure to employees. MCLB Albany and all tenant organizations will implement required engineering and work practice controls to include, but are not limited to the following:

(1) Readily available and accessible hand-washing facilities for workers incurring exposure. If hand-washing facilities are not feasible, supervisors will provide either an antiseptic cleaner in conjunction with clean cloth/paper towels or antiseptic napkins. Wash hands with soap and running water as soon as possible for at least 20 seconds. Supervisors who must provide alternatives to readily accessible hand-washing facilities should list the location, tasks, and responsibilities to ensure maintenance and accessibility of these alternatives.

(2) Employees will wash hands and any other potentially contaminated skin area immediately or as soon as possible with soap and water after removing personal protective gloves.

(3) Never purposely, bend, recap, remove, shear, or break needles and other sharps.

(4) In work areas where there is a reasonable likelihood of exposure to blood or OPIM, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. This requirement includes inside emergency response vehicles. Do not keep food and beverages in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or OPIM are present.

(5) Prohibit mouth pipetting/suctioning of blood or OPIM.

Enclosure (3)

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(6) All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or OPIM.

(7) Place specimens of blood or OPIM in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimens. Label or color code the container in accordance with paragraph 3 of this enclosure.

(8) Place any specimens that could puncture a primary container in a puncture resistant secondary container. If outside contamination of the primary container occurs, place the primary container in a secondary container to prevent leakage during handling.

(9) Decontaminate equipment with blood or OPIM prior to use or handling.

(10) The MCLB Albany Fire Department will provide spill control and spill cleanup within their capabilities. They will follow disinfecting procedures to contain and limit the spread of blood or OPIM.

(11) Personnel within the area of blood or OPIM spills should stay clear of the area until the spill has been contained.

(12) All contaminated work surfaces or areas will be decontaminated after completion of procedures, immediately after any spill of blood or OPIM, and at the end of the work shift if exposure to the surface may have been possible.

(13) Inspect for leakage, serviceability, and contamination on a regularly scheduled basis all bins, pails, cans, and similar receptacles used for disposing of contaminated waste.

(14) Do not pick up directly with the hands broken glassware that may be contaminated. Instead, use mechanical means such as a brush and dust pan, tongs, or forceps.

(15) Contaminated sharps will be discarded in sharps containers located in the facility where exposed workers perform their duties. Place regulated waste other than sharps in appropriately labeled containers.

Enclosure (3)

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(16) Discarded feminine hygiene products, used to absorb menstrual flow, are not regulated waste in this consideration. The intended function of products such as sanitary napkins is to absorb and contain blood; the absorbent material of which they are composed would, under most circumstances, prevent the release of liquid or semi-liquid blood or the flaking off dried blood. Employees using these products shall discard into waste containers, lined as to prevent contact with the contents. It is a best practice to wrap the discarded product in a paper towel or toilet tissue prior to discarding.

(17) Biohazardous waste will be disposed in accordance with references (a) and (d) by the organization who generates the waste. Any waste clean-up or disposal beyond the organization's capability will be coordinated with the BBPM. Bag and/or label, in accordance with paragraph 3 of this enclosure, all disposable equipment, cleaning materials, or evidence contaminated with body fluids.

2. Personal Protective Equipment (PPE)

a. Personal protective equipment will be used when occupational exposure remains after institution of engineering or work practice controls. Supervisor will provide PPE without cost to workers and choose PPE based on the anticipated exposure to blood or OPIM. The protective equipment is appropriate only if it does not permit blood or OPIM to pass through or reach the employee(s) clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time the protective equipment is used. Personal protective equipment in the appropriate size will be readily accessible or issued to exposed personnel.

b. All PPE will be cleaned, laundered and disposed of at no cost to employees. Employees will remove PPE prior to leaving the work area. Wear the following PPE when the worker may have contact with blood or OPIM:

(1) **Gloves.** Only disposable, single use, such as surgical or examination gloves designed for biohazard protection will be used. Provide hypoallergenic gloves, glove liners, powderless gloves, or similar alternatives to workers who are allergic to the gloves normally provided. Replace gloves as soon as possible when contaminated or if they become torn, punctured, or when their ability to function as a barrier is ineffective. Do not wash or decontaminate disposable gloves.

Enclosure (3)

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(2) **Masks, Face Shield, and Protective Eyewear.**

Personnel will wear masks in combination with eye protection such as unventilated goggles, glasses with side shields, or face shield, whenever splashes, spray, splatter, or droplets of blood or OPIM when eye, nose, or mouth exposure could occur. Use pocket masks with a one-way valve during rescue breathing.

(3) **Protective Clothing.** Wear appropriate outer

garments such as liquid resistant gowns, apron, or coveralls to protect workers from blood or OPIM. Remove all garments penetrated by blood or OPIM immediately or as soon as possible.

(4) **Shoe Covers, Boots.** Wear shoe covers or boots if

gross contamination is expected or encountered.

(5) **Skin Cleaner.** Use antiseptic skin cleaners or

sanitizers to remove and decontaminate articles of PPE and/or skin areas if immediate access to washing facilities is not available.

(6) **Other PPE.** Information on additional/specialized

PPE and spill control material is available from BPPM.

3. Labels

a. Warning labels will be affixed to, or effectively attached to, containers of infectious waste, refrigerators and freezers containing blood or OPIM, and other containers used to store or transport blood or OPIM.

b. Labels will bear the Occupational Safety and Health Administration (OSHA) standard for bloodborne pathogens. They will be fluorescent orange or orange-red or predominantly so, with lettering or symbols in contrasting color. See photo displayed below.

Enclosure (3)

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EXAMPLE OF BIOHAZARD WARNING LABEL

c. Red bags or red containers may be substituted for labels on containers of infectious waste.

4. Medical Surveillance

a. All personnel working in positions designated in enclosure (4) paragraph 1b of this order will be enrolled in the Bloodborne Pathogen Medical Surveillance Program.

b. Prescreening appointments and HBV will be offered by the Naval Medicine Readiness & Training Unit Albany, Georgia within 10 working days of the employee's initial assignment at no cost to the employee. The vaccine is not required for employees who have previously had the vaccine or to an employee who wishes to submit to antibody testing, which shows the employee to have sufficient immunity.

c. An employee who declines the vaccine will sign a HBV Declination Statement. The employee may later request and obtain the vaccine should he or she so desire.

5. Incident Reporting Procedures, Post-Exposure Evaluation, and Medical Consultation.

a. All confirmed or suspected exposures to a potentially-infectious material (needle stick, splash, etc.) and all voluntary acts of first-aid or CPR assistance will be reported to the BPPM (639-5249/639-7049) before the end of the work shift during which the incident occurred. For incidents occurring

Enclosure (3)

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after normal duty hours, immediately contact the BPPM the next business day. Information in the report will include at a minimum:

- (1) Names and positions of workers involved in the incident.
- (2) Date, time, location, and circumstances of incident.
- (3) Route of exposure.

b. A completed Report of Exposure Incident/First-Aid Assistance, enclosure (4), will be submitted to the BPPM within 24 hours of the incident.

c. Employees who incur an exposure will be offered post-exposure evaluation and medical consultation provided by a medical officer at the Naval Medicine Readiness & Training Unit Albany, Georgia. The medical officer will complete a health care professional's report in accordance with reference (b).

6. Recordkeeping

a. All required documentation, references, reports of exposure incidents and first-aid reports will be maintained by the BPPM.

b. All training records will be kept by the supervisor for three years.

c. All employee records shall be made available to the employee in accordance with reference (a).

d. All employee records shall be made available to the Assistant Secretary of Labor for the Occupational Safety and Health Administration and the Director of the National Institute for Occupational Safety and Health (NIOSH) or their representatives upon request.

Enclosure (3)

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1. Exposure Determination

a. Exposure determination is the process that considers job series aboard MCLB Albany that could result in worker exposure to blood or OPIM regardless of frequency or without regard the use of PPE. The following are job series in which exposure to blood or OPIM is possible:

<u>Job Series</u>	<u>Position</u>	<u>Division/Activity</u>
A02-3566	Housekeeper	I&E/Housing
L02-3566	Lead Housekeeper	I&E/Housing
NF-2005	Inventory Control Assistant	I&E/Housing
A03-7304	Laundry Machine Operator	I&E/Housing
A02-7305	Laundry Worker	I&E/Housing
NF-0101	Family Child Care Home (FCCH) Certified Providers	MCCS/Behavior Health
NF3-1702	CDC Educational Technician	MCCS/CDC
GSE-1702	CDC Direct Care	MCCS/CDC
NF-1701	SPS/R&R Specialist	MCCS/CDC
NF4-1701	Director Youth/Teen	MCCS/CDC/YC
NF4-1701	Trainer Family Teen	MCCS/CDC/YC
GS-1701	Director Family Teen	MCCS/CDC/YC
NF0030	Sports Specialist	MCCS/Semper Fit
NF-0188	Recreation Specialist Supervisor	MCCS/Semper Fit
NF-0189	Lifeguard	MCCS/Semper Fit
NF-0189	Recreation Attendant	MCCS/Semper Fit
NF-0189	Recreation Assistant	MCCS/Semper Fit
NF-0301	Director Semper Fit	MCCS/Semper Fit
GS-0083	Accident Investigator	PSD/CID
GS-1811	Criminal Investigator	PSD/CID
GS-0081	Firefighter/EMT/Paramedic	PSD/MCFD
GS-0083	Dog Handler	PSD/MCPD
GS-0083	Police Officer	PSD/MCPD

b. All personnel in these job series are considered occupationally exposed.

c. Reference (a) requires a listing of all associated tasks or procedures for each job series in which occupational exposure occurs. To simplify this requirement, the following references contain the specific tasks and procedures in which occupational exposure may occur to workers in each position group:

ENCLOSURE (4)

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<u>Position Group</u>	<u>Task/Procedure Reference</u>
Firefighter/EMT	NFPA 1581
MC Police Department Staff	MCO 5580.2B
CDC Staff/FCCH	MCO P1710.30E
Lifeguards	American Red Cross Lifeguard Instructor's Guide

d. Employees who voluntarily administer first-aid or CPR are not considered occupationally exposed but are still covered by the scope of this program. Specific requirements for these personnel are contained in enclosure (3) paragraph 5.

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REPORT OF EXPOSURE INCIDENT/FIRST-AID ASSISTANCE FORM

Someone with knowledge of the exposure incident or first aid assistance will complete this report. Submit the completed form to the Bloodborne Pathogen Program Manager within 24 hours of the incident/assistance.

1. Date of incident/assistance: _____ Time: _____

2. Location: _____

3. Potentially infectious materials involved: _____

Type: _____

Source: _____

4. Circumstances (i.e., work performed, etc.): _____

5. Cause of exposure and/or reason for first-aid assistance:

6. Personal Protective Equipment (PPE) used:

7. Actions taken (decontamination, clean-up, reporting, etc.):

8. Recommendations to avoid future exposures:

9. Is post-exposure Hepatitis B Vaccine required? _____

Completed by: _____ Phone: _____

ENCLOSURE (5)

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN
SELF-EVALUATION CHECKLIST

A. <u>Responsibilities and Requirements:</u>	Yes	No	N/A
1. Does the Bloodborne Pathogens Program Manager (BPPM) review and update the Bloodborne Pathogens Exposure Control Plan at least annually and whenever necessary? MCLBAO 6260.3B Para 4c(3) (i)			
2. Is a BPPM appointed in writing? MCLBAO 6260.3B Para 4c(1)			
3. Does the organization report to the BPPM a Report of Exposure Incident/First-aid Assistance? MCLBAO 6260.3B Encl (3) Para 5a			
4. Does the organization submit to the BPPM the Report of Exposure Incident/First-Aid Assistance within 24 hours of the incident/assistance? MCLBAO 6260.3B Encl (3) Para 5b			
5. Does the organization document and maintain a list of occupationally-exposed personnel within their organization and ensure training is coordinated through the BPPM? MCLBAO 6260.3B Para 4c(5) (c)			
6. Does the organization ensure all personnel working in positions designated as occupationally exposed position are enrolled in the Bloodborne Pathogen Medical Surveillance Program? MCLBAO 6260.3B Encl (3) Para 4a			
B. <u>Engineering and Work Practice Controls:</u>			
7. Are engineering and work practice controls being used to eliminate or minimize exposure to employees? MCLBAO 6260.3B Encl (3) Para 1b			
8. Are employees not allowed to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in work areas where there is a reasonable likelihood of exposure to blood or OPIM? This requirement includes inside emergency response vehicles. MCLBAO 6260.3B Encl (3) Para 1b(4)			

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	Yes	No	N/A
9. Is food prohibited from being kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or OPIM are present? MCLBAO 6260.3B Encl (3) Para 1b(4)			
10. Are appropriate outer garments, such as liquid resistant gowns, aprons, or coveralls, worn to protect workers from blood or OPIM? MCLBAO 6260.3B Encl (3) Para 2b(3)			
11. Are appropriate outer garments, such as liquid resistant gowns, aprons, or coveralls, worn to protect workers from blood or OPIM? MCLBAO 6260.3B Encl (3) Para 2b(3)			
12. Do employees who decline the vaccine have a signed HBV Declination Statement on file? MCLBAO 6260.3B Encl (3) Para 4c			
13. Do employees who decline the vaccine have an opportunity to request later for the vaccine should he or she so desire? MCLBAO 6260.3B Encl (3) Para 4c			
14. Is appropriate personal protective equipment being used to protect blood or OPIM to pass through or reach the employee? MCLBAO 6260.3B Encl (3) Para 2a			
15. Are the appropriate warning labels affixed to, attached to, containers of infectious waste, refrigerators, and other containers used to store or transport blood or OPIM? MCLBAO 6260.3B Encl (3) Para 3a			
16. Are personnel working in positions designated identified job series enrolled in the Bloodborne Pathogens Medical Surveillance Program? MCLBAO 6260.3B Encl (3) Para 4a			
17. Are all confirmed or suspected exposures to infectious material reported to the BPPM before the end of the work shift or immediately the next business day? MCLBAO 6260.3B Encl (3) Para 5a			

Enclosure (6)

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C. <u>Training:</u>	Yes	No	N/A
18. Do employees who have occupational exposure to bloodborne pathogens receive initial and annual training? MCLBAO 6260.3B Encl (2) Para 1			
19. Is training being conducted by a trained person, knowledgeable and qualified in the subject matter? MCLBAO 6260.3B Encl (2) Para 2			
20. Does training include an explanation of the Bloodborne Pathogens Exposure Control Plan and how to obtain a copy of the plan? MCLBAO 6260.3B Encl (2) Para 3b			
21. Do the training records include names of all persons attending sessions? MCLBAO 6260.3B Encl (2) Para 4d			
22. Do supervisors provide training records upon request to the BPPM, employee or the employee's authorized representative? MCLBAO 6260.3B Encl (2) Para 6			
B. <u>Recordkeeping:</u>			
23. Does the BPPM maintain all records related to exposure incidents and first-aid assistance? MCLBAO 6260.3B Encl (3) Para 6a			
24. Do supervisors maintain and document all training related to occupationally-exposed personnel? MCLBAO 6260.3B Encl (3) Para 6b			
25. Does a medical officer at the Naval Medicine Readiness & Training Unit Albany, Georgia offer employees who incur an exposure post-exposure evaluation and medical consultation? MCLBAO 6260.3B Para 4c(4)(e)			
Comment:			

Enclosure (6)