



UNITED STATES MARINE CORPS
MARINE CORPS LOGISTICS BASE
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ALBANY, GEORGIA 31704-0353

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BASE ORDER 6260.3A

From: Commanding Officer
To: Distribution List

Subj: MARINE CORPS LOGISTICS BASE (MCLB) ALBANY BLOODBORNE
PATHOGENS EXPOSURE CONTROL PLAN

Ref: (a) 29 CFR 1910.1030
(b) OPNAVINST 5100.23G
(c) NAVMC DIR 5100.8

Encl: (1) Program Responsibilities and Requirements
(2) Exposure Determination Job Classifications
(3) Engineering and Work Practice Controls
(4) Report of Exposure Incident/First-Aid Assistance Form
(5) Definitions

1. Situation. The federal law governing workplace transmission of disease is reference (a), the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard. Its purpose is to limit occupational exposure to blood and other potentially infectious material (OPIM) since any exposure could result in transmission of pathogens that could lead to disease. The principle bloodborne pathogens of concern are Hepatitis B virus (HBV), Hepatitis C virus (HCV), and human immunodeficiency virus (HIV). Others exist, but generally are not occupationally transmitted. The diseases associated with these pathogens are preventable if appropriate precautions are taken. Information contained in this order, enclosures (1-5), provides the guidance necessary to understand and implement the requirements of OSHA's bloodborne pathogen standard and thereby reduce the risk of occupational exposure to the MCLB Albany workforce.

2. Cancellation. BO 6260.3

3. Mission. Leaders at all levels are responsible for implementing the requirements and procedures within this order to eliminate or minimize occupational employee exposure to blood and other potentially infectious materials.

4. Execution

a. Commander's Intent. The intent of this program is to provide a safe and healthful work environment throughout MCLB Albany and all tenant organizations in eliminating or minimizing employee exposure to blood and other infectious materials. This is accomplished by complying with the provisions outlined in references (a) through (c).

b. Concept of Operations. The Bloodborne Pathogens Exposure Control Plan will be implemented by applying the program elements identified in enclosures (1-5) throughout MCLB Albany and all tenant organizations.

5. Administration and Logistics


a. Administration. None.

b. Logistics. None.

6. Command and Signal

a. Signal. This Order is effective on the date signed.

b. Command. This Order applies to this Command and all tenant commands and organizations located aboard MCLB Albany.



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DISTRIBUTION: A

PROGRAM RESPONSIBILITIES AND REQUIREMENTS

1. Division Directors; Special Staff Officers; Commanding Officer, Headquarters Battalion; and Commanders/Officers in Charge of Tenant Activities shall: Inform personnel under their organization that all voluntary first-aid and CPR assistance incidents or "Good Samaritan Acts" must be reported to the Bloodborne Pathogen Program Manager (BPPM) in accordance with enclosure (3) paragraph 5 using the Report of Exposure Incident/First-Aid Assistance, enclosure (4).

2. Director, Public Safety Division; Director, Marine Corps Community Services; Director, Child Development and Youth and Teen Center shall:

a. Implement the provisions of this order and ensure personnel under their organization are informed of the potential hazards from blood and/or OPIM.

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

3. Marine Corps Logistics Base(MCLB)Albany Fire Department(FD). The Fire Chief will:

a. Follow disinfecting procedures whenever body fluids are spilled or an individual with body fluids on his or her person is transported in a government operated vehicle.

b. Provide biohazardous spill containment, cleanup, handling, labeling, and disposal of blood or OPIM within the Fire Department's capabilities. In the event a blood or OPIM spill exceeds the cleanup capability of Fire Department personnel; the Fire Chief will coordinate with the Installation Safety Manager (ISM) to obtain in-house personnel or contractor support to manage the cleanup, removal, and disposal of biohazardous waste.

c. Dispose of biohazardous waste in accordance with local procedures.

4. Supervisors. 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 coordinated 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 to occupationally-exposed personnel to ensure compliance with this order.

f. Ensure occupationally-exposed personnel are offered the Hepatitis B Vaccination or are provided the Hepatitis B Vaccination 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. Ensure PPE required is cleaned, laundered, repaired, replaced or disposed of as needed to maintain its effectiveness against blood or other infectious material.

5. Unit Safety Officers. The 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.

c. Maintain and document all training records related to occupationally-exposed personnel.

d. Update records and notify BPPM of any changes made within the organization of occupationally-exposed personnel.

e. Perform and document periodic inspections of PPE associated with bloodborne pathogen hazards within their organization and confirm that the types specified are listed in the Exposure Control Plan and are being used, maintained properly, and repaired or replaced as needed.

f. Assist supervisors within their organization in coordinating training.

6. Emergency Response Personnel. The emergency response personnel will document and 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).

7. Installation Safety Manager (ISM). The ISM will:

a. Appoint one member of the Risk Management Staff to serve as the BPPM.

b. Provide staff supervision over the BPPM.

c. Ensure the BPPM is trained, qualified and certified to perform his or her duties.

d. Provide the necessary resources to allow the BPPM to effectively manage the program.

e. Budget for and fund bloodborne pathogen protection equipment and training related to the bloodborne pathogens exposure control plan.

8. Bloodborne Pathogen Program Manager. The BPPM 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.

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

d. Coordinate and provide resources for training occupationally-exposed personnel and emergency response personnel.

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

f. Maintain all records related to exposure incidents and first-aid assistance.

g. Inspect subordinate divisions and tenant organizations for program compliance.

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

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

9. Officer In Charge (OIC), Naval Branch Health Clinic (NBHC).
The OIC of NBHC will:

a. Comply with the program requirements set forth in the Bloodborne Pathogens Exposure Control Plan, Naval Hospital Jacksonville, for the internal operations of the clinic.

b. Provide medical services to workers enrolled in the Bloodborne Pathogen Medical Surveillance Program.

c. Maintain and provide the BPPM an accurate roster of employees enrolled in the Bloodborne Pathogen Medical Surveillance Program and include the Hepatitis B Vaccination status.

d. Provide Hepatitis B Vaccinations to occupationally-exposed personnel.

e. Provide Post-Exposure Evaluations and Medical Consultations to personnel.

f. Generate and maintain required medical records related to the Hepatitis B Vaccination, medical testing and treatment for bloodborne infections or disease.

g. Assist the BPPM in providing training resources for the program.

EXPOSURE DETERMINATION AND JOB CLASSIFICATIONS

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. Exposure determination is made without regard to the use of personal protective equipment (PPE) (i.e. workers are considered to be exposed even if they wear PPE). The following are job series in which exposure to blood or OPIM is reasonably anticipated:

| <u>Job Series</u> | <u>Position</u> | <u>Division/Activity</u> |
|-------------------|--------------------------------|--------------------------|
| GS-0081 | Firefighter/EMS | PSD/Fire |
| GS-0303 | Emergency Services Dispatcher | PSD/MCPD |
| GS-0303 | Administration Assistance | MCCS/CDC |
| NF4-1701 | Child Development Professional | MCCS/CDC |
| NF3-1702 | CDC Educational Staff | MCCS/CDC |
| NF4-1701 | Director Youth/Teen | MCCS/YC |
| NF4-1701 | Trainer Family Teen | MCCS/YC |
| GSE-1702 | CDC Direct Care (NAF) | MCCS/CDC |
| GS-1701 | Director Family Teen | MCCS/CDC/YC |
| GS-0083 | Police Office | PSD/MCPD |
| GS-0083 | Dog Handler | PSD/MCPD |
| GS-0083 | Accident Investigator | PSD/CID |
| GS-1811 | Criminal Investigator | PSD/CID |
| NF-0189-02 | Lifeguard (NAF) | MCCS/POOL |
| NF-1701-03 | SPS/R&R Specialist (NAF) | MCCS/CDC |
| NA | F.C.C.H. Certified Providers | MCCS/Housing |

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:

| <u>Position Group</u> | <u>Task/Procedure Reference</u> |
|----------------------------|---|
| Firefighter/EMS | NFPA 1581 |
| MC Police Department Staff | MCO 5580.2B |
| CDC Staff/F.C.C.H. | 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 standard. Specific requirements for these personnel are contained in enclosure (3) paragraph 5.

ENGINEERING AND WORK PRACTICE CONTROLS

1. General Requirements

a. Universal precautions will be observed by all employees in order to prevent contact with blood or OPIM. All blood or OPIM will be considered infectious regardless of the perceived status of the individual source. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids will be considered potentially infectious.

b. Engineering and work practice controls will be used to eliminate or minimize exposure to employees. Required engineering and work practice controls that will be instituted aboard MCLB Albany and all tenant organizations 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 towelettes. Hands are to be washed with soap and running water as soon as possible. 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) Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken.

(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. Food and beverages will not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or OPIM are present.

(5) Mouth pipetting/suctioning of blood or OPIM is prohibited.

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

(7) Specimens of blood or OPIM will be placed in a container which prevents leakage during the collection, handling, processing, storage, and transport of the specimens. The container used for this purpose will be labeled or color-coded in accordance with paragraph 3 of this enclosure.

(8) Any specimens that could puncture a primary container will be placed in a puncture resistant secondary container. If outside contamination of the primary container occurs, the primary container will be placed in a secondary container which prevents leakage during handling.

(9) Equipment which has become contaminated with blood or OPIM will be decontaminated prior to use or handling.

(10) Spill control and spill clean-up will be provided by MCLB Albany Fire Department within their capabilities and disinfecting procedures shall be followed to contain and limit the spread of blood or OPIM.

(11) Personnel within the area of blood or other infectious material spills should stay clear of the area until the spill has been contained and personnel are permitted back in the area.

(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 the surface may have become contaminated since the last cleaning.

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

(14) Broken glassware that may be contaminated will not be picked up directly with the hands. It will be cleaned up using 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. Regulated waste other than sharps will be placed in appropriately labeled containers.

(16) Biohazardous waste other than that generated by the NBHC will be disposed of by MCLB Albany Fire Department in accordance with local procedures. All disposable equipment, cleaning materials, or evidence contaminated with body fluids shall be bagged and/or labeled in accordance with paragraph 3 of this enclosure.

2. Personal Protective Equipment (PPE)

a. Personal protective equipment will be used when occupational exposure remains after institution of engineering or work practice controls. Personal protective equipment will be provided without cost to workers and will be chosen based on the anticipated exposure to blood or OPIM. The protective equipment will be considered 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 will be used. Personal protective equipment in the appropriate size will be readily accessible or issued to exposed personnel. All PPE will be cleaned, laundered and disposed of at no cost to employees. All PPE will be removed prior to leaving the work area. The following PPE will be worn when it can be reasonably anticipated that 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. Hypoallergenic gloves, glove liners, powderless gloves, or similar alternatives will be provided to workers who are allergic to the gloves normally provided. Gloves will be replaced as soon as possible when contaminated or when they become torn, punctured, or when their ability to function as a barrier is compromised. Disposable gloves will not be washed or decontaminated for re-use.

(2) Masks, Face Shield and Protective Eyewear. Masks in combination with eye protection such as unventilated goggles, glasses with side shields, or faceshield, will be worn whenever splashes, spray, splatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth exposure could occur. Pocket masks with a one way valve will be used during rescue breathing.

(3) Protective Clothing. Appropriate outer garments such as liquid resistant gowns, apron, or coveralls will be worn to protect workers from blood or OPIM. All garments penetrated by blood or OPIM shall be removed immediately or as soon as possible.

(4) Shoe Covers, Boots. Shoe covers or boots will be worn if gross contamination is expected or encountered.

(5) Skin Cleaner. Antiseptic skin cleaners or sanitizers will be used 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.

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 (2) paragraph 1.b. of this order will be enrolled in the Bloodborne Pathogens Medical Surveillance Program.

b. Prescreening appointments and HBV will be offered by the Naval Branch Health Clinic within 10 working days of the employee's initial assignment at no cost to the employee. The vaccine is not required to be made available 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 after normal duty hours, contact the Officer-of-the-Day (639-5206) who will contact the BPPM. 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 Branch Health Clinic in accordance with reference (b).

d. The medical officer will complete a health care professional's report in accordance with reference (b).

6. Training

a. All employees working in positions designated in enclosure (2) will receive training prior to initial assignment and at least annually thereafter.

b. Training will be coordinated through the supervisor or the unit safety officer and the BPPM, and conducted by a trained staff, knowledgeable and qualified in the subject matter. Division/activities may conduct training using internal assets

and resources provided they can show proof of trainer qualifications and that all program elements are being presented and documented.

c. Training for employees will include information and an explanation of the following program elements:

- (1) The OSHA Bloodborne Pathogen Standard, 29 CFR 1910.1030.
- (2) Epidemiology and symptoms of bloodborne diseases.
- (3) Modes of transmission of bloodborne pathogens.
- (4) This Order (i.e., points of the plan, lines of responsibility, how the plan is implemented, etc).
- (5) Procedures and tasks which might cause exposure to blood or OPIM.
- (6) Use and limitation of PPE selection.
- (7) Procedures to follow if an exposure incident occurs, including methods of reporting the incident.
- (8) The Hepatitis B Vaccine, including information on it's efficiency, safety and the benefits of being vaccinated.
- (9) Post-exposure evaluation and Medical Consultation.
- (10) Signs, labels and color-coding used to warn personnel of biohazardous material.

d. Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

7. 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 unit safety officer for 3 years and include at a minimum:

- (1) Date, time, location of training.
- (2) Training aids such as videotapes of written material or manuals.
- (3) Training outline.
- (4) Name and qualifications of trainer(s).
- (5) A sign-in roster of those attending the training.

c. All employee records shall be made available to the employee in accordance with 29 CFR 1910.1020(e).

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) upon request.

REPORT OF EXPOSURE INCIDENT/FIRST-AID ASSISTANCE

This report will be completed by someone with knowledge of the exposure incident or first-aid assistance. It will be forwarded 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 being 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 and phone number: _____

DEFINITIONS

1. Bloodborne Pathogens - Pathogenic micro-organisms 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).
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. It can be prevented by a safe, effective vaccine.
7. HCV - Hepatitis C Virus. A viral disease that leads to swelling (inflammation) of the liver.
8. HIV - Human Immunodeficiency Virus. The precursor to the 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.
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.

13. 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 any body 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.

15. PPE - Personal Protective Equipment. Specialized clothing or equipment worn by employees for protection against bloodborne pathogen hazard.

16. 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.

17. 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.