

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL
AND FORT SAM HOUSTON
Fort Sam Houston, Texas 78234-5014

FSH Memorandum
No. 385-29

3 Nov 98

Safety
Incidental Exposure Bloodborne Pathogens

1. PURPOSE.

- a. To provide Fort Sam Houston (FSH) personnel guidance with respect to incidental exposure to bloodborne pathogens.
- b. To protect workers who may come in contact with bloodborne pathogens.
- c. To provide information on bloodborne pathogens.

2. POLICY.

- a. It is the policy of FSH to practice "Standard Precautions" (formerly Universal Precautions) when involved with blood or other body fluids.
- b. The first response to a medical emergency is to call (911) for professional assistance.

3. APPLICABILITY. This memorandum applies to all military and civilian personnel assigned or attached to FSH. It does not include healthcare workers or U.S. Army Medical Department Center and School (AMEDDC&S) organizations that provide medical training that inherently involves exposure to blood and/or other body fluids. These organizations have respective regulations, as indicated in paragraph 4 below.

4. REFERENCES.

- a. FSH Regulation 385-10, Occupational Safety and Health Program.
- b. FSH Regulation 385-6, Bloodborne Pathogen Exposure Control Plan.
- c. AMEDDC&S Memo 385-3, Bloodborne Pathogen Exposure Control Plan.
- d. BAMC Memorandum 40-169, Bloodborne Pathogen Exposure Control Plan.
- e. 29 CFR 1910.1030, Bloodborne Pathogens.

FSH Memo 385-29

5. EXPLANATION OF TERMS.

- a. Bloodborne Pathogen: Microorganisms that can cause disease in man and are present in blood.

Note: *In most instances, the term bloodborne pathogen has been extended to other body fluids beyond blood, which are called "Other Potentially Infectious Material (OPIM)."*

- b. Exposure Control Plan: A plan to minimize employee risk or exposure to bloodborne pathogens and other OPIM.

c. Exposure Incident: A specific percutaneous eye, mouth, or other mucous membrane or non-intact skin contact with blood or OPIM.

d. HBV: Hepatitis B Virus

e. HIV: Human Immunodeficiency Virus

f. Other Potentially Infectious Material (OPIM): OPIM includes other human body fluids such as saliva, urine, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and any other body fluid with visible blood contamination.

g. Personal Protective Equipment (PPE): Clothing and equipment worn by an employee to protect the employee from potential exposure. With respect to bloodborne pathogens, these may include gloves, goggles, face shield, apron, and boots. General work clothes and uniforms are not considered PPE.

6. BACKGROUND.

a. Certain pathogenic microorganisms can be found in the blood of infected individuals. For the purpose of this memorandum and the Occupational Safety Health Administration (OSHA) standard, OSHA is referring to these microorganisms as "bloodborne pathogens" and to the diseases that they cause as "bloodborne diseases." These bloodborne pathogens may be transmitted from the infected individual to other individuals by blood or certain other body fluids, for example, when blood-contaminated needles are shared by intravenous drug (IV) users. Because it is the exposure to blood or other body fluids that carry the risk of infection, individuals whose occupational duties place them at risk of exposure to blood or OPIM are also at risk of becoming infected with these bloodborne pathogens, developing a disease and in some cases, death. Infected individuals are also capable of transmitting the pathogens to others.

b. The hepatitis B virus (HBV) that attacks and replicates in liver cells causes hepatitis B. It is the major infectious bloodborne occupational hazard to healthcare workers; however, it is an extremely limited threat to the general population. The Hepatitis Branch of the Centers for Disease Control and Prevention (CDC) estimates that there are approximately 8,700 infections in healthcare workers with occupational exposure to blood and other potentially infectious materials in the United States each year. These infections cause over 2,100 cases of clinical acute hepatitis, 400-440 hospitalizations, and approximately 200 deaths each year in healthcare workers. Death may result from both, acute and chronic hepatitis. The use of hepatitis B vaccine, engineering and work practice controls, and PPE will prevent almost all of these occupational hepatitis B infections. Efforts to reduce blood exposure and minimize puncture injuries in the workplace setting will reduce the risk of transmission of all bloodborne hepatitis viruses. Incidental exposure to HBV should not pose a great threat; however, the potential for transmission is present any time that one comes in contact with blood or OPIM.

c. Human immunodeficiency virus (HIV) adversely affects the immune system, rendering the infected individual vulnerable to a wide range of clinical disorders. These conditions, some of which tend to recur, can be aggressive, rapidly progressive, difficult to treat, and less responsive to traditional modes of treatment. This usually leads to the death of the HIV infected patient.

d. Acquired immune deficiency syndrome (AIDS) is a disease complex characterized by a collapse of the body's natural immunity against disease. Because of this failure of the immune system, patients with AIDS are vulnerable to one or more unusual infections or cancers that do not pose a threat to anyone whose immune system is working normally. However, infection with HIV does not always lead to AIDS. Researchers are studying whether other co-factors may be necessary to trigger the onset of the symptoms, opportunistic infections or cancers associated with AIDS. Some people with HIV remain in good health, while others may develop relatively mild symptoms and others go on to develop AIDS.

e. Even more so than with HBV, the potential for contracting the HIV through incidental contact is remote; however, basic standard precautions should be followed when coming in contact with blood or OPIM. Appendix A contains commonly asked questions, with answers, concerning HBV and HIV. The questions and answers were extracted from OSHA and CDC documents.

7. RESPONSIBILITIES.

a. The Installation Safety Office (ISO) will:

- (1) Serve as the focal point for the bloodborne pathogen program.
- (2) Develop and periodically review the policy and the exposure control plan for the installation, as well as the one for Brooke Army Medical Center (BAMC) and AMEDDC&S.
- (3) Conduct training for incidental exposure to bloodborne pathogens.

b. Preventive Medicine will:

- (1) Provide professional medical guidance for the bloodborne pathogen program.
- (2) Assist in the training.
- (3) Assist in periodic reviews.
- (4) Provide pre-employment and post exposure counseling.

c. Commanders/organization chiefs will:

- (1) Prepare a Standing Operating Procedure (SOP) concerning incidental exposure to blood and OPIM. See appendix B for an example.
- (2) Determine a policy for their respective organizations concerning the provision of first aid and cardio-pulmonary resuscitation (CPR).
- (3) Establish a trained voluntary response team to clean-up small incidental spills of blood and OPIM.
- (4) Provide equipment for the proper clean-up and disposal of small incidental spills of blood and other OPIM.

d. Fire and Emergency Services will:

- (1) Maintain trained individuals to clean-up large spills of blood and OPIM.

(2) Maintain equipment for the proper clean-up and disposal of blood and OPIM.

(3) Respond to requests for clean-up of blood and OPIM.

e. BAMC will:

(1) Accept the medical regulated waste for disposal.

(2) Provide assistance and guidance for the clean up and disposal of medical regulated waste.

(3) Provide initial medical treatment for a potential bloodborne pathogen exposure.

8. DISCUSSION.

a. It is well documented that healthcare workers have the greatest opportunity for exposure to bloodborne pathogens; therefore, potential transmission is highest among these occupations. Practicing standard precautions as defined in the references listed in paragraph 4, reduces the potential. Additionally, there are other occupations that were identified in the Exposure Control Plan (FSH Regulation 385-6) are also considered to have a potential occupational exposure. These include the Military Police, Police Officers, Security Guards, Firefighters, and certain Laundry Workers.

b. Notwithstanding, incidental exposure in the office and industrial workplace is possible. The sources include situations such as an individual with an injury (e.g. laceration), a bloody nose, bloody vomitus or a medical condition requiring the consideration of CPR.

9. PROCEDURE.

a. If blood and/or OPIM are encountered at the workplace, it should not be touched without the proper PPE. At a minimum, this includes gloves (latex or equivalent) and eye protection (glasses with side shields or goggles).

b. If it is a large quantity (greater than 500-cc/1 pint), fire and emergency services should be contacted for clean up.

c. If it is a small quantity, the trained voluntary response team should be used.

d. The material will be absorbed and placed into medical regulated waste bags for transportation to the nearest medical treatment facility for further containerization and safe keeping, until disposal can be effected.

e. The area will be disinfected with a 1:10 dilution of household bleach. The disinfecting rags/towels will be placed into the medical regulated waste bags.

f. If an individual feels they were exposed to a bloodborne pathogen, they should present themselves to the Emergency Room (ER)/Acute Care Clinic at BAMC. Follow-ups by Occupational Health, Preventive Medicine Service, for counseling and/or further evaluation will occur, as appropriate.

The proponent of this memorandum is the Directorate of Public Safety. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to the Commander, U.S. Army Medical Department Center and School and Fort Sam Houston, ATTN: MCGA-DPS, Fort Sam Houston, TX 78234-5014.

FOR THE COMMANDER:

/S/
OFFICIAL:
MICHAEL F. MERRILL
Director of Information
Management

DISTRIBUTION:
A, B, C

