U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

Aircraft Certification Service

ORDER IR 3900.74A

Effective Date: 03/01/2023

SUBJ: Aircraft Certification Service (AIR) Bloodborne Pathogens (BBP) Program – Occupational Safety and Health (OSH)

The Aircraft Certification Service (AIR) Bloodborne Pathogens (BBP) Program is established to prevent occupational exposure of AIR employees to pathogens in blood and other potentially infectious materials (OPIM). Pathogens are microorganisms that may cause infectious diseases in humans. The AIR BBP Program requirements are in accordance with Occupational Safety and Health Administration (OSHA) Standard, Title 29 of the Code of Federal Regulations (29 CFR) 1910, § 1910.1030, Bloodborne Pathogens; and Federal Aviation Administration (FAA) Orders 3900.19, *FAA Occupational Safety and Health Program*, and 8020.11, *Aircraft Accident and Incident Notification, Investigation, and Reporting*. BBP may be present in situations where AIR employees encounter blood, saliva, or other potentially infectious human bodily materials in the course of their duties. BBP infections can be prevented through the successful application of an effective BBP Program.

This order specifies the actions necessary to protect the health and safety of all AIR employees, and provides the requirements for the development, implementation, and maintenance of an effective BBP Program.

Compliance with this order enforces OSHA's General Industry Standards and applicable industry consensus standards.

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Director, Enterprise Operations Division
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Chapter 1. General Information

1. Purpose of This Order. The Aircraft Certification Service (AIR) Bloodborne Pathogens (BBP) Program is established and maintained to prevent occupational exposure to pathogens in blood and other potentially infectious materials (OPIM) to AIR employees. This program specifies the actions necessary to protect the health and safety of all AIR employees, and provides the requirements for the development, implementation, and maintenance of an effective BBP Program. Appendix B contains a list of terms mentioned in this program order. Appendix D contains a list of acronyms associated with BBP also used in this program order.

a. BBP Program Elements. The elements of the BBP Program are designed to meet or exceed the requirements of 29 CFR Part 1910, § 1910.1030; and Federal Aviation Administration (FAA) Order 3900.19, *FAA Occupational Safety and Health (OSH) Policy*.

b. Bloodborne Pathogens Program Manager (BBP-PM). The program is administered by the AIR-designated BBP-PM, utilizing the AIR Exposure Control Plan (ECP) (appendix A, Aircraft Certification Service Exposure Control Plan). The BBP-PM oversees employee medical vaccination, post-exposure evaluation, training, and recordkeeping support via the FAA Occupational Medical Surveillance and Recordkeeping (Occ Med) Program.

c. BBP Program Responsibilities. AIR managers with employees who have job functions associated with aircraft accident investigations to include exposure to human blood or OPIM are responsible for BBP Program execution at the local level.

d. BBP Program Implementation. The AIR OSH Program Office will work with senior management in the implementation of this BBP Program. This coordination includes the appropriation of funding for pre-exposure prophylaxis hepatitis B virus (HBV) vaccinations, post-exposure evaluations and follow-ups (including post-exposure prophylaxis), hand-sanitizing wipes, and personal protective equipment (PPE) for use by affected employees.

2. Audience. This order applies to all AIR employees.

3. Where You Can Find This Order. You can find this order on the MyFAA employee Orders and Notices website and on the FAA public website at Orders and Notices and in the Dynamic Regulatory System (DRS).

4. What This Order Cancels. FAA Order 3900.74, Aircraft Certification Service (AIR) Bloodborne Pathogens (BBP) Program - Occupational Safety and Health (OSH), dated April 9, 2018, is canceled.

5. AVS OSH Policy Statement. Per the AVS OSH Policy Statement, employees who determine their duties cannot be performed due to unsafe work activities or working environments must disengage from the activity or work environment and immediately notify their manager.

Chapter 2. Roles and Responsibilities

1. Executive Director, Aircraft Certification Service (AIR-1). AIR-1 must ensure that resources (funding and personnel) are available to effectively implement the Bloodborne Pathogens (BBP) Program throughout the organization.

2. Director, Enterprise Operations Division (AIR-900). AIR-900 must:

a. Oversee the overall implementation of the BBP Program in the AIR organization.

b. Designate the AIR Bloodborne Pathogens Program Manager (BBP-PM) to oversee the program and to provide the necessary technical support to AIR Divisions as needed.

c. Be informed of newly discovered potentially hazardous sources of BBP.

d. Ensure affected employee participation in the AIR BBP program.

3. AIR Managers. This is a management program, and managers must:

a. Manage and implement BBP Program requirements within their office.

b. Identify individuals whose job functions may expose them to human blood or OPIM and identify their exposure determination category per the AIR ECP (See appendix A, Aircraft Certification Service Exposure Control Plan (ECP)).

c. Work with local AIR OSH POC for program implementation.

d. Furnish and maintain adequate disinfecting supplies and BBP-related personal protective equipment (PPE) in accordance with the AIR ECP.

e. Ensure that employees receive BBP training in accordance with the training requirements in chapter 3, Bloodborne Pathogens Program Requirements.

f. When notified of a potential BBP exposure by an employee, ensure that they seek medical attention, and notify the AIR BBP-PM of the exposure.

g. Ensure that employees report potential or actual workplace BBP exposure incidents in the Employees' Compensation Operations and Management Portal (ECOMP).

h. Notify employees of potential BBP hazards in work areas through signs, notices, and other written communication, where applicable.

i. Enforce acquisition and use of BBP PPE where required and counsel employees when appropriate.

4. AIR-Designated Bloodborne Pathogens Program Manager (BBP-PM).
The AIR-Designated BBP-PM must:

a. Serve as the BBP subject matter expert (SME) for AIR Divisions and perform overall AIR BBP Program management.

b. Provide oversight and OSH technical guidance to AIR managers and supervisors to ensure compliance with the AIR BBP Program, FAA orders, and applicable OSHA standards.

c. Assist managers with the implementation of the AIR ECP.

d. Assist managers with the identification of employees at risk of exposure, the determination of hazardous work areas and tasks that may result in exposures, and the determination of the PPE requirements.

e. Oversee the overall management of the BBP-related PPE, including standardization of PPE and any other related management/logistical need.

f. Assist offices in any post-exposure investigations and provide oversight for follow-up activities.

g. Evaluate lessons learned from potential exposures, reports from offices, information gathered during Safety Hazard Analysis (SHA), and/or new operations and activities when made aware of that may introduce new or additional BBP exposures.

h. Coordinate AIR-specific BBP training for AIR Category 1 employees and their managers who perform work at or supervise those that work at aircraft accident scenes, inspect air ambulance facilities/aircraft, or other workplaces where there is more than a Good Samaritan Lay Responder-Related Exposure (Category 2).

i. Coordinate with Flight Standards (FS) and the FAA Occupational Medical Surveillance and Recordkeeping (Occ Med) Program Lead where needed for program compliance and effectiveness.

j. Maintain a sharps injury log for AIR, where needed.

5. Local AIR OSH Point of Contact (POC). Local AIR OSH POCs must:

a. Be informed of blood and OPIM hazards associated with work areas and tasks.

b. Assist manager/supervisors with ensuring office compliance with the AIR ECP and verify with other AIR branch office OSH POCs that BBP PPE is maintained and accessible.

c. Review post-exposure incident reports in the SMIS for employees in their office.

d. Review reports of BBP Program evaluations.

6. FAA Occupational Medical Surveillance (Occ Med) Program Lead or Physician or Other Licensed Health Care Professional (PLHCP). The FAA Occ Med Program Lead, or PLHCP must maintain all post-exposure records as directed by the AIR BBP-PM and the FAA Occ Med Program.

7. Occupational Exposure (Category 1) Employees. Category 1 employees must:

a. Comply with this AIR BBP Program, the AIR ECP, applicable OSHA standards, FAA orders, and BBP training.

b. Participate in the hepatitis B (HBV) vaccination program and complete and sign the FAA Form 3900-41, FAA Hepatitis B Virus (HBV) Vaccination Consent/Declination Form.

c. Understand links between BBP, blood, and OPIM exposure hazards and their duties, including procedures, work areas, tasks, and equipment.

d. Use appropriate PPE whenever encountering or expecting to encounter blood or other bodily fluids in accordance with BBP training.

e. In the event of a potential BBP exposure:

(1) Report potential BBP hazards and BBP exposures to their manager/supervisor. Follow the post-exposure procedures in the ECP in appendix A and provide the necessary information to the manager/supervisor;

(2) Complete OSHA Form 301, Injury and Illness Incident Report in ECOMP; and

(3) Notify the AIR BBP-PM (AIR-961).

f. Disengage from any unsafe work activities or work environments and immediately notify the frontline manager, in accordance with the AVS OSH Policy.

g. Wear approved PPE where BBP and OPIM hazards exist or are expected to be encountered, and properly use hand-sanitizing supplies as presented in training.

h. Work with the supervisor and physician, if needed, if the employee has a personal health problem or if the use of PPE (e.g., latex allergy, etc.) could be aggravated by exposure to blood or OPIM hazards.

Note: An employee does not have to disclose a specific condition to the supervisor.

8. Good Samaritan Lay Responder-Related Exposure (Category 2) Employees. Category 2 employees must:

a. Comply with this BBP Program, the AIR ECP, applicable OSHA standards, FAA Policy, and BBP training.

b. Report potential BBP and OPIM hazards or any BBP exposure to their supervisor for inclusion in a mishap report in ECOMP, using OSHA Form 301, if applicable.

c. Disengage from any unsafe work activities or work environments and immediately notify the frontline manager, in accordance with the AVS OSH Policy.

d. Use universal precautions whenever encountering blood or other bodily fluids in accordance with BBP awareness training.

Chapter 3. Bloodborne Pathogens Program Requirements

1. Background. Bloodborne pathogens (BBP) are pathogenic micro-organisms present in human blood, bodily fluids, and OPIM that can cause disease in humans. These pathogens include, but are not limited to, the hepatitis B virus (HBV), the hepatitis C virus (HCV), and the human immunodeficiency virus (HIV). This BBP Program specifies the actions necessary to protect the health and safety of all AIR employees, and provides the requirements for the development, implementation, and maintenance of an effective BBP Program.

2. AIR Exposure Control Plan (ECP). The AIR ECP is provided in appendix A and it covers all AIR employees. The BBP-PM along with the local AIR OSH POC must review the AIR ECP at least annually for any changes to include lessons learned from the branches and evaluate the office's program for effectiveness and compliance. The evaluation must be documented and include recommendations for increased effectiveness. Once the BBP-PM and local AIR OSH POC has completed the ECP office evaluation, it must be reviewed and approved by the office manager.

3. Exposure Determination. Exposure determinations are documented in this BBP Program and in the AIR ECP. Job tasks where AIR employees may be exposed to BBP are categorized into two exposure profiles:

a. Occupational Exposure (Category 1). Category 1 employees are employees with reasonably anticipated occupational exposure because of their routine job responsibilities (such as aircraft accident investigators, and employees who inspect air ambulance aircraft).

b. Good Samaritan Lay Responder-Related Exposure (Category 2). Category 2 employees are employees who conduct *Good Samaritan Lay Responder* acts during a specific volunteer emergency medical incident.

Note: As part of the ECP, branch managers/supervisors must determine the exposure category for each employee in the office and maintain a list of the employees in each category.

4. Universal Precautions. A universal precaution is an approach for infection control where all human blood and bodily fluids are treated as if known to be infectious for HBV, HCV, HIV, and other BBP. These precautions must be observed to prevent contact with blood or OPIM. Under circumstances in which differentiation between bodily fluid types is difficult or impossible (such as at aircraft crash investigation sites), all bodily fluids must be considered potentially infectious materials. Universal precautions include engineering, work practice controls, and PPE.

5. Engineering and Work Practice Controls. The use of engineering and work practice controls will eliminate or minimize employee exposure. When occupational exposure remains after establishing these controls, use PPE. Job aids for engineering and work practice controls are available in appendix C, Job Aids for Engineering and Work Practice Controls.

a. Engineering Controls.

(1) Engineering controls consist of devices that reduce or eliminate exposure. For example, a permanent barrier between the employee and the exposure hazard or a biological sample shipping containers engineered to prevent leakage and release of contents are considered engineering controls.

(2) Engineering controls must be examined, maintained, or replaced on a regular schedule to ensure their effectiveness. This is usually the responsibility of the external industry workplace under inspection by AIR employees.

(3) If an AIR employee observes an engineering control that has not been properly inspected, maintained, or replaced at the external industry workplace, the employee should include that information in a report to their supervisor to facilitate communication to future inspectors about the potential hazard.

b. Work Practice Controls.

(1) Work practices that may reduce or eliminate exposures include posting biohazard labels and placards in areas where BBP and OPIM may be present. For AIR personnel involved with air ambulance aircraft, daily and post flight disinfection of air ambulance cabins, frequent handwashing when working in such areas, and avoiding smoking, drinking, and eating in those areas.

(2) Hand washing facilities, or hand-sanitizing supplies, must be made available to employees. This is the responsibility of the external industry workplace in accordance with 29 CFR Part 1910, § 1910.1030(d)(2)(iii) and (d)(2)(iv). However, AIR employees may conduct duties in domestic or foreign workplaces where hand washing facilities are not required or are not maintained. These issues must be reported to their supervisor and/or manager.

(3) AIR employees must carry hand-sanitizing supplies to the field with them when conducting aircraft crash investigations. Hand-sanitizing supplies include alcohol gels, paper towels, clean cloths, and towelettes impregnated with antiseptic solutions and are provided in the Aviation Safety (AVS) Standardized Accident Investigation Safety Go-Kits.

(4) If an AIR employee uses hand-sanitizing supplies in place of hand washing, the employee should wash their hands as soon as possible with soap and clean water. Hand washing should also occur as soon as possible after removing gloves or other PPE as well as after having contact with blood or OPIM. Mucous membranes should be flushed with clean water after contact.

(5) AIR employees must not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in work areas where there is a reasonable likelihood of occupational exposure to BBP or OPIM.

(6) All procedures involving blood or OPIM must be performed in such a manner as to minimize splashing, spraying, spattering, and generating/producing droplets of these substances. For example, AIR employees should execute tasks in a manner that prevents spreading

blood, bodily tissue, or OPIM when retrieving samples, removing equipment, or gathering information at an aircraft crash site.

(7) When conducting inspections at air ambulance operations or repair stations, AIR employees should be particularly careful of the aircraft cabin. While air carriers who perform air ambulance operations are responsible to ensure infection control training and aircraft decontamination procedures comply with Federal regulations, BBP and OPIM can be invisible or inaccessible to responsible medical personnel. Components under the medical floor can be contaminated with blood and OPIM and can persist in these areas for long periods without environmental exposure. Additionally, items such as night vision goggles (NVG), oxygen bottles, or stretchers could be touched by a gloved medical crewmember during the transport of a patient with an infectious disease and inadvertently never get decontaminated.

6. Sample Transport. Components/parts collected at aircraft crash investigation sites, which may be contaminated with blood or OPIM, must be placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping.

a. Container Requirements.

(1) The container for storage, transport, or shipping must be labeled or color-coded according to specifications described in paragraph 10 of this chapter and closed prior to being stored, transported, or shipped.

(2) If outside contamination of the primary container occurs, the primary container must be placed within a second container that prevents leakage during handling, processing, storage, transport, or shipping. The second container must be labeled or color-coded.

(3) If the component/part could puncture the primary container, the primary container must be placed within a second container that is puncture-resistant in addition to the above characteristics.

b. Contamination of Equipment. Equipment, which may become contaminated with blood or OPIM, must be examined prior to inspecting or shipping and decontaminated as necessary, if feasible. The AIR Occupational Safety and Health (OSH) Bloodborne Pathogens Program Manager (BBP-PM) can provide decontamination guidance and supplies.

c. Informing Affected Employees. Branch offices must ensure that this information is conveyed to all affected employees prior to handling, servicing, or shipping so that appropriate precautions will be taken.

d. Equipment Label. A readily observable label in accordance with this BBP Program must be attached to the equipment stating which portions remain contaminated.

e. Decontamination Chemicals. Glutaraldehyde is used for cold sterilization at some air ambulance/repair station sites. Glutaraldehyde is toxic and is a strong irritant to the mucous membranes (eyes, nose, throat, and lungs). Decontamination wipes impregnated with chlorine and quaternary ammonium solutions are recommended and available from major household cleaning product manufacturers.

7. Personal Protective Equipment (PPE). When there is a risk of occupational exposure, AIR managers and supervisors must, at no cost to AIR employees, provide the necessary PPE. The AIR ECP (appendix A) provides additional PPE requirements.

a. PPE Requirements. Provide appropriate PPE, such as disposable gloves, coveralls, eye protection, boot covers, and appropriate respirators (see below note) which does not permit blood or OPIM to pass through to or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time when the PPE will be used.

b. Managers and Supervisors must ensure:

(1) That AIR employees use the appropriate PPE, and,

(2) That the PPE is readily accessible to AIR employees and in the appropriate sizes.

Note: Applicable AIR employees must maintain their PPE in accordance with their BBP training. Requirements for respirator usage is contained in FAA Order IR 3900.73.

8. Housekeeping. AIR managers, supervisors, and employees must:

a. Keep worksites in a clean and sanitary condition whenever possible.

b. Clean and decontaminate equipment and surfaces after contact with blood or OPIM.

c. Bring disposable trash bags with them to ensure that they do not leave potentially contaminated materials behind (unless biohazard disposal containers are available).

d. Place biohazard waste in closable containers that contain all contents and prevent fluid leaks; are labeled or color-coded to indicate biohazard waste; are closed prior to transporting from the site; and are placed in a secondary container if leakage or spillage may occur during transport.

e. Handle contaminated laundry as little as possible with a minimum of agitation and dispose of as biohazard waste.

f. Inspect and decontaminate reusable containers that have a reasonable likelihood of becoming contaminated with blood or OPIM as soon as feasible upon visible contamination. This may include plastic tubs used to transport aircraft crash investigation tools and supplies.

g. Not store potentially contaminated samples with sharp edges in a manner that requires employees to reach into the containers.

9. HBV Vaccinations, Post-Exposure Evaluations, and Follow-up.

a. Pre-Exposure Prophylaxis. Employees in Category 1 will be offered the HBV vaccination series as a pre-exposure prophylaxis.

b. Post-Exposure Prophylaxis. Employees in Categories 1 and 2 will be offered the vaccinations recommended by the physician after a BBP exposure incident has occurred. This recommendation has to be made during the post-exposure follow-up within 72 hours after a BBP exposure incident has occurred. The U.S. Department of Labor's (DOL) Office of Workers' Compensation Programs (OWCP) does not cover post-exposure prophylaxis. See the BBP ECP in appendix A for post-exposure procedures.

c. Declining/Accepting Vaccination. FAA Form 3900-41 FAA Hepatitis B Virus (HBV) Vaccination Consent/Declination Form must be completed by any employee who is offered the vaccine, either declining or accepting vaccination.

d. Pre-Exposure/Post-Exposure Procedures. See the AIR ECP (appendix A) and FAA Order 3900.19 for detailed procedures to follow for pre-exposure and post-exposure activities.

e. Post-Exposure Evaluation and Follow-up. Following a report of exposure, the employee and their manager must follow the procedures in the AIR ECP in appendix A.

f. Documentation. The AIR BBP-PM will assist the manager in ensuring that physicians providing post-exposure evaluation and follow-up services receive the appropriate documentation.

g. Written Opinion After Post-Exposure Evaluation and Follow-up.

(1) The healthcare professional should ensure that the employee who was potentially exposed to BBP or OPIM is provided a copy of the evaluating healthcare professional's written opinion within 15 business days of the completion of the evaluation.

(2) The healthcare professional's written opinion for post-exposure evaluation and follow-up must be limited to the following information:

(a) That the employee has been informed of the results of the evaluation; and

(b) That the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.

(3) All other findings or diagnoses must remain confidential and must not be included in the healthcare professional's written report.

10. Hazard Communication.

a. Biohazard Labels. Labels that include the biohazard symbol must be affixed to regulated waste containers, sample containers, and OPIM. Labels must be fluorescent orange or orange-red with lettering in a contrasting color. Labels can be purchased from most safety supply houses or label companies.

b. Contaminated Equipment. Labels pertaining to contaminated equipment must state which portion of the equipment is contaminated.

c. Waste Bags. Red plastic biohazard waste bags or red puncture-resistant containers may be substituted for labels.

d. Biohazard Signs. A biohazard sign is used to indicate a room or area where biohazards are present. Signs must be fluorescent orange or orange-red with contrasting letters and numbers, and include the name of the infectious agent, special requirements for entering the area; and the name and telephone number of the person responsible for the area.

e. Air Ambulance Sites. AIR personnel conducting inspection at air ambulance sites should note whether biohazard signs have been posted in work areas where BBP and OPIM are located.

11. Training. AIR must ensure BBP training to occupationally exposed (Category 1) AIR employees and applicable managers. Supervisors must ensure employee participation in the training. Attendance at FS BBP training session is accepted for the training requirements of this order.

a. Training Frequency. For Category 1 employees, training must be provided at the time of initial assignment to tasks where occupational exposure may take place, and at least annually thereafter on a fiscal year basis from the date when initial training was received. Training must also be provided when changes such as modification of tasks or procedures, or the institution of new tasks or procedures, affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

b. Training Classes. The AIR BBP-PM will assist in facilitating classes developed by FS on the BBP Program to ensure that AIR BBP students must be knowledgeable in the subject matter. The branch office managers will be notified of the classes via the AIR BBP-PM who will work in coordination with the AIR Workforce Development Branch.

c. Training Content.

(1) Initial AIR BBP training for Category 1 employees, AVS Bloodborne Pathogen Program – User (Course FAA 20000104) must include the following:

(a) The OSHA BBP Standards and an explanation of its contents;

(b) The epidemiology and symptoms of bloodborne diseases and the modes of transmission of BBP;

(c) Tasks with potential exposure, universal precautions, and how to implement them;

(d) An explanation of the AIR ECP and how employees can obtain copies of it;

(e) An explanation of BBP-engineering controls, work practices, and PPE;

(f) The use, selection, decontamination, and disposal of PPE;

(g) A demonstration of proper donning and doffing of disposable coveralls and gloves;

(h) A review of the efficacy, safety, method of administration, and benefits of the HBV vaccine; and a statement that it is available, free of charge to AIR employees covered under the BBP Program;

(i) The procedures to follow if an exposure incident occurs, including the method of reporting the incident, post-exposure evaluation, and follow-up services;

(j) Signs, labels, and color-coding; and

(k) An interactive question and answer period with the instructor(s).

(2) Category 1 employees must take an annual refresher BBP training course. Annual Bloodborne Pathogen Training (Course FAA 20000090).

(3) Category 2 employees must take an initial BBP awareness training course once. This course is a Skillsoft™ course in the FAA electronic Learning Management System (eLMS) and the course number changes periodically.

(4) Category 2 employees who participate in the FAA Public Access Defibrillator (PAD) Program must receive refresher BBP training every 2 years.

d. Refresher Training. Annual training is required on the AIR ECP, proper donning or doffing of PPE, and any site-specific procedures for all Category 1 employees. Refresher instructor-led training is conducted via web-based means on a fiscal year basis from the date when initial training was received.

12. Recordkeeping.

a. Medical Records. All occupational medical records must be retained in accordance with the FAA Occ Med Program. AIR employee occupational medical records must be maintained for the duration of employment plus 30 years.

b. Training Records. AIR employee BBP training records must be recorded in the FAA electronic Learning Management System (eLMS). These records must contain the employee's name, job title, training dates, course number, and training content and/or summary.

c. Sharps Injury Log. In addition to the 29 CFR Part 1904, Recording and Reporting Occupational Injuries and Illnesses, managers and supervisors must record all reports of percutaneous injuries from contaminated sharps in ECOMP. The AIR BBP-PM must also record these injuries in the AIR Sharps Injury Log in accordance with 29 CFR § 1910.1030.

13. Program Evaluation. An annual full program evaluation to determine the effectiveness of the AIR BBP Program must take place at the individual office level and at the AIR OSH Program Office level. The individual office level evaluations should involve the local Occupational Safety Health and Environmental Compliance Committee (OSHECCOM).

a. Documentation. The findings of the program evaluation must be documented and must include recommendations for program corrections, modifications, and additions.

b. Submission. AIR offices with implemented BBP programs must send program evaluations annually in response to BBP-PM annual requests.

Chapter 4. Administrative Information

1. Distribution. This order is distributed to AIR headquarters (HQ) management, all AIR branch offices, branches, facilities, and AIR employees involved with work related activities that involves potential exposure to human blood or OPIM.

2. Policy. It is AIR policy that employees comply with the AIR BBP Program to prevent exposure to infectious diseases that could be contracted during the performance of work. This guidance represents the minimum requirements for the BBP Program. Site-specific requirements may be more stringent based upon local risk assessments.

3. Scope and Application. This program applies to FAA AIR personnel performing work tasks that may expose them to blood, human bodily fluids, or OPIM. Exposure potential is categorized as Occupational Exposure (Category 1) or Good Samaritan Lay Responder-Related Exposure (Category 2).

a. Occupational Exposure (Category 1). This category applies to employees who are reasonably anticipated to have occupational exposure because of their job responsibilities (such as aircraft accident investigators and employees who inspect air ambulance aircraft).

b. Good Samaritan Lay Responder-Related Exposure (Category 2). This category applies to employees who conduct *Good Samaritan Lay Responder* acts during a specific volunteer emergency medical incident (such as providing emergency first aid to a coworker).

4. Authority to Change This Order. The issuance, revision, or cancellation of the material in this order is the responsibility of the AIR Enterprise Operations Division (AIR-900).

5. Suggestions for Improvements. Please forward all comments on deficiencies, clarifications, or improvements regarding the contents of this order to:

a. The AIR Directives Management Officer or

b. The FAA Directive Feedback System.

Your suggestions are welcome. FAA Form 1320-19, *Directive Feedback Information*, is located in appendix E to this order for your convenience.

6. Records Management. Refer to FAA Order 0000.1, *FAA Standard Subject Classification System*; FAA Order 1350.14, *Records Management*; or your office Records Management Officer (RMO)/Directives Management Officer (DMO) for guidance regarding retention or disposition of records.

Appendix A. Aircraft Certification Service Exposure Control Plan (ECP)

Branch Name: _____

Address: _____

Plan prepared by: _____

Date: _____

(Insert the date this plan is put into effect)

Date reviewed for update: _____

1.0 Introduction.

The major intent of the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens (BBP) Standards (Title 29 of the Code of Federal Regulations (29 CFR) Part 1910, § 1910.1030) is to prevent the transmission of bloodborne diseases within potentially exposed workplace occupations. Implementing the OSHA BBP requirements is expected to reduce and prevent employee exposure to the hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV), and other bloodborne diseases.

The BBP regulation requires that employers follow universal precautions, which means that all blood or other potentially infectious materials (OPIM) must be treated as being infectious for HBV, HCV, HIV, and other BBP.

Each employer must determine the application of universal precautions by performing an employee exposure evaluation. If employee exposure is recognized, as defined by the BBP regulation, then the regulation mandates several requirements. One of the major requirements is the development of an exposure control plan (ECP), which mandates engineering controls, work practices, personal protective equipment (PPE), HBV vaccinations, and training. The BBP regulation also mandates practices and procedures for housekeeping, medical evaluations, hazard communication, and recordkeeping.

This AIR ECP has been developed to eliminate or minimize employee exposure to BBP. This plan addresses all of the provisions of the OSHA's BBP Standards (29 CFR § 1910.1030), and is implemented by the AIR Occupational Safety and Health (OSH) Program Office.

2.0 Policy Statement.

The Federal Aviation Administration (FAA) Aircraft Certification Service (AIR) is committed to providing a safe and healthful work environment for employees. In pursuit of this endeavor, the following AIR ECP is provided to eliminate or minimize occupational exposure to BBP in accordance with the 29 § 1910.1030, Public Law (PL) 106-430, *Needlestick Safety and Prevention Act* (2000), FAA Orders 3900.19, *FAA Occupational Safety and Health Program*

Policy, and 8020.11, *Aircraft Accident and Incident Notification, Investigation, and Reporting*. This ECP is a key document to assist FAA AIR in implementing and ensuring compliance with the standards; thereby protecting FAA employees.

Contractors are not covered under this ECP; they are covered by their individual employers' ECP and/or clauses within FAA contracts. For example, FAA and the General Services Administration (GSA) contract housekeeping functions and tasks; the employees under those contracts fall under those contracts and their own employer's exposure determinations, policies, and procedures.

3.0 Employee Exposure Determination. AIR employee job responsibilities fall into two BBP Program employee categories regarding occupational and voluntary incident contact with or exposure to blood or OPIM.

3.1 Occupational Exposure (Category 1) Employees. Employees with reasonably anticipated occupational exposure because of their routine job responsibilities. These tasks involve exposure to human blood, bodily fluids, human tissue, and OPIM. These employees are offered the option of receiving the HBV vaccination at no charge.

3.2 Good Samaritan Lay Responder-Related Exposure (Category 2) Employees. Employees who conduct Good Samaritan Lay Responder acts during a specific volunteer emergency medical incident. Good Samaritan Lay Responder acts are acts that result in exposure to blood or OPIM from assisting a fellow employee (e.g., assisting a coworker with a nosebleed, giving cardiopulmonary resuscitation (CPR)/Automated External Defibrillator (AED), or administering first aid). These employees are not included in/covered by OSHA's BBP regulation. However, AIR is including these employees in the AIR ECP because these employees can still encounter blood or other bodily fluids by accident (e.g., while rendering aid during a coworker's fall or nosebleed). These employees still need to understand about BBP exposure, universal precautions, and employee and agency actions in response to exposure. These employees will be offered a post-exposure medical evaluation and follow up as appropriate and post-exposure prophylaxis as recommended by a physician through a reimbursement process detailed in below paragraph 4.6.

3.3 Table A-1, FAA Employee Exposure Determinations. Table A-1 summarizes the BBP Program's employee categories, employee job responsibilities, job classifications/employee groups, and whether an HBV vaccination would be offered. The exposure determinations are without regard to the use of PPE.

Table A-1. FAA Employee Exposure Determinations

BBP Program Employee Category	Job Responsibility (includes but is not limited to)	Offered HBV Vaccination
Category 1 Employees	Employees designated to respond to and/or conduct aircraft accident investigations.	Yes

BBP Program Employee Category	Job Responsibility (includes but is not limited to)	Offered HBV Vaccination
Category 1 Employees	Employees designated to inspect air ambulance aircraft (fixed-wing and/or rotorcraft).	Yes
Category 2 Employees	Employees who conducts Good Samaritan acts during a specific volunteer emergency medical incident. These acts may include, but not limited to: • Providing first aid involving blood and OPIM • Providing CPR and/or using AED • Cleaning up a BBP spill (but not officially assigned to do such)	Exposed employees will be offered post-exposure evaluation and follow up as appropriate.

4.0 Methods of Implementation and Control.

4.1 Universal Precautions.

4.1.1 Universal precautions are an infection control method requiring employees to assume that all human blood and specified human bodily fluids are infectious for HBV, HCV, HIV, and other BBP and must be treated accordingly.

4.1.2 Employees will utilize universal precautions to prevent contact with blood or OPIM. Under circumstances in which differentiation between bodily fluid types is difficult or impossible, such as at aircraft crash investigation sites, all bodily fluids must be considered potentially infectious materials.

4.1.3 Universal precautions supplement rather than replace work practice controls and engineering controls, such as handwashing, using PPE, and using HBV vaccination pre-exposure prophylaxis.

4.2 AIR Work Practice Controls and ECP General Requirements.

4.2.1 Handwashing facilities (i.e., sinks, potable water, soap dispensers, and paper towels) at staffed FAA facilities are available to employees in every restroom.

4.2.2 Antiseptic wipes are to be provided for those Category 1 employees whose designated work activities are conducted at multiple employee worksites, which lack hand washing facilities (i.e., emergency scenes).

4.2.3 Employees who require the use of needles for personal medical reasons, (such as insulin injections) are responsible for the storage, transportation, and proper disposal of their own materials.

4.2.4 Spills of blood or OPIM on work surfaces and work areas will be cleaned promptly with an appropriate Environmental Protection Agency (EPA) approved disinfectant.

4.2.5 If a sharp (i.e., syringe or needle) is found in an AIR office, secure the immediate location of the sharp and contact the manager. The manager will work with building management for proper handling and disposal of the sharp and cleanup of the location.

4.2.6 For BBP-related engineering and work practice controls, and universal precautions requirements, see chapter 3, Bloodborne Pathogens Program Requirements, of this order.

4.2.7 AIR Employees will receive an explanation of the AIR ECP during their initial BBP training session. It will also be reviewed in their annual refresher training.

4.2.8 The AIR Bloodborne Pathogens Program Manager (BBP-PM) will review and update the ECP annually to reflect new information as needed.

4.3 Housekeeping.

4.3.1 If included in the lease language, the building owner or the owner's building management is responsible for ensuring that areas of BBP spills are cleaned up, and any found miscellaneous sharp hazards are properly handled and disposed of, and cleanup of the location occurs.

4.3.2 A BBP spill kit should be available at AIR office locations but employees are not expected to clean up bodily fluids. The BBP spill kit usually contains antiseptic wipes, antiseptic gel, paper towels, a pair of nitrile gloves, absorbent powder, a scoop and a small scraper, and a bag with a tie.

4.4 PPE.

4.4.1 PPE must be used if occupational exposure remains after instituting engineering and work practice controls, or if the controls are not feasible.

4.4.2 Managers are responsible for ensuring appropriate PPE is accessible and used by their employees, and that the PPE is provided at no cost to the employees, in accordance with this order.

4.4.3 Employees must be trained in the use of the appropriate PPE for the employees' specific job classifications and tasks/procedures they will perform. No respirators will be donned until proper respiratory training, medical clearance, and fit-testing have taken place. Training will be conducted in accordance with this order.

4.4.4 Additional training will be provided, whenever necessary, such as if an employee takes a new position or if new duties are added to their current position.

4.4.5 Table A-2, BBP-related PPE and Associated Tasks, lists the minimum PPE and equipment required for the AIR BBP employee categories.

Table A-2. BBP-Related PPE and Associated Tasks

BBP Employee Category	BBP PPE	BBP-Related Equipment
Category 1 — AIR employees who are involved with aircraft accident investigations	• Various sizes of latex/vinyl/nitrile disposable gloves • Safety glasses or goggles • P100 filtering facepiece respirator(s) • Chemical-resistant disposable garments/BBP-resistant disposable garments (necessary for limiting chemicals (known and unknown) and infectious agents from passing through or reaching the employee's work clothes, street clothes, and undergarments under normal conditions of use and for the duration of time which the PPE will be used) • Chemical-resistant rubber boots with toe and puncture protection	• Antiseptic wipes/hand sanitizer • Plastic trash bags • EPA-approved disinfectants/sterilants
Category 1 — AIR Employees who Inspect Air Ambulance Aircraft (Fixed-Wing and/or Rotorcraft)	• Various sizes of vinyl/nitrile gloves • Safety glasses • N95 filtering facepiece respirator(s) • BBP-resistant disposable garments (necessary for limiting infectious agents from passing through or reaching the employee's work clothes, street clothes, and undergarments under normal conditions of use and for the duration of time which the PPE will be used)	• Antiseptic wipes/ hand sanitizer • Plastic trash bags • EPA-approved disinfectants/ sterilants
Category 2 — Any FAA Employee who conducts "Good Samaritan acts during a specific volunteer emergency medical incident)	• First aid kit that contains latex/vinyl/nitrile gloves • FAA PAD Program AED Kit contains latex/vinyl/nitrile gloves • Breathing barrier	• FAA first aid kits • Antiseptic wipes

4.5 Pre-Exposure and Post-Exposure Prophylaxis.

4.5.1 Employees in Category 1 will be offered the HBV vaccination series as a pre-exposure prophylaxis at no cost to them.

4.5.2 Employees in Category 1 and 2 will be offered the post-exposure medical evaluation and follow-ups as appropriate and post-exposure prophylaxis as recommended by a physician within 72 hours of the exposure incident.

4.5.3 FAA employees who are offered HBV vaccination either pre-exposure prophylactically or after a documented exposure may choose not to receive the vaccination. The Centers for Disease Control and Prevention (CDC) recommends that employees receive the HBV vaccination for illness prevention. However, if an employee chooses to decline the HBV vaccination, then the employee must sign an OSHA-required statement to this effect on the FAA Form 3900.41, FAA Hepatitis B Virus (HBV) Vaccination Consent/Decline Form.

4.5.4 An employee can decline the HBV vaccination when offered and at a later time, while still covered under the AIR BBP Program, decide they want the HBV vaccination and it will be provided. The employee must sign a statement updating their information that they consent to the vaccination on the FAA Form 3900.41, FAA Hepatitis B Virus (HBV) Vaccination Consent/Decline Form.

4.5.5 Employees and frontline managers/supervisors will coordinate the HBV vaccination at no charge to employees. The HBV vaccination will be given during work hours by a physician or other licensed health care professional (PLHCP).

4.5.6 When employees are offered the HBV vaccination, the employees will review the CDC's Hepatitis B General Information Fact Sheet and the CDC's Hepatitis B Vaccine Information Statement (VIS), and receive a copy of FAA Form 3900.41, FAA Hepatitis B Virus (HBV) Vaccination Consent/Decline Form.

4.5.7 Copies of these documents are posted on the MyFAA AIR Occupational Safety and Health (OSH) website. Employees will also be given a chance to ask a medical physician questions about the vaccination. The vaccination can be received at a local clinic, at the office of a personal doctor, or other licensed healthcare providers. The vaccination is administered with the current United States Public Health Service (USPHS)-recommended protocol, current at the time of the evaluations and procedures. Per the current USPHS/CDC-recommended protocol:

1. A routine booster is not recommended.

2. Serologic testing (i.e., antibody testing) for immunity is not necessary after routine vaccination of adults.

    a. Testing after vaccination is recommended only for employees who are immunocompromised (e.g., persons undergoing chemotherapy, stem cell transplant, or persons who are HIV-infected).

    b. *Please Note* that the immuno-status of an employee is medically confidential information. If any employee has a specific question about serologic testing for themselves, the employee should contact their healthcare provider.

4.5.8 Prior to any vaccination or if employees have medical questions about their HBV vaccination status or the USPHS/CDC-recommended protocol, employees will be given a chance to ask a healthcare professional questions.

4.5.9 The HBV vaccination must be made available after receiving the required training and within 10 business days of initial assignment to all employees who have occupational exposure. These requirements do not apply if:

1. The employee has previously received the complete HBV vaccination series;

2. Antibody testing has revealed that the employee is immune; or

3. The vaccine is contraindicated for medical reasons.

4.5.10 The FAA will not pay for booster shots or titer tests based on the CDC recommendations, but will pay for the HBV vaccinations. If the CDC changes its recommendations, the FAA will revisit the procedure.

4.5.11 Employees have access to the OSHA BBP regulation on the OSHA webpage found at www.osha.gov, using regulation number 29 § 1910.1030.

4.6 Procedures When a BBP Exposure Incident Occurs.

4.6.1 In the event of a known or probable BBP exposure incident, an employee must inform their supervisor/manager. The supervisor/manager must then immediately contact the BBP-PM with the AIR OSH Program Office. OSHA defines a BBP "Exposure Incident" as "a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of an employee's duties" (or from a voluntary lay-responder rescue event).

4.6.2 The supervisor/manager will ensure the employee receives the post-exposure evaluation which may or may not include vaccinations as recommended by the physician no later than 24 hours after the supervisor/manager contacts the BBP-PM.

4.6.3 The employee must report the BBP exposure incident in the Employees' Compensation Operations and Management Portal (ECOMP) in the same manner as other occupational injuries or illnesses.

4.6.4 Medical expenses incurred as a result of Good Samaritan Lay Responder acts are not likely to be covered by the U.S. Department of Labor's (DOL) Office of Workers' Compensation Programs (OWCP) process since it does not cover preventive care, including testing or vaccinations. OWCP will likely cover any costs relating to an illness contracted as a result of Good Samaritan response to a workplace emergency.

4.6.5 To initiate the OWCP process, the affected employee's manager should provide Form CA-1 Federal Employee's Notice of Traumatic Injury and Claim for Continuation for Pay/Compensation, and Form CA-16, Authorization for Examination and/or Treatment to take to the initial appointment. If a case is denied by the DOL, the medical practitioner's office should submit the bill for payment to the employee's private health insurance. Any copays or other costs not covered by private insurance paid out by the employee will be considered for reimbursement through the Optional Form 1164, Claim for Reimbursement for Expenditures on Official Business. This will be addressed on a case-by-case basis and, if approved, an accounting code will be provided for the Accounting Classification field on the form.

4.6.6 The employee's supervisor, with assistance from the BBP-PM will investigate, document, and evaluate the circumstance of the exposure incident including, but not limited to:

1. The date, time, and location of the incident;
2. What procedure/activity was being performed when the incident occurred;
3. The engineering controls and work practices followed;
4. A description of the device being used (including type and brand);

5. The PPE or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.); and

6. The employee's training.

4.6.7 Upon completion of the BBP exposure investigation, the BBP-PM will provide potential root causes and recommendations to prevent a recurrence of the BBP exposure to employees. These findings will be reviewed during the program evaluation and distributed for review during annual BBP refresher training.

4. 7 Post-Exposure Medical Evaluation and Follow up.

4.7.1 Following a report of an exposure incident, the employee must see a PLHCP at a local urgent care clinic, personal physician, or other clinic where they will receive a confidential medical evaluation and initial treatment available to the employee within 24 hours. The evaluation and follow up must be in accordance with 29 CFR § 1910.1030.

4.7.2 The BBP-PM and the employee's supervisor/manager, will also ensure that the PLHCP evaluating an employee after an exposure incident receives the following:

1. A description of the employee's job duties relevant to the exposure incident;

2. The route(s) of exposure;

3. The circumstances of exposure;

4. If possible, the results of the source individual's blood test; and

5. The relevant employee medical records, including vaccination status.

4.7.3 The FAA employee must have the PLHCP provide a written opinion on the medical evaluation to the FAA Occupational Medical Surveillance and Recordkeeping (OccMed) Program within 15 business days of completion of the evaluation, providing only the information that OSHA requires to be provided to the employer.

4.7.4 For HBV vaccinations, the PLHCP's written opinion will be limited to whether the employee requires or has received the HBV vaccination.

4.7.5 The PLHCP's written opinion for post-exposure evaluation and follow up will be limited to whether or not the employee has been informed of the results of the medical evaluation and any medical conditions which may require further evaluation and treatment.

4.7.6 All other diagnoses will remain confidential between the PLHCP and the employee, and not be included in the PLHCP's written opinion to FAA.

4.7.7 The FAA HBV Vaccination Consent/Decline Form and any vaccination records will be maintained in Employee Medical Folders (EMF) in the FAA Employee Medical File System (EMFS), which is governed by the Privacy Act of 1974 System of Records Notice (SORN), *OPM/GOVT-10, Employee Medical File System Records*.

4.8 Training. See chapter 3 of this order for training requirements.

4.9 Recordkeeping.

4.9.1 Occupational Medical Records. Occupational medical records are maintained in EMFs in the FAA EMFS, which is maintained by the FAA OccMed Program. The FAA OccMed Program maintains these records in accordance with the FAA Employee Medical File System (EMFS) Implementing Instructions, part 29 CFR Part 1910, § 1910.1020, Access to Employee Exposure and Medical Records, and Title 5 of the Code of Federal Regulations (5 CFR) Part 293, Subpart E, Employee Medical File System Records.

4.9.1.1 The original employee medical records such as HBV forms are sent via trackable shipping provider in secured envelopes labeled as "For Official Use Only" to the local OccMed records custodian.

4.9.1.2 Offices also have the option to send paperwork electronically via email as a backup. To protect Personally Identifiable Information (PII), the sender should encrypt the scanned PDF forms using SecureZIP™ with a password and email the ZIP file to the OccMed documents custodian. Immediately follow this email with another message containing the password to open that ZIP file. Please note that the password-protected ZIP file and password should never be sent in the same message.

4.9.2 Training Records. See chapter 3 of this order for requirements on training records.

Appendix B. Definitions

1. Title 29 CFR Part § 1910. Title 29 of the Code of Federal Regulations, Occupational Safety and Health Standards.

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

3. Bloodborne Pathogens (BBP). Pathogenic micro-organisms present in human blood that can cause disease in humans. These pathogens include, but are not limited to, the hepatitis B virus (HBV), the hepatitis C virus (HCV), and the human immunodeficiency virus (HIV).

4. Contaminated. The presence of, or the reasonably anticipated presence of, blood or other potentially infectious materials (OPIM) on an item or surface.

5. Contaminated Laundry. Laundry which has been soiled with blood or OPIM, or laundry that may contain sharps contaminated with blood or OPIM.

6. Contaminated Sharps. Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires. For FAA AIR employees, this definition may include sharp-edged parts collected from aircraft crash sites and sharp edges of aircraft flooring removed from air ambulances.

7. Decontamination. The use of physical or chemical means to remove, inactivate, or destroy BBP 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.

8. Engineering Controls. Controls that isolate or remove the BBP hazard from the workplace (e.g., sharps disposal containers, self-sheathing needles, or safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the BBP hazard from the workplace.

9. Exposure Incident. A specific eye, mouth, other mucous membrane, non-intact skin, contact or other piercing of mucous membranes or skin barrier contact with blood or OPIM that results from the performance of an employee's duties.

10. First Aid. Medical attention is usually administered immediately after the injury occurs and at the location where it occurred. It often consists of a one-time, short-term treatment and requires little technology or training to administer. First aid can include cleaning minor cuts, scrapes, or scratches; treating a minor burn; applying bandages and dressings; using non-

prescription medicine; draining blisters; removing debris from the eyes; massage; and drinking fluids to relieve heat stress.

11. Good Samaritan Lay Responder-Related Exposure (Category 2). This category applies to employees who conduct Good Samaritan Responder acts during a specific volunteer emergency medical incident (such as providing emergency first aid to a coworker).

12. Hand washing Facilities. A facility providing an adequate supply of running potable water, soap, and single-use towels or air-drying machines.

13. Hepatitis B Virus (HBV). Refer to the Centers for Disease Control and Prevention's (CDC) HBV webpage

14. Hepatitis C Virus (HCV). Refer to the Centers for Disease Control and Prevention (CDC) HCV webpage.

15. Human Immunodeficiency Virus (HIV). Refer to the Centers for Disease Control and Prevention (CDC) HIV webpage.

16. Isolette. An incubator for premature infants that provides controlled temperature and humidity and an oxygen supply.

17. Occupational Exposure (Category 1). This category applies to employees who are reasonably anticipated to have occupational exposure because of their job responsibilities (such as aircraft accident investigators, and employees who inspect air ambulance aircraft).

18. Other Potentially Infectious Materials (OPIM).

a. The following human bodily fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all bodily fluids in situations where it is difficult or impossible to differentiate between bodily fluids.

b. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

c. HIV-containing cell or tissue cultures, organ cultures, and HBV-, HCV-, or HIV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HBV, HCV, or HIV.

19. Parenteral Contact. Parenteral contact indicates something has pierced mucous membranes or the skin barrier through such events a needlestick or sharps injuries, human bites, cuts, and abrasions.

20. Personal Protective Equipment (PPE). Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants,

shirts, or blouses) not intended to function as protection against a hazard are not considered to be PPE.

21. Physician or Other Licensed Health Care Professional (PLHCP). A person whose legally permitted scope of practice allows them to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by chapter 3, Paragraph 9, HBV Vaccinations, Post-Exposure Evaluations in this program order.

22. Prophylaxis. An action taken to prevent disease, especially by specified means or against a specified disease.

23. Post-Exposure Prophylaxis. Any preventative medical treatment started after exposure to a pathogen in order to prevent the infection from occurring.

24. Pre-Exposure Prophylaxis. Any medical or public health procedure used before exposure to the disease-causing agent. Its purpose is to prevent, rather than treat or cure a disease. An example would be if a doctor gives a medication to treat a disease to a healthy person who is not thought to have that disease but is at risk for contracting it.

25. Public Access Defibrillation (PAD) Program. The PAD program is a defibrillation program designed to make AEDs available to trained responders and volunteer lay responder-rescuers in public settings. The availability of AEDs and trained voluntary lay responder-rescuers is intended to decrease response time in the event of a cardiac emergency.

26. Regulated Waste. A liquid or semiliquid blood or OPIM; contaminated items that would release blood or OPIM in a liquid or semiliquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM.

27. Source Individual. Any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee. Examples for AIR employees include, but are not limited to: aircraft accident victims, ground victims, hospital and clinic transport patients; trauma victims; and human remains.

28. Sterilize. The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

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

30. Work Practice Controls. Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

Appendix C. Job Aids for Engineering and Work Practice Controls

Job Task: Aircraft Accident Investigations

Engineering and Work Practice Controls:

- Participate in the Federal Aviation Administration (FAA) Occupational Medical Surveillance and Recordkeeping (OccMed) Program's Hepatitis B Virus (HBV) Vaccination Program if you are medically able to do so.
- Receive bloodborne pathogens (BBP) training before executing tasks where you may be exposed (Category 1).
- Check with the site incident commander or Incident Command System (ICS) Safety Officer for a safety briefing before entering the crash site. Request information about any BBP or other potentially infectious materials (OPIM) that may be present.
- Do not approach the aircraft until fires have been extinguished.
- Do not smoke, eat, drink, chew gum, use oral forms of tobacco, apply cosmetics, or insert contact lenses in the crash site area.
- Place aircraft parts that may be contaminated with blood or OPIM in containers that prevent spills or leaks; label the containers with proper biohazard labels; note which portions of the parts appear to be contaminated; and use infectious waste shipping containers, labels, and Shipper's Declarations for Dangerous Goods if sending the parts to another location by air or ground transport services.
- Decontaminate any nondisposable supplies with 1:10 bleach solution (1-part household bleach to 9 parts water) before leaving the site.
- Double-bag all contaminated waste in biohazard waste bags.
- Bring an Aviation Safety (AVS) Standardized Accident Investigation Safety Go-Kit to the accident scene and utilized the contents in accordance with Aircraft Accident Investigation Safety (AAIS) and BBP training.
- Utilize the antiseptic/disinfecting wipes in the Go-Kit to disinfect your hands before leaving the site.
- Double-bag contaminated non-disposable laundry in biohazard waste bags, dispose of as regular waste, and order replacements.
- Report any potential exposures to BBP or OPIM immediately to your supervisor; keep records of what you were doing; and where, when, and how the exposure occurred.
- Participate in post-exposure evaluation and follow-up activities, if necessary, and follow the orders of the physicians who conduct the evaluation and recommend follow-up actions.
- Report unsafe conditions to your supervisor immediately and use the Unsatisfactory Condition Report (UCR) as needed.

- Recommend changes or improvements to engineering and work practice controls to your supervisor based on your experiences.
- Do not perform a task if you cannot do so safely. Contact your supervisor or manager. Wait until conditions improve or you have the right training and equipment to work safely.

Job Task: Air Ambulance Operator Inspections

Engineering and Work Practice Controls:

- Participate in the Federal Aviation Administration (FAA) Occupational Medical Surveillance and Recordkeeping (OccMed) Program's Hepatitis B Virus (HBV) Vaccination Program if you are medically able to do so.
- Receive BBP training before executing tasks where you may be exposed.
- Stay clear of aircraft and medical personnel while patients are on board or being loaded or unloaded.
- Check with the pilot in command (PIC) or medical crewmember for a safety briefing before entering the air ambulance site. Request information about any BBP or other potentially infectious materials (OPIM) that may be present. Be considerate and do not interfere with current air ambulance operations.
- Ask the operator if the aircraft has been disinfected since the last air ambulance flight before approaching the aircraft. Find out what types of disinfectants were used, and if any residual hazards remain.
- Before entering the aircraft, put on appropriate exam gloves and do a visual scan of the cabin area. OPIMs could be invisible on cabin surfaces, but could still be infectious and transmitted if touched.
- Be alert for signs of blood or OPIM contamination in aircraft cabins and floors. Be especially alert for pooled blood and OPIM in the seats tracks or beneath the surficial flooring of air ambulance aircraft during maintenance operations.
- Be alert for signs of sharps such as syringes, scalpels, lancets, or intravenous (IV) connections that were not properly disposed of in sharps containers on board the aircraft. Emergency flights are stressful and not all actions may have been performed properly in the course of attempting to keep a severely ill or injured patient alive during the flight. If loose sharps are found, do not touch them. Notify the operator immediately.
- Approach all medical equipment (e.g., stretchers, oxygen bottles, and isolettes, etc.) and appliances (e.g., night vision goggles (NVG), helmets, and aircraft flashlights, etc.) that are temporarily external to the aircraft as potentially contaminated. Exam gloves should be worn during the inspection of these items.
- Do not smoke, eat, drink, chew gum, use oral forms of tobacco, apply cosmetics, or insert contact lenses in the work area.
- Decontaminate any non-disposable supplies with 1:10 bleach solution (1-part household bleach to 9 parts water) before leaving the site.

- Use the operator's biohazard waste area for disposal of personal protective equipment (PPE), if necessary. If not available, double-bag all contaminated waste in biohazard waste bags.
- Clean hands using antiseptic cleaners or alcohol-based hand sanitizers before leaving the site to prevent cross-contamination.
- Double-bag contaminated, non-disposable laundry in biohazard waste bags, dispose of as regular waste, and order replacements.
- Report any potential exposures to BBP or OPIM immediately to your supervisor; keep records of what you were doing; and where, when, and how the exposure occurred.
- Participate in post-exposure evaluation and follow up activities if necessary, and follow the orders of the physicians who conduct the evaluation and recommend follow up actions.
- Report unsafe conditions to your supervisor immediately and use the UCR as needed.
- Recommend changes or improvements to engineering and work practice controls to your supervisor based on your experiences.
- Do not perform a task if you cannot do so safely. Wait until conditions improve or you have the right training and equipment to work safely.

Appendix D. Acronyms

Acronym	Description
29 CFR Part 1910	Title 29 of the Code of Federal Regulations, Occupational Safety and Health Standards
AIR	Aircraft Certification Service
AED	Automated External Defibrillator
AAIS	Aircraft Accident Investigation Safety
FS	Flight Standards Service
AVS	Aviation Safety
BBP	Bloodborne Pathogens
BBP-PM	Bloodborne Pathogens Program Manager
CDC	Centers for Disease Control and Prevention
CPR	Cardiopulmonary Resuscitation
ECOMP	Employees' Compensation Operations and Management Portal
ECP	Exposure Control Plan
eLMS	Electronic Learning Management System
EMF	Employee Medical Folder
EMFS	Employee Medical File System
EPA	Environmental Protection Agency
FAA	Federal Aviation Administration
GSA	General Services Administration
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
ICS	Incident Command System
IV	Intravenous
Occ Med	Occupational Medical Surveillance and Recordkeeping
OPIM	Other Potentially Infectious Materials
OSH	Occupational Safety and Health
OSHA	Occupational Safety and Health Administration
OSHECCOM	Occupational Safety, Health, and Environmental Compliance Committee
OWCP	Office of Workers' Compensation Programs
PAD	Public Access Defibrillation
PII	Personally Identifiable Information

Acronym	Description
PL	Public Law
PLHCP	Physician or Other Licensed Health Care Professional
PPE	Personal Protective Equipment
SME	Subject Matter Expert
SMIS	Safety Management Information System
SHA	Safety Hazard Analysis
SSN	Social Security Number
UCR	Unsatisfactory Condition Report
USPHS	United States Public Health Service
VIS	Vaccine Information Statement

Appendix E. Directive Feedback Information

Directive Feedback Information

Please submit any written comments or recommendations for improving this directive, or suggest new items or subjects to be added to it. Also, if you find an error, please tell us about it.

Subject: FAA Order 3900.74A, Aircraft Certification Service (AIR) Bloodborne Pathogens (BBP) Program – Occupational Safety and Health (OSH)

To: Directive Management Officer at 9-AVS-AIR-Directives-Management-Officer@faa.gov

(Please check all appropriate line items)

☐ An error (procedural or typographical) has been noted in paragraph _____ on page _____.

☐ Recommend paragraph _____ on page _____ be changed as follows: *(attach separate sheet if necessary)*

☐ In a future change to this order, please include coverage on the following subject *(briefly describe what you want added):*

☐ Other comments:

☐ I would like to discuss the above. Please contact me.

Submitted by: _____ Date: _____

Telephone Number: _____ Routing Symbol: _____

FAA Form 1320-19 (08/21) Supersedes Previous Edition