

CHAPTER 17. BLOODBORNE PATHOGENS CONTROL PROGRAM

1700. GENERAL. This chapter establishes the requirements for a Federal Aviation Administration (FAA) bloodborne pathogens (BBP) control program and is a condensed version of the U.S. Department of Labor, Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030. Refer to this CFR section and OSHA compliance documents if clarification is needed. The purpose of this program is to ensure the protection of FAA employees from exposure to hepatitis B virus (HBV), human immunodeficiency virus (HIV), and other bloodborne pathogens that they may encounter in their work. Additional implementation guidance should be developed as necessary by affected organizations.

1701. BACKGROUND. In January 1994, the Civil Aeromedical Institute (CAMI), published Order AC 3790.14, to apply only to CAMI employees and to students employed by CAMI who may be occupationally exposed to blood or other potentially infectious materials (OPIM). In September 1994, the Office of Accident Investigation implemented a BBP exposure control program for Accident Investigation personnel, (FAA Order 8020.11A, Chapter 11). These organizational policies will not be rescinded, but are to supplement this policy. Organization-specific policies should be reviewed to ensure they are in compliance with this chapter.

1702. GOALS AND OBJECTIVES. The objective of this FAA BBP control program is to ensure consistency of procedures to make certain that all FAA employees at risk are identified, covered by an organizational plan or program, and adequately informed about the risks involved, the procedures to follow, and the personal protective equipment (PPE) to use to minimize exposure to BBP.

1703. SCOPE. The requirements of this program apply to FAA employees who, in the course of their assigned duties, could reasonably be expected to come into contact with blood or OPIM via skin, eye, mucous membrane, or parenteral contact.

a. FAA employees who may have occupational exposures to bloodborne pathogens include aircraft accident investigators, health care workers, laboratory technicians, and designated first aid responders. FAA contractors and sub-contractors who have employees at risk for exposure to BBP must have their own BBP program and comply with 29 CFR 1910.1030. For the purposes of this chapter, persons responsible for conducting regulatory inspections to determine compliance with regulations on the safe transport of hazardous materials are not included as FAA employees who may have occupational exposure in the course of their assigned duties.

b. Unanticipated "Good Samaritan" acts such as one FAA employee voluntarily assisting another FAA employee with an injury or providing CPR in an emergency situation are not considered by OSHA to constitute "occupational exposure" and are therefore excluded from coverage by the BBP standard. However, since OSHA encourages employers to offer follow-up procedures to an employee who experiences an exposure incident as the result of performing a "Good Samaritan" act in the workplace, FAA will allow a medical consultation based upon current medical protocols for an employee involved in such an incident.

1704. DEFINITIONS.

a. Bloodborne Pathogens. Pathogenic microorganisms 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).

b. Designated First Aid Responder. An employee who, as a part of his or her job-related duties which are stipulated in writing (e.g., in the position description or performance plan), will respond to a workplace emergency situation and provide first aid if necessary. There are two categories of designated

responders: those who render assistance on a regular basis such as doctors and nurses, and those who render occasional assistance as a collateral duty.

- c. Engineering Controls.** Controls that isolate or remove the BBP hazard from the workplace.
- d. Exposure Determination.** A process by which a written list is developed of all the job classifications in which all employees in those job classifications have occupational exposure, as well as a list of job classifications in which some employees have occupational exposure, and a list of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs and that are performed by employees in the job classifications listed.
- e. Exposure Incident.** 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.
- f. Occupational Exposure.** Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee's duties.
- g. Other Potentially Infectious Material (OPIM).** Human body fluids including semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, all body fluids in situations where it is difficult or impossible to differentiate between body fluids and any unfixed tissue or organ (other than intact skin) from a human (living or dead).
- h. Parenteral Contact.** Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.
- i. Personal Protective Equipment (PPE).** Specialized clothing or equipment worn by the employee to protect against exposure to human blood or OPIM in the workplace. Examples are gowns, face shields, gloves, splash goggles, and resuscitator devices. General work clothes not intended to protect against a BBP hazard are not considered to be PPE.
- j. Responsible Program Office.** Any FAA organization having direct responsibility for the occupational safety and health of its employees, for example, the Office of Accident Investigation or the Office of Aviation Medicine. More information regarding occupational safety and health responsibilities may be found in Chapter 1 of Order 3900.19B.
- k. Universal Precautions.** An approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other BBP.

1705. KEY BLOODBORNE PATHOGENS PROGRAM ELEMENTS.

- a. Exposure Control Plan (ECP).**

 - (1) Each responsible program office with employees having a reasonable anticipation of occupational exposure to blood or OPIM shall develop and implement a written BBP ECP within their respective organizations which includes, at a minimum, the key BBP program elements. The ECP shall include detailed exposure determination information for affected employees, the method and schedule of implementation for all required compliance methods (para.1705b-e), and the procedure for the evaluation of exposure incidents.
 - (2) Each responsible program office with employees having a reasonable anticipation of occupational exposure to blood or OPIM shall prepare a written exposure determination which shall be made without regard to the use of PPE.
 - (3) The ECP shall be reviewed and updated at least annually and whenever necessary.

b. Methods of Compliance.

Each responsible program office with employees having a reasonable anticipation of occupational exposure to blood or OPIM shall:

(1) Designate a point of contact (POC) to whom exposure incidents shall be reported and who will ensure that the key program elements are carried out.

(2) Observe universal precautions to prevent or minimize contact with blood or OPIM. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

(3) Institute appropriate engineering and work practice controls.

(4) Provide appropriate personal protective equipment (PPE) at no cost to employees.

(5) Ensure that the worksite is maintained in a clean and sanitary condition and that any spills of blood or OPIM on work surfaces are cleaned with an appropriate disinfectant.

c. Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up.

(1) General. FAA shall make the hepatitis B vaccine and vaccination series available to all employees who have been determined to have risk for occupational exposure, and post-exposure evaluation and followup to all employees who have had an exposure incident. All medical evaluations and procedures shall be made available at no cost to the employee at a reasonable time and place, performed by or under the supervision of a licensed physician or other licensed healthcare professional, and provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.

(2) Hepatitis B Vaccination.

(a) The hepatitis B vaccination shall be made available after receiving the required training and within 10 working days of initial assignment to all employees who have occupational exposure. These requirements do not apply if the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

(b) In the case of a collateral duty, designated first aid responder, the vaccination may be deferred until the employee renders assistance in a first aid incident involving the presence of blood or OPIM, at which time the hepatitis B immune globulin (HBIG) must be offered within 72 hours of the exposure incident.

(c) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the vaccination shall then be made available.

(d) All employees who decline the hepatitis B vaccination offered shall sign the OSHA-required waiver indicating their refusal. FAA Form 8020-22, Hepatitis B Virus Vaccination Consent/Decline Form may be used and should be filed in the employee's Official Personnel File (OPF).

(e) If a routine booster dose of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

(3) Post-Exposure Evaluation and Follow-up. Following a report of an exposure incident, the corresponding Regional Flight Surgeon office or the Occupational Health Division shall make a confidential medical evaluation and initial treatment available to the employee within 24 hours. The evaluation and follow-up shall be in accordance with 29 CFR 1910.1030.

(4) Information Provided to the Healthcare Professional. The healthcare professional responsible for the employee's exposure incident evaluation shall be provided with a copy of 29 CFR 1910.1030, a written description of the exposed employee's duties as they relate to the exposure incident, written documentation of the route of exposure and circumstances under which exposure occurred, results of the source individual's blood testing, if available, and all medical records relevant to the appropriate treatment of the employee including vaccination status.

(5) Healthcare Professional's Written Opinion. The affected employee shall be provided with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional's written opinion for hepatitis B vaccination shall be limited to whether the vaccination is indicated for an employee, and if the employee has received such vaccination. The healthcare professional's written opinion for post exposure followup shall be limited to a statement that the employee has been informed of the results of the evaluation and a statement that the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

d. Communication of Hazards to Employees.

(1) Labels. The universal biohazard symbol shall be used and labels shall be fluorescent orange or orange-red. Red bags or containers may be substituted for labels. Regulated wastes must be handled in accordance with the rules and regulations of the applicable Federal, state, or local regulatory agency.

(2) Training to be Provided for Employees. Training shall be provided at the time of initial assignment to tasks where occupational exposure may occur and shall be repeated annually within 12 months of the previous training. Training content shall be as specified in 29 CFR 1910.1030, tailored to the education and language level of the employee, and offered during the normal work shift. The individual conducting the training shall be knowledgeable in the subject matter and allow for interactive questions and answers.

e. Recordkeeping.

(1) Medical Records. An accurate record shall be established and maintained for each employee with an occupational exposure to BBP. The records shall be kept confidential and maintained for the duration of the individual's employment plus 30 years. The records shall include the following:

- (a) The name and social security number of the employee.
- (b) A copy of the employee's HBV vaccination status, including the dates of vaccination.
- (c) A copy of all results of examinations, medical testing, and follow-up procedures.
- (d) A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, documentation of the routes of exposure and circumstances of the exposure, a copy of the healthcare professional's written opinion, and any other relevant information.

(2) Training Records. Training records shall be established and maintained to document the training received by affected employees. The records shall be maintained for three years from the date of training and shall contain the following information:

- (a) The dates of the training sessions.
- (b) An outline describing the material presented.

(c) The names and qualifications of persons conducting the training.

(d) The names and job titles of all persons attending the training sessions.

(3) Availability of Records. All employee medical and training records shall be made available upon request to the Assistant Secretary of Labor for Occupational Safety and Health, and the Director of the National Institute for Occupational Safety and Health, for examination and copying. Employee training records shall be provided upon request for examination and copying to employees or employee representatives. Employee medical records shall be provided upon request for examination and copying to the subject employee or to anyone having written consent of the subject employee.

(4) Reporting of Incidents. All BBP exposure incidents should be reported in the same manner as any other occupational injury or illness as described in Order 3900.19B, Chapter 7.