



Aerospace Medicine

BLOODBORNE PATHOGEN EXPOSURE CONTROL PROGRAM

COMPLIANCE WITH THIS INSTRUCTION IS MANDATORY

OPR: 452 MDG/CC (Lt Col Kate Dierkesen)
Certified by: 452 MDG/CC (Col Nancy Driscoll)

Pages: 18/Distribution F

This Exposure Control Program is designed to fulfill the requirements established in Federal Registry Publication, Department of Labor 29 CFR 1910.1030, Bloodborne Pathogen, (BBP) Standard, final rule 6 Dec 91; AFPD 48-1 *Aerospace Medicine*, AFI 48-101, *Aerospace Medical Operations*, and HQ AFRES/SG letter dated April 1995. The standard is established to eliminate or minimize occupational exposure to blood and other potentially infectious body fluids that could result in transmission of bloodborne pathogens to personnel assigned to MARB.

1. **Assumptions:** Personnel with an occupational specific requirement or an AFSC specific duty to perform Cardiopulmonary Resuscitation (CPR) or render first aid shall receive Bloodborne Pathogen training. This training should include the use of a one-way valve style resuscitator for rescue breathing.

2. Responsibilities:

2.1. 452 AMW Commander retains command responsibility for compliance with all OSHA guidelines.

2.2. SPTG/SGPM Public Health as the primary Occupational Health Program Managers will:

2.2.1. Coordinate and review the BBP Exposure Control Plan (ECP) in conjunction with the 452 Medical Group.

2.2.2. In accordance with section 3.4.; coordinate and establish a unit specific ECP with tasked organizations to implement Wing policy.

2.2.3. Provide instructions to unit monitors to ensure training is appropriate and specific to tasks performed.

2.2.4. Maintain documentation for 3 years in accordance with (IAW) administrative procedures for all units within the Wing.

2.3. Wing Organizations tasked in this directive are:

2.3.1. 452 Medical Group.

2.3.2. 452 Medical Squadron.

2.3.3. 452 Aeromedical Staging Training Squadron.

2.3.4. 752 Medical Squadron.

2.3.5. 452 Aeromedical Evacuation Squadron.

2.3.6. Security Forces Squadron.

2.3.7. 452 Support Group/Services/Mortuary.

2.3.8. 452 Civil Engineer Squadron PB and BOS Fire Protection.

2.3.9. 452 Communications Squadron.

2.2.10. 452 Support Group Public Health.

2.3.11. Base Disaster Response Team.

2.3.12. OSI Det 384.

2.4. Tasked organizations will appoint a unit ECP monitor. Each Squadron will publish a squadron specific Bloodborne Pathogen Exposure Control Plan to implement Wing policy as applicable to their scope of duties. The Squadron BBP ECP will:

2.4.1. Identify job classifications, using AFSC and GS job series codes, which may potentially, result in exposure to blood or body fluids.

2.4.2. Identify tasks that pose a risk of exposure to bloodborne pathogens for each AFSC and position.

2.4.3. Identify methods of compliance for use of personal protection equipment (PPE) or techniques for each task that will protect against bloodborne pathogen exposure.

2.4.4. Task supervisors to provide appropriate initial, annual refresher and facility orientation training. Accomplish this training IAW section 4.3.2.

2.4.4.1. Training documentation includes date, content summary, name and qualification of instructor, name and job title of trainees. Submit annual training report to the 452 AMW Public Health Office.

2.4.4.2. Document training and PPE use on individual's AF Form 55, **Employee Health and Safety Record** or an approved automated database and in any other training documentation system as required. (Sustainment/CFETP).

2.4.4.3. Maintain training documentation for 3 years IAW administrative procedures and/or inspection cycle.

2.5. Individual Members.

2.5.1. Seek and participate in initial training, an annual refresher, training for new procedures, tasks or equipment. Review BBP policies upon assignment to any interim position, training, or facility.

2.5.2. Use appropriate procedures, guidelines or checklists to ensure compliance when performing tasks with potential exposure to bloodborne pathogens.

2.5.3. Report exposure to bloodborne pathogens to your supervisor, the Air Reserve Technician (ART) staff at the 452 MDS for line of duty determination, and the Wing Public Health Office. Immediate reporting and documentation are essential ECP components.

3. Implementation.

3.1. Methods of Compliance:

3.1.1. Universal Precautions: Observe universal precautions to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, consider all body fluids potentially infectious materials. Supervisors of employees working in job classifications who encounter occupational exposure to blood or other potentially infectious materials (listed in the Exposure Determination, attachment 2) are responsible for ensuring employees observe Universal Precautions at all times.

3.1.2. Engineering and Work Practice Controls: Utilize engineering and work practice controls as a primary method for eliminating or controlling exposure to blood or other potentially infectious materials. The following work practice controls will be utilized and enforced by department supervisors:

3.1.2.1. Employees must wash their hands and any other exposed skin with soap and water, or flush mucous membranes with water immediately, or as soon as feasible, following contact of such body areas with blood or other potentially infectious materials.

3.1.2.2. Employees should wash their hands immediately, or as soon as possible, after removal of gloves or other personal protective equipment.

3.1.2.4. Employees are required to wash their hands with soap and running water as soon as feasible after using an appropriate waterless hand wash product. Waterless hand wash agents are acceptable only where hand washing facilities are not available or not in an accessible location.

3.1.2.5. Contaminated needles and other sharps will not be bent, recapped, or removed unless no alternative is feasible, or such action is required by a specific medical procedure. Accomplish such recapping or needle removal using a mechanical device or a one-handed technique. SHEARING OR BREAKING CONTAMINATED NEEDLES IS PROHIBITED.

3.1.2.6. Containers used to store or transport specimens, contaminated equipment or contaminated waste will be closable leak proof, biohazard labeled or color coded orange or red. If the item qualifies as “sharps”, (e.g. glass, needles, knife blades) a puncture proof container is required. Such containers are maintained as close as possible to the work site generating the items.

3.1.2.6.1. When a biohazard or sharps container is full it will be closed and transferred to the contractors biohazard dumpster. Use a second biohazard container if there is a possibility of a leak, puncture or exterior contamination. Construct the transfer containers to contain all contents and prevent leakage during handling, storage, transport or shipping.

3.1.2.7. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

3.1.2.8. Do not keep food and drink in refrigerators, freezers, shelves, and cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

3.1.2.9. Perform all procedures involving blood or other potentially infectious materials in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

3.1.2.10. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

3.1.2.11. Place specimens or other potentially infectious materials in a container designed to prevent leakage during collection, handling, processing, storage, transport, or shipping.

3.1.3. Personal Protective Equipment: Where occupational exposure remains after institution of engineering and work practice controls, appropriate personal protective equipment will be provided through organizational channels. Section supervisors ensure provision of such equipment. (See Attachment 2). Personal protective equipment will be considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through to reach employee’s work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use. Personal protective equipment is provided at no cost to the employee. Supervisors will be responsible for ensuring that employees wear appropriate personal protective equipment. The following also applies to personal protective equipment:

3.1.3.1. Clean, launder, repair and or replace personal protective equipment to maintain its effectiveness by the organization.

3.1.3.2. If blood or other potentially infectious material penetrates a garment, this garment must be removed immediately or as soon as feasible.

3.1.3.3. Remove all personal protective equipment before leaving the work area.

3.1.3.4. Place removed personal protective equipment in an appropriately designated covered container for storage, washing and decontamination, or disposal.

3.2. Housekeeping: Maintain a clean and sanitary work environment condition in keeping with the concept of Universal Precautions. The following is a written schedule for housekeeping shift personnel.

3.2.1. Equipment: Clean and decontaminate all equipment and environmental work surfaces with an appropriate disinfectant after contact with blood or other potentially infectious materials by shift personnel.

3.2.2. Decontaminate all work surfaces with an appropriate disinfectant after completion of procedures or as soon as feasible when surfaces are obviously contaminated. Decontaminate work surfaces after any spill of blood or other potentially infectious material, and at the end of the work shift. **NOTE:** Please consult with 452 SGP exposure control program coordinator, for a list of registered agents for your specific cleaning and decontamination needs.

3.2.3. Protective Coverings: Protective coverings such as plastic wrap, aluminum foil, or impervious backed absorbent paper used to cover equipment or environmental surfaces shall be removed and replaced as soon as feasible when they become obviously contaminated.

3.2.4. Trash Cans: All bins, pails cans and similar receptacles which have a reasonable likelihood of becoming contaminated with blood or other potentially infectious materials will be inspected, cleaned, and decontaminated as soon as feasible upon visible contamination.

3.2.5. Sharps Containers: Inspect sharps containers to ensure they are not overfilled. Sharps containers will be lidded, puncture resistant, leak proof on sides and bottom, and labeled biohazard or orange-red in color in accordance with CFR paragraph (g)(1)(i) of the standard. Additionally, sharps containers will be located as close as possible to the immediate area where sharps are used.

3.2.6. Sharps: Discard contaminated sharps immediately or as soon as feasible in approved containers. **CAUTION:** Do not pick up directly with the hands broken glassware, which may be contaminated. It must be cleaned up using mechanical means as a brush and dustpan, tongs, or forceps. (Furthermore, any mechanical device, which is contaminated, must be decontaminated following use or as soon as feasible). **NOTE:** Reusable sharps (i.e. scalpels) that are contaminated with blood or other potentially infectious materials will be stored or processed so that employees do not have to reach by hand into containers where these sharps have been placed.

3.2.7. Laundry: Bag or containerize contaminated laundry at the location where it was used in an approved bag or container (see labeling requirements). Do not sort or rinse contaminated laundry in the location of use.

3.3. Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up:

3.3.1. The Hepatitis B vaccine and vaccination series will be made available to all employees with occupational exposure (see exposure determination) at no cost to the employee. Pre-exposure immunization is not required for employees who may only render first aid in the case of an on site injury to a co-worker. Members who are expected to render first aid in the course of their work, such as emergency or safety personnel, are to be offered pre-exposure immunization. If an employee performs first aid and is exposed to blood or body fluids, post-exposure vaccination must be offered. All contract employees shall receive their vaccination series through their respective healthcare providers. 452 Medical Squadron will provide the HBV to all reservists with occupational exposure. Civil Service employees with risk of occupational exposure to blood or body fluid will receive Hepatitis B immunization through the Occupational Health Contractor, or 452 Medical Squadron, IAW current local directives.

3.3.2. All employees who may be working in areas with occupational exposure are offered Hepatitis B vaccination after the employee has received orientation training on the occupational risk (see Training) and within 10 working days of initial assignment. Civilian employees who decline the Hepatitis B vaccination will be required to sign the statement given in Appendix B (ALL RESERVISTS EXPOSED MUST RECEIVE THE VACCINE). If an employee initially declines the Hepatitis B vaccine and later decides to accept, 452 MDS will provide the Hepatitis B vaccine at that time if the employee is still at occupational risk.

3.3.3. Due to the potentially severe consequences resulting from exposure incidents, the circumstances regarding these incidents will be investigated with the utmost priority. Any time an exposure incident occurs, employees must notify their immediate supervisor within 3 hours of the incident to ensure the proper evaluation and follow-up. Supervisors must coordinate transportation of the member to the appropriate medical facility, (Jerry Petis Veterans Administration Medical Center, Loma Linda if feasible). They must also contact the 452 Medical Squadron and the 452 SPTG Public Health Office to report the incident and initiate a line of duty determination (LOD). The medical evaluation and follow-up will include the following:

3.3.3.1. Accomplish within the first 24 hours: Documentation and evaluation by a physician or other healthcare professional, e.g., MD, RN, MPH Officer, etc., of the routes of exposure and the circumstances under which the exposure incident occurred. Recommendation on the need for emergency prophylaxis in accordance with CDC guidelines. Schedule appointments for medical follow-up and counseling.

3.3.3.2. Identification and documentation of the source individual, unless unfeasible or prohibited by state or local law. If consent is obtained (where required), the source individual's blood will be tested and the results documented. If the source individual is known to be infected with HIV or HBV, it will be documented without a repeat test.

3.3.3.3. Results of the testing will be made available to the exposed employee, in accordance with applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

3.3.3.4. Test the exposed employee's blood as soon as feasible after consent is obtained.

3.3.3.5. If the employee consents to baseline blood collection but does not give consent at the time for HIV serologic testing, preserve the sample for 90 days. If, within the 90 days of the exposure incident, the employee elects to have the baseline sample tested, accomplish such testing as soon as feasible.

3.3.3.6. When medically indicated, post-exposure prophylaxis will be provided, as recommended by the US Public Health Service.

3.3.3.7. Counseling is available to the employee upon request.

3.3.4.8. Evaluation of reported illnesses.

3.3.4. Obtain within 15 days of completion, a copy of the evaluating health care professional's written opinion and provide to the employee. This written opinion will be limited to the following information.

3.3.4.1. Inform the employee of the results of the evaluation to include a written opinion on the need for Hepatitis B vaccination and confirmation if the vaccination has already been received.

3.3.4.2. The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment (other findings or diagnosis shall remain confidential and not be included in the written report).

3.3.5. SGPB is responsible for providing the following information to the healthcare professional evaluating the exposure incident and preparing the post-exposure recommendations.

3.3.5.1. A copy of 29 CFR 1910.1030.

3.3.5.2. A description of the exposed employee's duties as they relate to the exposure incident.

3.3.5.3. Documentation of the route of exposure and circumstances under which exposure occurred.

3.3.6. 452 MDS will provide:

3.3.6.1. Results of the source individual's blood testing, if available within confidentiality requirements.

3.3.6.2. A copy of medical records relevant to the appropriate treatment of the employee, including a vaccination status report, which is maintained by the Air Force or sub-contractors.

3.4. Communication of Hazard to Employees.

3.4.1. Labeling: Affix warning labels to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious materials, and other spill-proof

containers used to store, transport, or ship blood or other potentially infectious materials. Include the following legend on the labels:

BIOHAZARD

Figure 3.4.1.



NOTE: WORD AND SYMBOL MUST APPEAR

These signs shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in contrasting color. Alternately, red bags or containers may be substituted for labels.

3.4.2. Training: All employees assigned tasks presenting the possibility of occupational exposure will participate in training upon initial assignment of such tasks, annually thereafter, and whenever a modification of tasks or procedures or institution of new tasks or procedures affect the employee's exposure. The ECP monitor for each unit will either conduct or designate an individual to coordinate and conduct this required training. The unit ECP monitor can contact 452 SGPB for training aids. The unit training will consist of the following:

3.4.2.1. Maintain a copy of the bloodborne pathogens standard (29 CFR 1910.1030) and a copy of this instruction in each tasked squadron and ensure its accessibility to employees at all times.

3.4.2.2. A general explanation of the epidemiology and symptoms of bloodborne diseases.

3.4.2.3. An explanation of the modes of transmission of bloodborne pathogens.

3.4.2.4. An explanation of the exposure control plan and the means by which employees can obtain a copy of the written plan.

3.4.2.5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.

3.4.2.6. An explanation of the use and limitations of methods that will prevent or reduce exposure including engineering controls, work practice, and personal protective equipment.

3.4.2.7. Information on the types, proper uses, location, removal, handling, decontamination, and disposal of personal protective equipment.

3.4.2.8. An explanation of the basis for selection of personal protective equipment.

3.4.2.9. Information on the need for immunization against Hepatitis B and Hepatitis A, and a statement that the vaccines will be offered free of charge if deemed necessary by the local medical or Public Health Officer.

3.4.2.10. Information on the appropriate actions to be taken and persons to be contacted in an emergency involving blood or other potentially infectious materials.

3.4.2.11. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.

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

3.4.2.13. An explanation of the signs and labels and color-coding used in the facility or shop areas.

3.4.2.14. An opportunity for interactive questions and answers with the knowledgeable and trained instructor conducting the training session.

4.4.2.15. The unit ECP monitor will keep training records on file for a minimum of three (3) years or as required to meet IG cycles, and send a copy to 452 Public Health annually, certifying training was accomplished. This documentation will include name, job title, date and summary of training, and names and qualifications of persons conducting the training. Include documentation of training on the workers AF Form 55, or in an approved database.

3.5. Record keeping:

3.5.1. Maintain and update medical records for each employee with occupational exposure to Bloodborne Pathogens. Include all information accumulated IAW section 4.2. Civilian medical records will be maintained IAW established civil service procedures. All contract employees will have documentation maintained by their respective health care providers.

3.5.1.1. The medical records will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the bloodborne pathogens standard or by law. Additionally, maintain the Industrial Hygiene case files for at least the duration of employment plus 30 years.

3.5.2. Include the following records on file:

3.5.2.1. A file for each employee with occupational exposure to blood or other potentially infectious materials including the name and social security number of the employee, a copy of the employee's Hepatitis-B vaccination status, any medical records relative to the employee's ability to receive vaccination.

4.5.2.2. A copy of all results of examinations, medical testing, and follow-up procedures following an exposure incident. (Ref 3.2.)

3.5.2.3. The employer's copy of the health care professional's written opinion regarding post-exposure evaluation and follow-up. (Ref. 3.2.4.)

3.5.2.4. File Declination Statement of civilian workers in medical records and Tab F of Industrial Hygiene case files.

CLAYTON T. GADD, Brig Gen, USAFR
Commander

ATTACHMENT 1

DEFINITION OF TERMS

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

Bloodborne Pathogens: Pathogenic microorganisms that are present in human blood and can cause disease in humans. The pathogens include but are not limited to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry: Laundry, which has been soiled with blood or other potentially infectious materials or may contain sharps.

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.

Decontamination: The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious articles and the surface or item is rendered safe for handling, use or disposal.

Engineering Controls: Controls (e.g. sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials: (1) The following human body fluids: 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, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cells or tissue culture, organ cultures, and HIV or HBV-containing culture medium or other solutions; and blood, organs, or other tissue from experimental animals infected with HIV or HBV.

Parenteral: Piercing mucous membranes or the skin barrier through such events as needle stick, human bites, cuts, abrasions.

Personal Protective Equipment: 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 is not considered to be personal protective equipment.

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

Source Individual: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled, trauma victims; clients of drug and alcohol treatment facilities; residences of hospices and nursing homes, human remains; and individuals who donate or sell blood or blood components.

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

Universal Precautions: An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g. prohibiting recapping of needles by a two handed technique).

ATTACHMENT 2

EXPOSURE RISK DETERMINATION AND PERSONAL PROTECTIVE EQUIPMENT GUIDELINE

2A1. EMPLOYEE CATEGORIES:

2A1.1. Health Care Workers

2A1.1.1. 452 MDS, 452 AES, 452 ASTS, 752 MDS

2A1.3. Base Operations and Support Functions

2A1.3.1. 452 Support Group

2A1.3.1.1. 452 CES Prime Beef and Base Operations Support

2A1.3.1.2. 452 Communications Flight (high voltage equipment operators)

2A1.3.1.3. Mortuary Services

2A1.3.1.4. Public Health

2A1.3.1.5. Bio-Environmental Engineering

2A1.4. Law Enforcement

2A1.4.1. Office of Special Investigation (OSI)

2A2. PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment, (PPE) commonly utilized to prevent contact with BBP consist of the following:

2A2.1. Gloves – when the employees can reasonably anticipate they may have hand contact with blood or other potentially infectious materials whether on surfaces, linen, or the body. Gloves are worn if the member has non-intact skin on the hands (e.g. cuts or scrapes). Disposable gloves such as surgical or examination gloves will not be washed nor decontaminated. Utility gloves may be decontaminated if the surface of the glove is intact. If utility gloves are cracked, torn, peeling or otherwise compromised they will be discarded. Wear gloves for phlebotomy.

2A2.1. Mask, Eye Protection, or Chin Length Face Shield – whenever droplets, splashes, splatters, sprays, or aerosols of blood or other potentially infectious materials may be generated.

2A2.3. Gowns, Lab Coats, Aprons, and other Similar Clothing – if clothing may become soiled with blood or other potentially infection materials.

2A2.4 Rescue Breathing Apparatus – one way valve mask devices to perform rescue breathing and minimize exposure to mucus membranes, blood, secretions, or excretions.

2A3. AT RISK EMPLOYEES & TASK IDENTIFICATION: Personnel assigned to these Air Force Specialty Codes, (AFSC) or equivalent GS series codes may be assigned to perform specific occupational tasks which present the possibility of exposure to blood or body fluids. Specific tasks performed in the course of 452 AMW reserve duties for each AFSC are identified in the squadron level Operating Instruction (OI) for implementation of this instruction.

CATEGORY	SQUADRON	AFSC/TITLE	TASKS
Health Care	452 MDG 452 MDS 452 ASTS 752 MDS 452 AES 163 MDS	All 4 Series GS-303/301	Immunizations Phlebotomy Specimen Handling Dental Exams Physicals First Aid/Medical Support for Deployments Patient Care During Off-Site Training
First Responders Emergency Service	452 Security Forces 452 Fire Protection Flight	3POE/GS-0085	Extraction First Aid
Base Operations & Services	452 Support Group CES-BOS Communications Electricians Public Health Bio-Environmental Services – Mortuary Detail Base Disaster Response Team	3O1X1/GS-390 3E1X2/GS-3007 4W0X1/GS-0698 4B0X1/GS-0698 3M0X1/GS-3010 No Correlation ID'd When Assigned	Plumbing/Sanitation Rescue/First Aid High Voltage Disease Investigation Hazardous Materials Response Care for Human Remains Mass Casualty Response on Base
Law Enforcement	OSI	7SXX, 71SX/GS- 1811	Crime Scene Investigation Body Searches
Life Support	452 OSS/OSL	1K1X1	Clean Aircrew Oxygen Delivery Masks AMC11-310

ATTACHMENT 3
HEPATITIS B VACCINE CONSENT/DELINATION FORM

HEPATITIS B VACCINE (RECOMBINANT)

Hepatitis B Recombinant vaccine is a non-infectious viral vaccine that is provided at no charge to employees who are exposed or have the potential for occupational exposure to blood or body substance. It contains purified Hepatitis B Surface antigen (HbsAG) produced in genetically engineered yeast cells. The vaccine may contain up to 5% yeast protein.

INFORMED CONSENT FOR MARCH ARB EMPLOYEES

This recombinant vaccine is not made from human blood or blood products.

The vaccine is indicated for immunization of all health care workers and emergency response personnel at risk of infection from Hepatitis B virus as a result of occupational exposure to blood, blood products or other body substances.

Hepatitis B may occur when the virus, transmitted by infected bodily fluids, is implanted on mucous membranes or introduced through breaks in the skin. Hepatitis B infection can have serious, life threatening consequences including acute liver failure, chronic hepatitis and cirrhosis of the liver. The virus is predominantly in the blood of patients with active Hepatitis B or patients who are chronic carriers. It is also found in tears, saliva, breast milk, urine, semen and vaginal secretions. It can survive for days on environmental surfaces. Transmission is also associated with close interpersonal contact with an infected individual and crowded living conditions.

The recombinant vaccine provides protective levels of antibodies in greater than 90% of healthy adults who receive all three doses. Long-term studies indicate that protection against Hepatitis B infection lasts for at least nine years following vaccination. The need for booster doses has not yet been identified.

The vaccine is contraindicated for those with a hypersensitivity to yeast, aluminum hydroxide or thimerosal (a mercury derivative).

Vaccination during pregnancy: Although it is always difficult to prove that adverse effects could not occur when any vaccine is given to pregnant women, the Center for Disease Control (CDC) states the following 'On the basis of limited experience, there is no apparent risk of adverse effects to developing fetuses when Hepatitis B vaccine is administered to pregnant women (CDC, Unpublished Data). The vaccine contains non-infectious HBsAG particles and should cause no risk to the fetus. Hepatitis B virus affecting a pregnant woman may result in severe disease for the mother and chronic infection for the newborn. Therefore, neither pregnancy nor lactation should be considered a contraindication to vaccination of women.'

The vaccine is generally well tolerated. No serious adverse reactions were reported in clinical studies involving over 10,000 individuals. However, as with any vaccine, further broad use

could reveal rare adverse reactions not previously noted. The most common reactions are local soreness, redness, and swelling at the injection site. Generalized complaints occur infrequently. They may include fatigue/weakness, headache, dizziness, fever, rash, malaise, nausea, abdominal cramps, diarrhea, and cold-like symptoms.

Rare adverse experiences reported following vaccination, which may or may not be related to the vaccine, have included anaphylaxis, palpitations, asthma-like symptoms, neurologic symptoms and visual disturbances.

The vaccine is given intramuscularly in three doses. The first two doses are given one month apart and the third dose six months after the first. Persons with immunodeficiency, or hemodialysis, or those receiving immunosuppressive therapy (radiation therapy, chemotherapy, steroids) should report this information before receiving the vaccine. Also, those with any active infection or severe heart or lung condition should report this before receiving the vaccine.

Recipients of the vaccine should continue to use standard precautions in handling blood, blood products and other bodily fluids. They should also continue to report needle sticks and other body substance exposure to their supervisor.

HEPATITIS B VACCINE ACCEPTANCE

I Have read the above facts about Recombinant Hepatitis B vaccine and I have had the opportunity to ask questions. I request that the vaccination be given to me.

Date_____ Signature_____

Print Name_____ SSAN_____

Unit_____ Duty Phone_____

Job Title_____

DOB_____

DECLINATION STATEMENT FOR HEPATITIS B IMMUNIZATION

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself.

However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B a serious disease. If in the future, I continue to have occupational exposure to blood and other potentially infectious materials while

employed by the Department of Defense and I want to be vaccinated with Hepatitis B vaccine, I may receive the vaccinations series at no charge to myself.

Date_____ Signature_____

Print Name_____ SSAN_____

Unit_____ Duty Phone_____

Job Title_____

DOB_____