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Medical



**BLOOD-BORNE PATHOGEN PROGRAM FOR
FIELD CONDITIONS**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements AFRPD 44-1, *Medical Operations* and interfaces with the guidance of AFI 44-108, *Infection Control Program* and AFJI 48-110, *Immunizations and Chemoprophylaxis*. It establishes policy and procedures for the control of infection and the process to decrease the exposure of personnel to blood-borne pathogens while personnel are deployed under field conditions. This publication applies to all 927th Air Refueling Wing (ARW) assigned personnel.

SUMMARY OF REVISIONS

This document is substantially revised and must be completely reviewed.

1. General. To reduce the exposure to blood-borne pathogens and control infection, 927 ARW personnel, while deployed under field conditions, will receive required immunizations prior to deployment and use appropriate infection control prevention techniques.

1.1. Blood-Borne Pathogens. The most ominous pathogens include HIV and Hepatitis A and B. Wing personnel will receive an annual briefing on Infection Control issues.

1.2. Infection Control. Prevention techniques include handwashing (paragraph 4.), disposal of tissue in trash receptacles, and covering mouth while coughing or sneezing to reduce airborne diseases (for example, tuberculosis).

2. Immunizations.

2.1. Tuberculosis. Personnel will annually receive the Mantoux PPD Tuberculosis skin test as required IAW AFJI 48-110.

2.2. Hepatitis. All 927 ARW personnel will receive Hepatitis A immunizations. Personnel who are at high risk exposure to blood-pathogens (medical and security police) will receive a complete series

of Hepatitis B injections as required (see AFJI 48-110). Other 927 ARW personnel may receive Hepatitis B injections upon request.

2.2.1. Medical units administering patient care at deployed sites will control for prevention of blood-borne pathogens (see AFI 44-108).

2.2.2. In the event a member experiences a blood exposure (for example, needlestick or human bite), immediately report to the deployed medical clinic for evaluation, documentation and follow-up and physician evaluation.

3. Human Immunodeficiency Program. The Air Force tests all personnel for Human Immunodeficiency Virus antibodies, medically evaluates all infected personnel, and educates personnel to appropriate prevention means.

4. Handwashing. The purpose of handwashing is to clean the hands of dirt debris, and germs, which helps to prevent the spread of disease-producing bacteria. Running water, friction, and antibacterial soap are essential elements. Handwashing is the single most effective method to decrease the spread of disease. Deployed personnel should wash hands before and after using the toilet and before eating or drinking. Deployed sites will ensure handwashing facilities are established at all latrine facilities and outside all dining areas. Wing personnel will be briefed on the prevention methods to decrease the likelihood of exposure to blood-borne pathogens and importance of good handwashing techniques while in field conditions.

5. Biohazardous Waste. The Medical Squadron assigned to the deployed site will ensure all biohazardous waste is appropriately disposed.

ROBERT E. BAILEY, Colonel, USAFR
Commander

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFPD 44-1, *Medical Operations*, 29 July 1994

AFI 44-108, *Infection Control Program*, 21 July 1994

AFJI 48-110, *Immunizations and Chemoprophylaxis*, 1 Nov 95

Abbreviations and Acronyms

AF—Air Force

AFI—Air Force Instruction

AFPD—Air Force Policy Directive

ARW—Air Refueling Wing

HIV—Human Immunodeficiency Virus