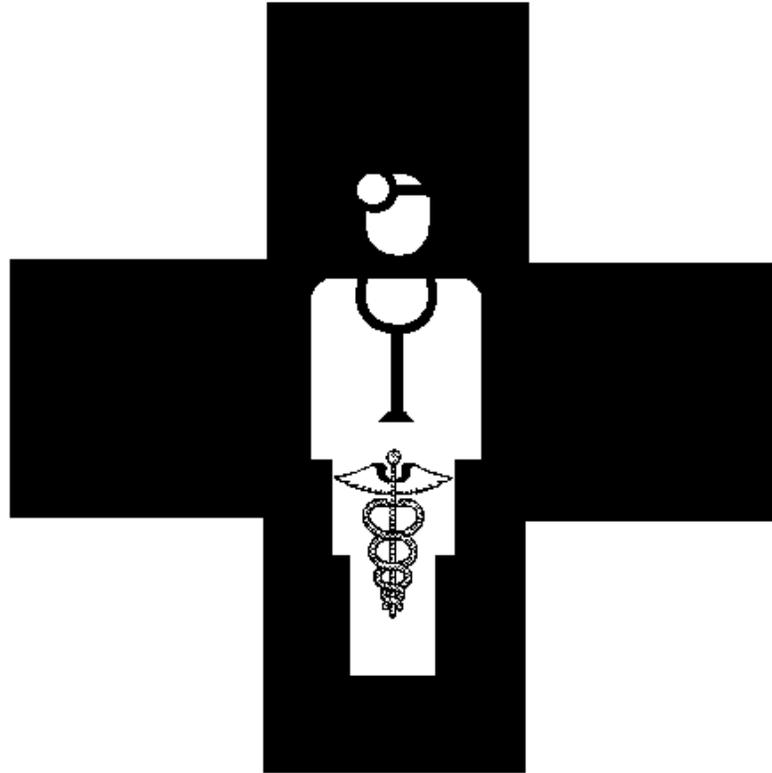


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CIVIL AIR PATROL ARIZONA WING



BLOOD PATHOGEN MANUAL AND EXPOSURE CONTROL PLAN

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SECTION I
PURPOSE OF PLAN

ARIZONA WING CIVIL AIR PATROL IS NOT AN EMERGENCY MEDICAL CARE OR PARAMEDIC ORGANIZATION. HOWEVER THERE MAY BE OCCASIONS WHEN IT IS NECESSARY TO ADMINISTER REASONABLE FIRST AID.

ONE OF THE MAJOR GOALS OF THE OCCUPATIONS SAFETY AND HEALTH ADMINISTRATIONS (OSHA) IS TO REGULATE FACILITIES WHERE WORK IS CARRIES OUT TO PROMOTE SAFE WORK PRACTICES IN AN EFFORT TO MINIMIZE THE INCIDENCE OF ILLNESS AND INJURY EXPERIENCED BY CAP MEMBERS. RELATIVE TO THIS GOAL, OSHA HAS ENACTED THE "BLOODBORNE PATHOGENS STANDARD PLAN CODIFIED AS CFR 29 1910.1030. THE PURPOSE OF THIS PLAN IS TO REDUCE OCCUPATIONAL EXPOSURE TO HEPATITIS B VIRUS (HBV), HUMAN IMMUNODEFICIENCY VIRUS (HIV), AND OTHER BLOODBORNE PATHOGENS THAT MEMBERS MAY ENCOUNTER IN THE PERFORMANCE OF THEIR ASSIGNED DUTIES.

Arizona Wing Civil Air Patrol believes that there are a number of good principles that should be followed by CAP personnel when working with bloodborne pathogens. These include but are not limited to:

- That it is wise to minimize all exposure to bloodborne pathogens.
- That the risk of bloodborne pathogens should never be underestimated.
- That Arizona Wing Civil Air Patrol should institute as many work practice and engineering controls as possible to eliminate or minimize member exposure to bloodborne pathogens.

Arizona Wing Civil Air Patrol has implemented this exposure control plan to meet the letter and intent of the OSHA Bloodborne Pathogen Standard. The objective of this plan is two-fold:

1. Protect CAP personnel from the health hazards associated with bloodborne pathogens.
2. Provide appropriate treatment and counseling should a member be exposed to bloodborne pathogens.

DEFINITIONS

BLOODBORNE PATHOGENS: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These include but not limited to HIV, HBV, and TB

CONTAMINATED: The presence or reasonable presence of blood or Other Potentially Infectious Materials (O.P.I.M.) on an item or surface.

CONTAMINATED LAUNDRY: Laundry that has been soiled with blood or O.P.I.M. or may contain sharps.

CONTAMINATED SHARPS: Any contaminated object that penetrate the skin including but not limited to; needles, scalpels, broken glass, aircraft wreckage, other items that may pierce skin.

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

ENGINEERING CONTROL: Controls (e.g. sharps disposal or leak proof containers) that isolate or remove the bloodborne pathogen hazard from the work place.

EXPOSURE INCIDENT: A specific eye, mouth or other mucous membranes, non intact skin, or parenteral contact with blood or O.P.I.M. that may result from the performance of a member's duties.

FIRST RESPONDER: The term First Responder, as pertains to CAP personnel, designates the primary members of each ground/air team who have been designated as a first aid giver and who have received the training required by CAP directives to include bloodborne pathogen instruction.

OCCUPATIONAL EXPOSURE: Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or O.P.I.M. that results from the performance of member's duties.

O.P.I.M.: Other Potentially Infectious Materials to include but not limited to; semen, vaginal secretions, pleural fluids, cerebrospinal fluid, pericardial fluids, peritoneal fluid, amniotic fluids, saliva in dental procedures, any body fluid that is visibly contaminated with blood. Any and all situations where it is difficult or impossible to differentiate between body fluids. All fluids are considered to be a source of possible contamination as per the "UNIVERSAL PRECAUTIONS" portions of the standard.

HBV - HEPATITIS B VIRUS: Hepatitis B is an inflammation of the liver caused by the HBV viruses. The virus is much more stable in the environment than the HIV virus and has even been found on file cards in a lab setting.

HIV - HUMAN IMMUNODEFICIENCY VIRUS: The HIV virus is capable of infecting and incapacitating the immune system, which functions to protect the body against such invaders. The immune deficiency is progressive and irreversible, rendering the body highly susceptible to opportunistic infections.

TB - TUBERCULOSIS: An infectious disease caused by a microscopic vegetable organism and characterized by the production of small knob-like lesions on the lungs.

PARENTERAL: Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.

PERSONAL PROTECTIVE EQUIPMENT (PPE): Specialized clothing or equipment worn by members for protections against a hazard.

REGULATED WASTES: Liquid or semi-liquid blood or O.P.I.M. in a contaminated items that would release blood or O.P.I.M. in a liquid or semi-liquid state or compressed items caked with dried blood or O.P.I.M. that are capable of releasing these materials during handling.

SOURCE INDIVIDUAL: Individual, living or dead, whose blood or O.P.I.M. may be a source of an occupational exposure.

UNIVERSAL PRECAUTIONS: Where as all human blood and body fluids should be treated as if known to be infectious for HBV, HIV, and TB

WORK PRACTICE CONTROL: Controls that reduce the likelihood of exposure by altering the manner in which the task is performed.

SYMPTOMS OF BLOODBORNE PATHOGEN RELATED DISEASE:

Hepatitis B

The symptoms of Hepatitis B infection are very much like a mild flu. Initially, there is a sense of fatigue, possible stomach pain, loss of appetite and even nausea. As the disease continues to develop, jaundice (a distinct yellowing of the skin) and darkened urine will often occur. However, people who are infected with Hepatitis B will often show no symptoms for some time.

HIV

Human Immunodeficiency Virus (HIV) is the newest of the major Bloodborne diseases. Symptoms of HIV can vary and often include weakness, fever, sore throat, nausea, headaches diarrhea and other flu like symptoms. However, many people with the HIV virus can show no apparent symptoms for years after their infection. In most cases, contracting the HIV virus ultimately leads to the development of Acquired Immunodeficiency Syndrome (AIDS). This results in the breakdown of the immune system, so the body does not have the ability to fight off other diseases. Currently no vaccination exists to prevent infection of HIV, and there is no known cure.

SECTION II

GENERAL PROGRAM MANAGEMENT

The Exposure Control Officer for the Arizona Wing Civil Air Patrol will be the wing's Medical Officer or may be designated by the Wing Commander. The Exposure Control Office is responsible for overall management and support of Arizona Wing's "Bloodborne Pathogens Compliance Program". Activities that can be delegated to the Exposure Control Officer typically include but not limited to:

- Responsibility for implementing the exposure control plan.
- Working with other staff section and units to develop and administer any additional bloodborne pathogen related policies and practices needed to support the effective implementation of this plan.
- Look for ways to improve the exposure control plan as well as to review and submit updates when necessary.
- Collect and maintain a suitable reference library on the bloodborne pathogen safety and health information implementation of this plan.
- Working with the Wing's Legal Officer, and have knowledge of current legal requirements concerning bloodborne pathogens.
- Conduct periodic inspections and audits to maintain and/or update the exposure control plan.

ARIZONA WING GROUPS/SQUADRONS/FLIGHTS

Unit commanders shall be responsible for implementation and ongoing compliance of this bloodborne pathogens standard for members of their unit.

SENIOR/CADET MEMBERS

As with all CAP activities, our members have the most important role in our bloodborne pathogens compliance program. The ultimate execution of much of our exposure control plan rests in their hands. The member's personal safety must come first. In this role they must:

- Know what tasks they perform that have occupational exposure.
- Attend bloodborne pathogens training/updates sessions.
- Plan and conduct all operations in accordance with the work practice controls.
- Develop good personal hygiene habits.

AVAILABILITY OF THE EXPOSURE CONTROL PLAN TO MEMBERS

To help with their efforts, Arizona Wing's Exposure Control Plan is available to all members at any time. Members are to be advised of the availability during their education/training sessions. Copies of the Exposure Control Plan shall be kept in the following locations:

1. Headquarters - Arizona Wing
2. Master file - Wing Medical Officer
3. Master file - Director of Emergency Services
4. Master file - Wing's Safety Officer
5. Master file - All Mission Coordinators
6. Master file - All Groups
7. Master file - All Squadrons
8. Flights - Copy will be maintained by the parent squadron

REVIEW AND UPDATE OF THE PLAN

Arizona Wing Civil Air Patrol realizes and recognizes that it is important to keep the exposure control plan up to date. To ensure this, the plan will be reviewed and updated under the following circumstances.

- Whenever new or modified tasks and procedures are implemented which affect occupational exposure of or members.
- Anytime it is deemed necessary to revise the plan due to changing times, conditions or a revision to OSHA regulations.

COMMANDS EVALUATIONS AND REEVALUATION

Commanders at all levels of command shall ensure that, as much as practical, members use appropriate Personal Protective Equipment as required in Section IV.

OSHA regulations mandates that all Commanders shall investigate and document violation as outlined in this Exposure Control Plan. Units shall use appropriate CAP forms to report their investigations. Appropriate action will be taken when it is deemed that a violation has occurred.

Squadrons/Flight Commander shall ensure that all required PPE is readily available at all times and are stored at the proper location.

The Exposure Control Plan shall be updated as necessary to accommodate any work place changes and to meet current OSHA regulations.

SECTION III

EXPOSURE DETERMINATION

Occupational exposure may occur but is not limited to all members who may come into contact with human blood or O.P.I.M. while performing the following tasks and duties:

- Air/ground search and rescue missions,
- Field operations training activities,
- Travel to/from CAP business,
- Meeting support of local authorities,
- Disaster relief,
- Damage assessment, or other categories as developed.

One of the keys to implementing a successful Exposure Control Plan is to identify exposure situations members may encounter. To assist and facilitate this end in our operations we have prepared the following lists:

1. Job classifications in such all members have primary occupational exposure to bloodborne pathogens.
2. Tasks and procedures in which occupational exposure to bloodborne pathogens occur.

Below are listed the primary job classifications where members may come in contact with human blood or O.P.I.M. which may result in possible exposure to bloodborne pathogens:

- First Responders
- Air/Ground team members
- Medical/EMT/First Aid personnel assigned to a CAP unit.

JOB HAZARDS

A partial list of the tasks and procedures performed by members that create job hazards are:

1. First Responders
 - a) Investigations of accident scenes.
 - b) Applications of first aid to victims at scenes of traumas and accidents.
 - c) Handling and transportation of accident victims.
 - d) The handling of potential sharps - wreckage.
 - e) Handling of human tissue or blood.
 - f) Handling of deceased persons or assisting in body removal.
 - g) The generations and handling of infectious waste.
 - h) Preservation and security of accident scenes until the arrival of local authorities.
 - i) Internal situations arising out of accident/injury of team members.
2. Air/ground team members are basically subject to the same job hazards as are the First Responders but the more critical aspects of the job are reduced by strict adherence to work site principles.
3. Medical/EMT/first aid personnel assigned to CAP units are exposed to normal job hazards arising out of on site situations involving incidents that may involve exposure to bloodborne pathogens with in the scope of their training.

This is only some of the more evident tasks. There are other numerous tasks that may come in under the normal course of CAP activities. These other tasks shall be treated the same as the universal precautions suggest.

All members of Arizona Wing in this category are at the greatest risk for significant exposure to bloodborne pathogens and are advised to personally obtain pre-exposure hepatitis vaccinations.

SECTION IV

METHODS OF COMPLIANCE

Arizona Wing Civil Air Patrol understands that there are a number of area that must be addressed in order to effectively eliminate or minimize exposure to bloodborne pathogens in our operations. Some of these are:

- The use of universal precautions.
- Establishing appropriate engineering controls.
- Implementing appropriate engineering controls
- Establishing appropriate work practice controls.
- Implementing appropriate work practice controls
- Using necessary personal protective equipment.
- Implementing appropriate housekeeping procedures.

Each of these areas is reviewed with our members during their bloodborne pathogens related training. (See the “Information and training section of this plan for additional information). By rigorously following the requirements of OSHA’s bloodborne pathogens standard in these areas, we feel that it will eliminate or minimize our members occupational exposure to bloodborne pathogens as much as is possible.

UNIVERSAL PRECAUTIONS

Universal precautions are the accepted methods of control to protect members from exposure to all human blood and O.P.I.M. The term “UNIVERSAL PRECAUTIONS” refers to a concept of bloodborne disease control which requires that **ALL HUMAN BLOOD AND O.P.I.M. BE TREATED AS IF KNOWN TO BE INFECTIOUS** for HBV, HIV, and/or other bloodborne pathogens regardless of the perceived “low-risk” of the patient or patient population.

Arizona Wing Civil Air Patrol policy is:

1. Members will treat all human blood and O.P.I.M. as if known to be infectious for HBV, HIV, and/or other bloodborne pathogens.
2. In circumstances where it is difficult or impossible to differentiate between body fluid types, members will assume all body fluids to be potentially infectious.

ENGINEERING CONTROLS

One of the key aspects or primary methods used to control the transmission of HBV, HIV, or O.P.I.M. is to use engineering controls to eliminate or minimize member exposure to bloodborne pathogens.

Engineering controls reduce member exposure in the work place by either removing the hazard or isolating the member from the exposure. An ongoing unit survey (see attachment 2) is taken to determine and identify the following:

- Operations where engineering controls are currently employed.
- Operations where engineering controls can be updated.
- Operations which are not currently employing engineering controls but where engineering controls could be beneficial.

In addition to engineer controls identified above, the following engineering controls are used throughout our operations:

- Disposable gloves are available in all unit meeting facilities, vans, aircraft and individual member protections kits.
- Hand washing facilities with running water is available, when possible, at each mission base location.
- Antiseptic hand cleaning toweletts are available in all vans, and to members individually for use when immediate hand washing facilities are not available or feasible.
- Approved CAP exposure kits are required for each unit. Issue and replacement of these kits is in conformance with current supply procedures.
- Disposable airway equipment is available as a part of the exposure kit.
- Biohazard labels, bags etc., are also available for packaging, transporting, marking, etc., any potential hazard.

WORK PRACTICE CONTROLS

In addition to engineering controls, Arizona Wing uses a number of work practice controls as a part of our bloodborne pathogens compliance program.

- The only type of medical aid that should be administered by CAP personal or by any other person at CAP's request is reasonable first aid deemed necessary to save a life and executed by a person qualified to attempt such medical care.
- All procedures involving blood or O.P.I.M. materials shall be performed in such a manner as to minimize spattering, generating droplets, splashing, and spraying.
- Members may decline wearing personal protective clothing only under rare and extraordinary circumstances, when in the professional opinion of the individual, it prevents the delivery of health care or public safety services, or poses a greater hazard to the responder. (When the member makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.)
- Contaminated needles and other contaminated sharps **WILL NEVER BE REUSED**. In addition, bending, recapping, shearing or breaking of contaminated needles is **PROHIBITED**.
- Following any contact of body areas with blood or other potentially infectious material, members will wash their hands and any other exposed skin with soap and running water as soon as possible. They will also flush mucous membranes with water.

- That all contaminated waste is immediately placed in an approved BIOHAZARD container for removal and/or disposal.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses is prohibited in the work area.
- When a new member joins a unit, they will receive a preliminary briefing on the bloodborne pathogen program as a part of the initial orientation. Attendance at a full scale training session shall be scheduled as soon as possible after entry into the program.

Although the bloodborne pathogen program is primarily set up for personnel directly involved in the plan, all current members, because of their potential exposure risk, should attend the bloodborne pathogens training program. It will be noted that the bloodborne pathogen program has been added to the requirements for both Ground Team Member and Ground Team Leader.

If a member were exposed to Bloodborne pathogens it would most likely be in assisting an injured victim or cleaning up after an accident. Personal Protection Equipment (PPE) selected for protection of members is based on the fact that the majority of exposure to Bloodborne pathogens will most likely occur during cleanup of equipment in the event of an accident resulting in injury.

All Arizona Wing personnel that fall into this category must use the exposure control plan, obtain a PPE (Personal Protection Equipment) and have it readily accessible when involved in authorized CAP activities.

PPE shall include, but not limited to:

1. Disposable type gloves,
2. Eye-nose-mouth protection (vapor/mist/dust face mask),
3. CPR pocket mask with one way valve,
4. Biohazard containers,
5. Antiseptic hand wipes
6. Protective coveralls,
7. EPA rated germicide or approved bleach solution,
8. Paper or cloth towels,
9. And change of clothing.

GROUND TEAM OPERATIONS

As CAP's primary work place would directly relate to ground team operations, under field conditions, special care and training must be used during this type of operations.

- Upon arrival at the scene of an emergency, the senior designated First Responder will halt the team and allow no entry into the area until proper steps have been taken.
 1. CHECK - Is it safe to enter the scene?

Approach any emergency scene in a direction that allows you to look for things such as downed power lines, fuel spills, and direction, number of visible patients, the presence of possible contamination or hazardous materials etc.

Remember - It is very important that in addition to the bloodborne pathogens guidelines, the First Responder initial approach in any emergency incident (such as a plane crash as if contaminated/hazardous materials were present) should be from a discrete observation point. As in the "HAZMAT rule of thumb" - if your thumb does not cover the entire incident, then **YOU ARE TOO CLOSE!!!**
 2. CALL - Notify mission base of the find to arrange for pickup personnel.

Remember to use the proper prearranged code.
 3. CARE - Provide care to the victims.
- At the conclusion of steps 1 & 2, the designated First Responder should enter the scene and determine the extent of the needed response.
- Necessary equipment and personnel should be call into the scene as needed to meet the emergency. All other equipment and personnel will remain outside the area until needed.
- In situations dealing with multiply victims, the Primary Responder will take charge of the scene and assign other responders to administer aid.
- First Responder personnel must assure that they and other personnel admitted to the scene are properly protected for the tasks involved.
- Recover should be accomplished with as few members as is actually needed to clear the victim/s from the immediate area.
- A secondary First Responder should be held in reserve. It is a common practice to have the most experience responder designated as the Primary Responder. This planning can prove to be very hazardous especially if the primary responder should become incapacitated or in need of assistance. It is important to plan for and keep in mind any worst case scenario and have a backup plan of action. The secondary responder will need to be able to handle this stressful and technical situation. It has proven to be a good operational plan to keep the most experienced rescuer in reserve.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

In addition to instituting engineering and work practice controls, the standard requires that appropriate personal protective equipment also be used to reduce work risk exposure. Personal protective equipment is specialized clothing or equipment worn by all personnel for protection from blood or other potentially infectious material.

Personal protective equipment will be considered “appropriate” only if it does not permit blood or other potentially infectious substances and contaminated materials to pass through or to reach a members uniform, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time the protective equipment is in use.

Personal protective equipment consists of, but not limited to, gloves, face shields, mask, eye protection, gowns, aprons, and similar items. Arizona Wing must also see that personal protection equipment are kept up in good order and contaminated component are properly disposed of according to federal, state and local requirements. The Exposure Control Officer will request an annual PPE status report from each unit for availability and condition of their unit exposure kit.

The Exposure Control Officer should be notified for proper disposal any defective or contaminated component.

First Responders will properly maintain and replace any defective component in their PPE exposures kits and insure that contaminated kits/components will be properly disposed of according to federal, state and local requirements. Any expense incurred on a CAP authorized mission/activity will be listed on CAP Form 108 and submitted for reimbursement.

Disposable gloves will be a standard component of emergency response equipment and should be donned by ALL personnel prior to initiating any emergency patient care. When practical, a second set or change of gloves should be donned to prevent cross contamination between victims.

BIOBOX RESPONSE KIT

Headquarters Arizona Wing Civil Air Patrol recommends that the minimal BioBox contents should contain the following:

1. 1 "Typek" coverall w/hood and boots.
2. 3 Pair of disposable nitrile gloves. *
3. 1 Face shield w/head strap.
4. 1 CPR Microshield rescue breather.
5. 1 Dust/mist respirator mask.
6. 1 Biohazard bag.

(* Note: Disposable nitrile gloves are recommended over using latex gloves due to a small population that may be allergic to latex and may go into anaphylactic shock.)

First Responders should select the appropriate equipment to meet the all requirements. The kit should provide items to cover any possible emergency situation, but all of the items may not be required for every location. Proper evaluation of the scene will determine the appropriate items needed to meet that demand.

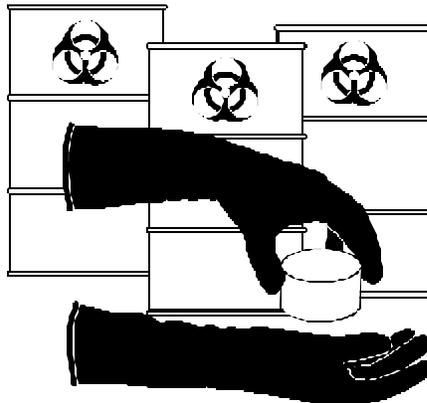
Arizona Wing Civil Air Patrol, through its unit command structure, must ensure that members observe the following precaution for the handling and use of personal protective equipment:

- Remove garments penetrated by blood or other infectious material immediately, or as soon as possible.
- Immediately wash exposed hands and/or any other exposed skin area with soap and running water. If a hand washing facility is not available, personnel must use antiseptic towelettes or waterless antiseptic hand cleaner. A separate supply of these items should be a part of each ground team member's equipment when feasible. Upon return to an area with washing facilities, personnel shall wash their hands with soap and running water as soon as possible. Soiled cleaning items will be placed in the "Biohazard" bag for proper disposal. Biohazard bags will NEVER be left at the scene.
- Before leaving the medical work area, contaminated protective equipment will be stored in a biohazard bag for proper disposal.
- Wear appropriate face and eye protection such as face shield or goggles when splashes, sprays, spatters, or droplets of infectious materials pose a hazard to the eyes, nose or mouth.

HOUSE KEEPING

Maintaining of equipment and facilities in a clean and sanitary condition is an important part of our bloodborne pathogen compliance program. We realized that this is not always possible due to the nature of our meeting/pertaining facilities. However, every effort will be taken by all members to assure that known or potential hazardous situations are rendered harmless prior to their departure from the scene. In cases where immediate decontamination cannot be performed, the affected area will be secured and properly marked until proper action can be taken. To further facilitate this policy, we have set up a written inspection schedule for cleaning and decontamination of vehicles, equipment and meeting facilities. This schedule will be posted in each meeting facility, vehicle, and be subject to inspection when required (see attachment 4).

- All equipment and surfaces are cleaned and decontaminated with an approved EPA germicide or a 1:100 solution of household bleach while wearing gloves after contact with blood or other potentially infectious materials.
 1. Immediately (or as soon as possible) with surfaces are overtly contaminated.
 2. After any spill of blood or infectious materials.
 3. Prior to use of the equipment/facility if there is the possibility of prior contamination.
 4. Protective coverings, such as plastic wrap, aluminum foil or imperiously-backed absorbent paper to cover equipment such as litters to assure that they do not become contaminated.
- Contaminated laundry shall be handled as little as possible with a minimum of agitation.
 1. Contaminated laundry will be bagged at the location where it was soiled and shall not be resorted or rinsed prior to dispositions.
 2. Contaminated laundry shall be placed and transported in “Biohazard” bags separate from waste containers. If an approved “Biohazard” bag is not available, contaminated laundry containers will be properly labeled or coded.
 3. Contaminated laundry will be handle according to federal, state, and local requirements and a CAP form 108 will be submitted for reimbursement.
 4. Members are reminded of the requirement that personnel who have contact with contaminated laundry wear protective clothes and their appropriate protective equipment.
 5. Whenever contaminated laundry is wet and presents a reasonable likelihood of soaking through the bag or container, it shall be placed and transported in bags or containers that will prevent fluid leakage to the exterior.



SECTION V

LABELS AND SIGNS

To protect our members from possible exposure to bloodborne pathogens, biohazard warnings labels and signs will be used. Arizona Wing Civil Air Patrol has implemented a biohazard labeling program in our operation. If other than approved regulated waste containers are use to store contaminated or infectious material, the container must be label with a florescent orange or orange-red biohazard warning label. The warning label must contain the biohazard symbol, must have the word "BIOHAZARD" on it. The warning label must be attached to each container by string, wire, adhesive, or any other method to prevent unintentional removal of the label. The warning label must be placed in clear view to identify the container as a biohazard.

Labels are not required when:

- Using red approved regulated waste containers or red bags.
- Individual containers of blood or other potentially infectious material are placed in a labeled regulated waste container.

As a guideline for CAP personnel, the following items generated in our operations will be labeled:

- Contaminated equipment.
- Sharps disposal containers.
- Other containers use to store, transport, or ship blood and other infectious materials.

Appropriate biohazard containers/labels will be used anytime there is a chance that contamination has occurred, or anytime that blood products must be removed from the scene of an accident/incident.



SECTION VI

HEPATITIS B VACCINATION POST EXPOSURE
EVALUATIONS AND FOLLOW-UP

Arizona Wing Civil Air Patrol recognizes that even with good adherence to all of our exposure prevention practice, an exposure incident can occur. Arizona Wing highly recommends that all First Responder obtain their Hepatitis B vaccination. Also as a result of an exposure incident, we have implemented a post-exposure evaluation and follow-up procedure.

Arizona Wing CAP shall make available to all member(s) the Hepatitis B vaccine and vaccine series following an occupational incident resulting in exposure to Bloodborne pathogens. The vaccine and vaccine series shall be made available to member(s) at no cost. The Hepatitis B vaccine is perfectly safe, and Hepatitis B **can not** be contract from the vaccine.

The vaccine shall be made available to exposed member(s) at a reasonable time and place. The vaccine and vaccine series shall be administered by or under the supervision of a licensed physician or licensed health care giver and shall be provided in accordance with the recommendations of the U.S. Public Health Service current at the time of evaluation and procedures administered. If the US Public Health Service recommends a booster(s) dose of Hepatitis B vaccine at a later date, it shall be made available to the member at no cost.

Arizona Wing CAP shall ensure that all laboratory tests from an accredited laboratory are conducted at no cost to the member. If a member initially declines the Hepatitis B vaccine but decides to accept the vaccine at a later date, the vaccine shall be provided at no cost. Any member who declines to accept the Hepatitis B vaccine offered by Arizona Wing shall sign the AWF51 Hepatitis Vaccine Declination Statement (Mandatory).

An exposure incident is specific eye, mouth, or other mucous membrane, non-intact skin or parenteral contact with blood or O.P.I.M. that results from the performance of official duties (CAP authorized missions/activities).

Note: this directive does not cover incidents arising out of private citizen response.

WHAT TO DO IF AN EXPOSURE INCIDENT OCCURS

1. Member(s) will IMMEDIATELY report any exposure incident, no matter how small or seemingly unimportant to Mission Coordinator and/or Exposure Control Officer.
2. In the event of an exposure, the exposed individual will seek medical attention and in case of hepatitis B virus (HBV) receive an after exposure shot. A CAP Form 108 will be submitted for expenses and reimbursement.
3. The Unit Commander of the affected member and/or Mission Coordinator will be promptly notify the Arizona Wing Safety Officer, of the incident and receive specific instructions for action to be taken.

The Arizona Wing Safety Officer will immediately apprise the Wing Commander and HQ, CAP-USAF/SE for initial notification of the exposure, and follow with a CAP Form 78 Mishap Report, Arizona Wing Form AWF53 Bloodborne Exposure Form (see attachment 3) with copies of all medial documentation. These forms are to be filled out and submitted by the member and/or incident commander, unit commander, etc. and submitted within 24 hours of incident to the Wing Safety Officer.

INFORMATION TO BE PROVIDED TO HEALTH CARE PROFESSIONAL

The Exposure Control Officer will provide the following information to a health care professional for a member who was exposed to a Bloodborne pathogen for Hepatitis B vaccine:

1. Member's name.
2. Description of member's duties at time of exposure.
3. Documentation of routes of exposure and circumstances surrounding exposure.
4. Results of individual's baseline blood testing if available.
5. Copy of all medical records relevant to treatment of individual exposed including vaccines.
6. A copy of OSHA regulation 1910.1030, Section F, Part 4.

POST EXPOSURE FOLLOW-UP

If a member is involved in an incident where exposure to bloodborne pathogens may have occurred, in addition to immediate medical treatment, Arizona Wing will conduct a post exposure follow-up as directed by HQ CAP-USAF/SE.

Following a report of an exposure incident, the Exposure Control Officer shall immediately make the following available to the exposed member:

1. Any documentation of the route(s) of exposure and the circumstance under which they occurred.
2. Identification and documentation of the source individual, unless Arizona Wing CAP can establish that identification of the source individual is not feasible, or prohibited by state and/or federal law.

After consent is obtained, the source contaminate shall be tested as soon as feasible and in order to determine Hepatitis B and HIV infectivity. If consent can not be obtained then Arizona Wing CAP shall investigate the legal requirements for obtaining the consent. When the law does not require the source individual's consent and if the source individual's blood is available then the source contaminate shall be

tested and results determined. Testing is not required if the source individual is already known to be infected with Hepatitis B or HIV. The results of the source testing shall be made available to the exposed member, and the member shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

HEALTH CARE PROFESSIONALS WRITTEN OPINION

The Exposure Control Officer shall obtain and make available to the member, a copy of the evaluating health care professional opinion within 15 days of the completed evaluation. The health care professionals written opinion shall be limited to whether Hepatitis B vaccination is indicated and if the vaccine was administered.

The Health care professionals written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

1. The member has been informed of the results of the evaluation.
2. The member has been informed about any medical conditions resulting from exposure to blood or other potentially infectious material that requires further evaluation and/or treatment.

All other findings or diagnosis shall remain **confidential** and **shall not** be included in the written report.

The Arizona Wing Safety Officer will coordinate with HQ, CAP USAF if follow-up procedures are required. If follow-up procedures are required, the medical evaluation, follow-up evaluation, and counseling will be provided at no cost to the member.

SECTION VII

INFORMATION AND TRAINING

Having well informed and educated members is extremely important when attempting to eliminate or minimize our members' exposure to bloodborne pathogens. Because of this philosophy, all members who have the potential for exposure to bloodborne are put through a comprehensive training program and furnished with as much information as possible on this issue.

To facilitate the requirements of OSHA's Bloodborne Pathogens Standard, all members of Arizona Wing will be afforded the opportunity to attend training with emphasis on those members that fall directly under this plan. Instruction will be in accordance with the master training schedule put out by the Exposure Control Officer and will be presented by personnel who meet the standards set fourth in the basic plan and are in compliance with the basic OSHA requirements.

TRAINING TOPIC

The topics covered in our training program include but are not limited to:

- The Bloodborne Pathogen Standard.
- The epidemiology and symptoms of bloodborne pathogens.
- The mode of transmission of bloodborne pathogens.
- Arizona Wing's Exposure Control Plan and where members can obtain a copy.
- Appropriate methods for recognizing tasks and other activities that may involve exposure to blood or O.P.I.M.
- A review of the use, limitation, and methods that will prevent or reduce exposure including:
 1. Engineering Controls.
 2. Work Practice Controls.
 3. Personal Protective Equipment.
- Selection and use of Personal Protective Equipment (PPE) including:
 1. Types available.
 2. Issues and accountability of Exposure Kits within Arizona Wing.
 3. Proper use.
 4. Storage location.
 5. Removal, handling and disposal.
 6. Replacement procedures.
- Visual warning of Biohazard within the operations shall include labels, signs, and color-coded containers.
- Information on Hepatitis B vaccine.
- Actions to take and person to contact in an emergency involving blood or O.P.I.M.
- The procedures to follow when an exposure incident occurs including the Incident Report.
- Information on the post-exposure evaluation and follow-up shall including medical consultation.

TRAINING METHODS

The training presentation will include several techniques including but not limited to:

- Classroom instruction.
- Video giving a general overview of the material.
- Question and answer session.
- Review
- Written evaluation.
- Course certification.

In addition enough time will be allowed for an interactions between the instructor and the class. This is in addition to the required question and answer session and is to be made available by the instructor at the close of the formal presentation.

TRAINING RECORDS

The CAP Form 103 should be used for recording Bloodborne pathogen attendance. The CAP Form 103 shall include the date of completion, instructor name, instructor qualifications, and the names with duty titles of all persons attending the sessions. The unit Personal Officer will file a copy of the bloodborne pathogen attendance record in each members 201 file. The individual member's training records are to be maintained for the duration of membership. The class training records shall be maintained in separate file for a minimum of three years.

OSHA has the legal right to review and copy all records that are required to be maintained according to CFR 29 PART 1910.1030.

TRAINING ADMINISTRATION PROCEDURES

Units planning to administer a training session under this program will notify the Exposure Control Officer in writing within 30 day prior to the schedule class. The notice will provide the date and times of the proposed training with the name and qualifications of the instructor. The Exposure Control Officer has the right to disallow certification. If certification is disallowed, the Exposure Control Officer will give written justification and guidance to the unit commander and forward a copy to the Chief of Staff.

Upon completion of the training, the unit training officer will forward a copy of the training class attendance record, CAP Form 103, with the instructor's signature to the Exposure Control Officer.

SECTION VIII

RECORD KEEPING

Unit Commanders will supply the Arizona Wing Safety Officer with the original of all required reports and related documents including but not limited to:

Reports of exposure incidents,

Post exposure follow-up,

Hepatitis B vaccinations,

Non-use of PPE,

And other records and reports directed by HQ, CAP-USAF and Arizona Wing.

MEDICAL RECORDS

Medical records must include:

Name and CAPSN of the member.

Hepatitis B vaccination status including dates and any medical records relative to the member's ability to receive vaccinations as required.

Result of any examination.

Medical testing and follow-up procedures as required.

A copy of the health care professional written opinion.

A copy of the information provided to the health care professional.

All medical record will be treated as CONFIDENTIAL and are not to be disclosed without the members WRITTEN consent as required by law. Medical and training records must be made available to the member upon request.

Medical records are to be maintained for each member with occupational exposure for the duration of their membership.

Members refusing post exposure vaccination when recommend by the health care professional or declining post exposure evaluation/follow-up shall complete the declination form AWF51 (see attachment 1).

TRAINING RECORDS

The unit Personal Officer will file a copy of the bloodborne pathogen attendance record, CAP Form 103, in each members 201 file. The CAP Form 103 shall include the date of completion, instructor name, instructor qualifications, and the names with job titles of all persons attending the sessions. The individual member's training records are to be maintained for the duration of membership.

OSHA has the legal right to review and copy all records that are required to be maintained according to CFR 29 PART 1910.1030.

TRAINING ADMINISTRATION PROCEDURES

Units planning to administer a training session under this program will notify the Exposure Control Officer in writing within 30 day prior to the schedule class. The notice will provide the date and times of the proposed training with the name and qualifications of the instructor. The Exposure Control Officer has the right to disallow certification. If certification is disallowed, the Exposure Control Officer will give written justification and guidance to the unit commander and forward a copy to the Chief of Staff.

Upon completion of the training, the unit training officer will forward a copy of the training class attendance record, CAP Form 103, with the instructor's signature to the Exposure Control Officer.

COMMANDS EVALUATIONS AND REEVALUATION

Commanders at all levels of command shall ensure that as much as practical, members use appropriate Personal Protective Equipment as required in Section IV above.

OSHA regulations mandates that Commanders shall investigate and document violation as outlined in this Exposure Control Plan. Units shall use appropriate CAP forms to report their investigations. Appropriate action will be taken when it is deemed that a violation has occurred.

Squadrons/Flight Commander shall ensure that all required PPE is readily available at all times and are stored at the proper location.

The Exposure Control Plan shall be updated when necessary to accommodate any work place changes.

Arizona Wing CAP shall maintain separate and accurate medical records on member(s) exposed to Bloodborne pathogens. Medical records pertaining to Bloodborne pathogens **shall not** be maintained in the members personnel 201 file.

All exposure and medical reports, documents, etc., concerning a member of the Arizona Wing CAP shall be maintained at wing headquarters in a separate and secured file. These medical records will be treated as CONFIDENTIAL information and will not be disclosed without the members WRITTEN consent as required by OSHA regulation or required by law. The only officers that are authorized to have access to these files are the Wing Medical Officer (primary), Exposure Control Officer, and Wing Safety Officer (secondary only if primary officer is not available).

Medical records shall include:

1. Member's name
2. Social Security Number
3. A copy of the member's Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical records relative to the member's ability to receive vaccinations as required by OSHA regulations.
4. A copy of all examination results, medical tests, and follow-up procedures.
5. A copy of the Health care professionals written opinion as required by OSHA regulations.
6. A copy of the information provided to the Health care professional.

Arizona Wing CAP shall make available to the member a copy of his/her medical records upon written request. Arizona Wing CAP shall maintain the medical records of member(s) for at least the duration of membership plus thirty (30) years.

TRAINING RECORDS

Training records shall include the following information:

1. The dates of the training sessions.
2. The contents of the training session.
3. The name(s) and qualifications of the trainer.
4. The names of all members attending the training.

Training records shall be maintained for a minimum of three years.

Training records shall be made available and copied for inspection by request from member, Arizona Wing, or the director of the State OSHA department.

UNIT RECORD KEEPING

The unit personal officer will file training records and non-medical documents in the member's 201 file. The unit commander will maintain copies of all training records, Engineering Control Surveys, and non-use of PPE documentation for future reference and/or review/inspection.

TRANSFER OF RECORDS

At the written request from the member upon transferring to another Civil Air Patrol Wing, the Exposure Control Officer will send copies of the member's exposure and medical records directly to the receiving wing's Medical Officer. The record copies shall be sent with a signed delivery request and the receipt shall be filed with the original records.

If Arizona Wing CAP ceases to do business and there is no successor to receive and retain the records for the prescribed period, then Arizona Wing CAP shall notify the State Director of OHSA at least three months prior to ceasing operations. Arizona Wing CAP will transfer the training and medical records to the State Director of OSHA if required.



Linda Allhusen, Lieutenant Colonel, CAP
Arizona Wing Administration

Martin Miller, Lieutenant Colonel, CAP
Arizona Wing Medical Officer

Robert Breakiron Lieutenant Colonel, CAP
Arizona Wing Director of Safety

Martin Simonian, Lieutenant Colonel, CAP
Arizona Wing Director of Operations

A Peter Feltz, Lieutenant Colonel, CAP
Arizona Wing Vice Commander

Richard L. McGlade, Colonel, CAP
Arizona Wing Commander

**Arizona Wing CAP
HEPATITIS B VACCINE DECLINATION**

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 Hepatitis B vaccine, at no charge to myself. I decline Hepatitis B vaccine 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 future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive vaccination series at no charge to myself.

Member's Name Printed/Typed:	Member's Signature:	Date:

AWF51 March 2000

ARIZONA WING ENGINEERING CONTROL SURVEY

Unit _____

Date _____

_____ Exposure Plan Engineering Controls Currently not employed at this unit.

Recommendations on employing engineering controls to this unit. _____

_____ Exposure Plan Engineering Controls Currently employed at this unit.

_____ Unit's Personal Protection Equipment (PPE) located at _____

_____ Unit's First Aid Kit located at _____

_____ Hand washing facilities, clean and sanitary _____ YES _____ NO

_____ Ground Team Vehicle contains antiseptic wipes _____ YES _____ NO

_____ Disposable gloves condition _____ GOOD _____ FAIR _____ POOR

_____ First Responder's PPE _____ GOOD _____ FAIR _____ POOR

_____ Biohazard Bags and number _____

_____ Biohazard Labels and number _____

_____ Biohazard Sharps Container and number _____

_____ Biohazard soak pads and number _____

_____ Antiseptic wipes and number _____

_____ Exposure Plan on record in unit's master file.

Comments on improving current engineering controls: _____

NAME & GRADE OF UNIT MEDICAL OFFICER Or UNIT OPERATIONS OFFICER	SIGNATURE	DATE:
NAME & GRADE OF UNIT COMMANDER	SIGNATURE	DATE:

AWF52 March 2000

**ARIZONA WING CIVIL AIR PATROL
REPORT OF SIGNIFICANT WORK EXPOSURE TO BODILY FLUIDS**

(This is not a claim form)

Last Name:		First Name		M.I	Serial Number:	
Street No.	Street:	Apt.	City:		State:	Zip Code:
Firms Full Name <u>Arizona Wing Civil Air Patrol, Inc.</u>						
Firms Full Address <u>P.O. Box 80679 Phoenix, Arizona 85060-0679</u>			Phone Number <u>(602)392-7503</u>		FAX Number <u>(602)392-7504</u>	
Date of exposure _____ Time of exposure _____ AM-PM						
Address of exposure location _____						
Duty at time of exposure _____						
State fully how exposure occurred (be specific)						
List all persons present at the time of exposure that you can identify.						
What bodily fluids where you exposed to? Blood _____ Vaginal Fluid _____ Semen _____ Surgical Fluid Detached Skin _____ Body Parts _____ Other						
Who did the bodily fluid come from?						
Are you aware of a break/rupture in the skin or mucous membrane at body location of exposure to bodily fluid and, if so, please describe.						
Did exposure to bodily fluids take place through your: a ___ Skin b ___ Mucous membrane? What specific part of your body was exposed to bodily fluid?						
SIGNATURE:					DATE:	

AWF53 March 2000

ARIZONA WING CIVIL AIR PATROL
INSPECTION SCHEDULE FOR CLEANING AND DECONTAMINATION OF VEHICLES,
EQUIPMENT, AND FACILITIES.

Cleaning and decontamination will be performed after each incident and at regular inspections. Inspection time frame for:

Item	Minimum Interval
Facility	Once a year.
Aircraft	At every scheduled 100 hour inspection.
Vehicle	Once every six months.
Equipment	Once every six months and after actual uses.

Inspections should include the following areas of concern:

- | | | |
|----------------------|-----------------------|-------------------------------|
| Member's Health | Hazardous Materials | Personal Service Areas |
| First Aid Facilities | Walkways and Roadways | Storage Areas |
| Containers | General Housekeeping | Personal Protective Equipment |

Item Designation: (Check one) <input type="checkbox"/> Facility <input type="checkbox"/> Aircraft <input type="checkbox"/> Vehicle <input type="checkbox"/> Equipment		
Item Identification or Registration:		
Assigned Squadron Designation:		
Last Inspection Date:	Inspected by:	Next Scheduled Inspection Date:

AWF54 March 2000