



**DEPARTMENT OF THE NAVY**

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NAVMEDCENPTSVAINST 6260.5H  
060H00

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NAVMEDCENPTVA INSTRUCTION 6260.5H

From: Commander, Naval Medical Center, Portsmouth, VA

Subj: BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

Ref: (a) through (p), see enclosure (1)

Encl: (1) References  
(2) Job Classifications: List A and List B  
(3) Regional Designated Response Assets  
(4) Bloodborne Pathogen Exposure Protocol  
(5) Bloodborne Pathogen Exposure: Information and Recommended Restrictions  
(6) Acronyms

1. Purpose. To establish responsibilities and procedures for a Bloodborne Pathogen (BBP) Exposure Control Plan and further implement the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogen Standard (reference (a)) at Naval Medical Center (NAVMEDCEN), Portsmouth in order to minimize the risk of acquiring BBP disease due to accidental exposure. Enclosure (1) is a list of references used in this instruction.

2. Cancellation. NAVMEDCENPTSVAINST 6260.5G

3. Scope. This instruction applies to the core medical center and all outlying clinics which comprise the NAVMEDCEN command. All employees (active duty, civil service, contract, students, and volunteers) who are occupationally exposed to blood or other potentially infectious material (BOPIM) as part of their job duties are included in this plan and will be placed in the appropriate blood and/or body fluid occupational health surveillance program. These job classifications can be found under List A of enclosure (2). Some employees who may be occupationally exposed to BOPIM during a specific job task or procedure are also included in this plan. These job classifications and respective tasks can be found under List B of enclosure (2). Lastly, potential exists for accidental BOPIM exposure to other healthcare workers, patients, and visitors.

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In the event this occurs, NAVMECEN will conduct the post-exposure response plan as applicable to the exposed and source individuals.

4. Review. This instruction will be reviewed by the Head, Occupational Medicine Department on an annual basis.

5. Background. Per reference (b), the Bureau of Medicine and Surgery (BUMED) directs all levels of commands to implement and manage the BBP program in compliance with the policies, procedures, actions, and guidance set forth in reference (c). Reference (c) outlines the OSHA's BBP standards of practice and the applicable federal law concerning occupational exposure to BOPIM. All blood or body fluids are considered potentially infectious. Occupational exposure to infectious body fluids has resulted in the infection of healthcare workers (HCWs) with the human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV). Aggressive protective measures must be utilized to minimize the risk of infection in the occupational setting. This instruction is included as a supporting instruction for references (d) and (e).

6. Definitions

a. Blood. Blood, blood components, and unsterile products made from blood.

b. BOPIM. Blood or Other Potentially Infectious Material includes: any potentially infectious tissue or biological waste, including blood and any part or fluid of the human body (e.g., amniotic fluid, body tissues, cerebrospinal fluid, organs, pericardial fluid, peritoneal fluid, pleural fluid, saliva (in dental procedures), semen, synovial fluid, vaginal secretions, 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) other than sweat and dry skin.

c. BBPs. Bloodborne Pathogens: Pathogenic viruses and microorganisms that may be present in human blood and that may cause disease in humans. These pathogens include, but are not limited to HIV, HBV, and HCV.

d. Contaminated. The presence or the reasonably anticipated presence of BOPIMs on an item or surface.

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e. Contaminated Laundry. Laundry or linens that have been soiled with BOPIMs, including sharps.

f. 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.

g. Decontamination. The physical or chemical removal, inactivation, or destruction of bloodborne pathogens from a surface or item to the point where it is no longer capable of transmitting infectious particles.

h. Designated Urgent Care Clinic. The predetermined, identified location, and provider where the BBP exposed individual is to receive initial care. This can be either the NAVMECEN Emergency Department or specified providers at an outlying branch clinic. Regional Designated Urgent Care Clinics are listed in enclosure (3).

i. Designated Occupational Health (OH) Clinic. The OH Clinic where the BBP exposed individual is to receive follow-up evaluation AFTER receiving initial care from the Designated Urgent Care Clinic/Provider. Regional Designated Clinics are listed in enclosure (3).

j. Engineering Controls. Systems (e.g., the use of safety needles or sharps disposal containers) that reduce or remove the potential for exposure to bloodborne pathogens.

k. Exposure Incident. Eye, mucous membrane, non-intact skin, or parental contact with BOPIMs from another person.

l. Occupational Exposure. Eye, mucous membrane, non-intact skin, or parenteral contact with BOPIMs resulting from the performance of duties.

m. Parenteral. Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

n. Personal Protective Equipment (PPE). Specialized clothing or equipment worn by personnel for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses), not intended to function as protection against hazards, are not considered to be PPE.

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o. Regulated Waste. Liquid or semi-liquid BOPIMs, contaminated items that would release BOPIMs in a liquid or semi-liquid state if compressed, and items that are caked with dried BOPIMs and are capable of releasing these materials during handling, contaminated sharps, pathological and microbiological wastes containing blood or other potentially infectious waste materials, and discarded live virus vaccines (e.g., polio vaccine), whether expired or not.

p. Neutral Zone. A designated area where sharps are passed from one worker to another. This may also be referred to as a "Safe Pass Zone."

q. Sharps. Any devices contaminated with BOPIMs with points or edges acute enough to pose a puncture or laceration hazard.

r. Source Individual. Any individual, living or dead, whose BOPIMs may be a source of occupational exposure to personnel.

s. Standard Precautions. These precautions are based on the principle that all blood, body fluids, secretions, excretions except sweat, non-intact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. Such practices include: hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; and safe injection practices. Also, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g., wear gloves for direct contact, contain heavily soiled equipment, properly clean and disinfect or sterilize reusable equipment before use on another patient). (See reference (f)).

t. Sterilize. The destruction of all microbes and spores from an object.

u. Work Practice Controls. Procedures that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting the recapping of needles).

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7. Components of the BBP Exposure Control Plan

- a. Exposure Determination.
- b. Implementation
  - (1) Standard Precautions.
  - (2) Engineering Controls.
  - (3) Work Practice Controls.
  - (4) PPE.
- c. HBV Vaccination Policy.
- d. Post-exposure Response Plan.
- e. Bloodborne Pathogens Recordkeeping.
- f. Employee Training in Bloodborne Pathogens.
- g. Responsibilities.

8. Exposure Determination. All job classifications in which it is reasonably anticipated that an employee will have skin, eye, mucous membrane, or parental contact with BOPIM will be included in the exposure control plan. Exposure determination is made without regard to the use of PPE (i.e., employees are considered to be exposed even if they wear PPE). Per paragraph 3 of this instruction, enclosure (2) lists job classifications for employees included in this plan.

9. Implementation. The BBP Exposure Control Plan will consist of primary prevention (preventing exposure from occurring) and secondary prevention (preventing development of disease in the event of an exposure). All BOPIM will be considered infectious. Standard precautions will be observed to minimize the potential for contact with BOPIMs. Engineering and work practice controls will be utilized where practical to eliminate or minimize exposure of employees. When occupational exposure remains unavoidable after institution of these controls, PPE and worker vaccination will also be utilized. In the event of an exposure, a structured response plan will be immediately implemented.

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a. Standard Precautions. Defined in paragraph 6s above, standard precautions will be followed in all cases where there is the possibility of contact with BOPIM. Standard precautions include infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. All body fluids will be considered infectious. Specific guidance on isolation procedures can be found in references (d), (f), and (g).

b. Engineering Controls. Per references (e) and (h), general surveillance of ward and clinic environmental conditions and isolation techniques is the responsibility of all ward/clinic staff. In addition, department heads (or their designee) are responsible for ensuring that controls in their clinical area are reviewed on a regular basis and will solicit input from non-managerial employees involved in direct patient care (who are potentially exposed to injury from contaminated sharps) in the identification, evaluation, and selection of effective controls. Lastly, the Infection Control Department staff will conduct periodic rounds and inspections of ward/clinic areas. The results of these visits will be discussed at the Infection Control Committee meetings in order to consider future improvement initiatives. Introducing new medical devices or equipment will be initiated through reference (i).

(1) Sharps Containers. They will be puncture resistant, leak proof on the sides and bottom, closable, labeled with the biohazard symbol or color-coded red, easily accessible to personnel, and located as close as feasible to the immediate area (e.g., in every room and next to every bed) where sharps are used or can be reasonably anticipated to be found (including laundries), maintained upright throughout use, replaced routinely, and not be allowed to overfill (no more than 3/4 full.) The inlet opening of wall-mounted sharp disposal containers will be 52-56 inches above the standing surface of the user or 38-42 inches above the floor on which the chair of a seated user rests. Containers must be in holders or brackets as recommended by the manufacturer to ensure safety. Floor-standing sharps containers will not be used in patient care areas primarily devoted to pediatric care.

(a) Disposable Sharps Containers. Disposable Sharps Containers are normally used in outlying clinics. Upon disposal, containers will be sealed shut with heavy-duty tape and placed inside a red biohazard bag. Each clinical area will

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appoint an employee who is responsible for proper maintenance of sharps containers in these areas. Additional guidance can be found in references (d) and (j) through (l).

(b) Reusable Sharps Containers. Reusable Sharps Containers are normally used in the clinical areas of NAVMEDCEN. They are white in patient care areas and red in non-patient care areas. The container can be closed by sliding all three sides until they "click". The container will then be placed in a red regulated medical waste cart for further transport. These containers need not be labeled or placed in another bag. Information can be found in references (d) and (j) through (l).

(2) Mechanical Devices. Mechanical devices (e.g., brush and dustpan, tongs, or forceps) will be used for picking up broken glass. Picking up broken glassware directly with hands is strictly prohibited.

(3) Safety Needle Systems. Safe needle technology has been demonstrated to reduce needle stick injuries. Department heads and division officers must pursue the deployment of appropriate safe needle technology in their workspaces. Upon implementation, these safety devices will become mandatory and the non-safety devices appropriately discarded. Training on the proper operation of new safety devices will be conducted. All needles must be treated as if they did not have a safety device present to prevent accidental sticks in the event of device failure.

(4) Hand Washing Facilities. Hand soap, running water, and paper towels will be readily accessible (i.e., in every room where sharps are handled) to all employees with potential exposure to BOPIMs. Alcohol-based waterless hand cleaners may supplement, but not replace, hand washing facilities, except where hand washing with soap and running water is not feasible. When this alternative is utilized in response to a possible BBP exposure, hands will be washed again with soap and running water as soon as possible.

(5) Disinfectants. All disinfectants must be approved by the Hazardous Material (HAZMAT) Manager, Safety Manager, and Infection Control Committee. If medical center disinfectant is not available, the HAZMAT Manager and Infection Control Committee Chairperson may approve use of a 1:10 bleach/water solution mixed within the prior 24-hour period. The HAZMAT

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manager can be reached at 953-5671. Bleach solution bottles will be labeled with date and time of mixture; unlabeled bleach solutions will not be used.

c. Work Practice Controls. Work practice controls will be the primary means of eliminating or minimizing employee exposures.

(1) Hand Hygiene. Complete guidance for hand washing can be found in Chapter 1 of reference (d), Hand Washing Basics. Employees with potential exposure to BOPIMs will cleanse their hands with alcohol-based waterless hand cleaner (preferable). In cases in which the hands are visibly soiled or known to be contaminated with BOPIM, it is necessary to wash with soap and running water. Cleaning hands immediately and thoroughly with alcohol-based cleanser or soap and water is necessary in the following circumstances:

- (a) Before and after direct contact with patients.
- (b) Immediately after protective gloves are removed.
- (c) After using the restroom facilities.
- (d) After any contaminated procedure.
- (e) Before performing minor or invasive procedures.
- (f) Before eating.

(2) Sharps

(a) Neutral Zones. In the main operating room (MOR), hand-to-hand passing of sharps is strongly discouraged. The preferred method of passing sharps is via neutral space (e.g., metal passing pan, magnetic instrument drape, or Mayo stand). This Neutral Zone will be designated and labeled at the start of each case. However, if the surgeon's focus is needed at the surgical site, hand-to-hand passing may be required from the technician to the surgeon; the surgeon will still make every effort to use the Neutral Zone when returning items. Devices and instruments such as magnetic needle books and shielded/retractable safety scalpels are also available.

(b) Needles. Contaminated needles will not be bent, removed from hubs, sheared, or purposely broken. Recapping or removing of contaminated needles or sharps may be performed ONLY

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if there is no alternative (e.g., medication titration, nuclear medicine isotope injection, or blood gas analysis). If recapping or removing needles from syringes must occur, it will be done by using a one-handed technique or a mechanical device and be performed using extreme caution.

(c) Disposable Sharps. Contaminated disposable sharps will be discarded as soon as possible after use in sharps containers. This includes used scalpel blades that are being removed from reusable handles. In the MOR and specialty clinics, the surgical technician will remove scalpel blades from handles using an instrumented method. Outside the MOR, it is preferable to utilize disposable scalpels. Contaminated broken glass is also to be placed in sharps containers.

(d) Reusable Sharps. Contaminated reusable sharps will be placed in appropriate receptacles as soon as possible after use. As with disposable sharps containers, these receptacles will be puncture resistant, leak-proof, and labeled or color-coded.

(e) Single Use Instruments. Instruments which have been designated by the manufacturer as single use items will not be processed for re-use unless a specific waiver has been obtained for each item or class of items.

(3) Work Area Restrictions. Employees are prohibited from eating, drinking, applying cosmetics, smoking, or handling contact lenses in any work area where there is a reasonable likelihood of exposure to BOPIMs. Food and beverages will not be kept in refrigerators, freezers, cabinets, or on shelves, counter tops, or bench tops where BOPIMs are present. Refrigerators in such areas will be labeled as not for storage of food or drink (e.g., "No food or drink." Only cleaning supplies will be permitted to be stored under sink areas. No patient care items or paper products will be stored under sinks.

(4) Procedures and Other Restrictions

(a) Mouth pipetting or suctioning of BOPIM is prohibited.

(b) All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and the generation of droplets of BOPIM.

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(5) Specimens

(a) BOPIMs will be in containers suitable to prevent leakage during the collection, handling, processing, storage, and transport of the specimen. Specimens will not be carried in lab coat pockets or rolling freely on transport tables. Containers that are breakable or that cannot be securely closed will be placed in secondary containers (e.g., lock-type bags, foam boxes) before being stored, transported, or shipped. Containers will be labeled with the biohazard symbol or color-coded red only if leaving the facility.

(b) Any specimen that could puncture the primary container will be placed within a secondary, puncture resistant container. If contamination of the outside of the primary container occurs, this container must be placed in a secondary container which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen. The secondary container will be labeled with the biohazard symbol or color-coded red only if leaving the facility.

(6) Decontaminating, Disinfecting, Housekeeping, and Cleaning(a) Contaminated Equipment and Receptacles

1. Single-use Items. All single-use items (including gloves, gowns, sheets, towels, instruments, syringes, etc.) that have been exposed to BOPIMs, will be handled as regulated waste. No single-use item will be processed for reuse.

2. Equipment. Decontamination will be performed in a soiled utility area in the respective department. Cleaning of contaminated equipment or instruments will not be performed in sinks designated for washing hands. Prior to servicing, reuse, shipment, or transfer, equipment that has become contaminated with BOPIMs will be decontaminated by department personnel. Any equipment that cannot be fully decontaminated prior to shipment or transfer will be tagged with a biohazard label and a description of the circumstances and contamination locations.

3. Receptacles. All reusable bins, pails, cans, and similar receptacles that may become contaminated with BOPIM, will be inspected on a regular basis. If they become contaminated, they will be decontaminated as soon as possible.

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The Base Operations Medical Installation Department is responsible for daily cleaning and decontaminating bins used for infectious waste. Reusable containers will never be opened, cleaned manually, or handled in any other manner that could risk percutaneous injury.

(b) Disinfecting or Sterilizing of Reusable Equipment and Supplies. Disinfection is a clean procedure. It will be completed in a clean controlled area and never in a contaminated area, a dirty utility room, or at a nurse's station. Guidelines for the selection and use of disinfectants can be found in reference (d), chapter 2.

(c) Housekeeping. NAVMECEN workspaces will be maintained in a clean and sanitary condition. Detailed cleaning and decontamination procedures can be found in the Housekeeping section of reference (d).

(d) Cleaning - Area and Surface Decontamination. Department heads are responsible for ensuring their workspaces are in a clean and sanitary condition. Work surfaces will be cleaned at the end of each shift. In addition, disinfectants will be used to clean all contaminated surfaces after completion of a procedure, and immediately (or as soon as feasible) after any spill of BOPIMs. If a large volume (> 2 liters) of BOPIM is spilled, secure the area immediately and contact housekeeping. After housekeeping working hours, BOPIM spills will be cleaned by the duty crew. All supplies used during decontamination of BOPIM will be discarded as regulated waste.

(7) Linen and Laundry. Detailed procedures for the management of linen and laundry can be found in reference (d), chapter 3. See paragraph 9d(3) below for specifics about care and laundry of scrubs and personal clothing.

(8) Regulated Waste Management. Detailed procedures for the management of regulated medical waste/infectious waste can be found in references (k) and (l).

(9) Labels. Warning labels will be affixed to containers of regulated waste, refrigerators and freezers containing BOPIM, and other containers used to store, transport, or ship blood or other potentially infectious materials. Such labels will have the following characteristics:

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(a) Fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

(b) Affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

(c) Red bags or red containers may be substituted for labels.

(d) Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from these labeling requirements.

(e) Individual containers of BOPIM that are placed in a labeled container during storage, transport, shipment, or disposal are exempted from the labeling requirement.

(f) Labels required for contaminated equipment will be per this section and will also state which portions of the equipment remain contaminated.

(g) Regulated waste that has been decontaminated need not be labeled or color-coded.

(10) Signs

(a) Signs will be posted at the entrance to work areas determined to have potential BOPIMS exposure, which will include the following information:

1. Name of the infectious agent.
2. Special requirements for entering the area.
3. Name and telephone number of the laboratory director or other responsible person.

(b) These signs will be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color.

d. PPE. All required PPE will be provided by NAMEDECEN at no cost to employees. The PPE worn will depend on the anticipated exposure, the employee's professional judgment, and

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unit Standard Operating Procedures. Gloves, gowns, laboratory coats, face shields, masks, eye protection, mouth pieces, resuscitation bags, and pocket masks are available. Employees are expected to utilize appropriate PPE except in the exceedingly rare circumstances where it is the employee's professional judgment that the donning of PPE will delay emergent delivery of healthcare.

(1) Gloves. Gloves are worn for the protection of hands. Gloves will be "latex-free." An exception is extended to privileged surgeons and dentists who may use powder-free latex gloves when they deem these an operational imperative in a non-allergic patient. See reference (m).

(a) Disposable (single-use) gloves must be changed between all patient contacts. If gloves become contaminated, torn, or punctured (i.e., the barrier function becomes compromised), they must be changed.

(b) Gloves will be worn for all vascular access procedures, for other procedures with potential exposure to BOPIMs, mucous membranes and non-intact skin, and when handling or touching contaminated items or surfaces.

(c) After each procedure, gloves will be removed and discarded in a labeled contaminated medical waste receptacle. Disposable gloves will not be reused.

(d) After glove removal, hands will be washed using alcohol-based hand cleaner or soap and running water.

(e) Cleaning, Decontamination, and Sterilization. Gloves impermeable both to BOPIMs and disinfectant will be worn whenever decontamination procedures are being conducted. Heavier, puncture-resistant gloves will be used for cleaning of all potentially contaminated multi-use sharp instruments prior to their sterilization. These heavier utility gloves may be reused after proper decontamination, provided the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or compromised ability to function as a barrier.

(2) Protection for the Eyes/Nose/Mouth. Masks, in combination with eye protection devices (e.g., splash goggles, glasses with solid side shield, or chin length face shields) will be worn whenever splashes, spray, splatter, or droplets of

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BOPIMs may be generated and eye, nose, or mouth contamination can be reasonably anticipated. Exception can be made in cases of fogged eyewear that presents an obstruction to vision that impedes safe delivery of care after all reasonable efforts to prevent fogging have been attempted.

(3) Protective Coats, Gowns, and Aprons. Procedures that can be anticipated to result in splashing sufficient to penetrate and contaminate unprotected clothing also require use of leak-proof barrier clothing. After use, such clothing will be removed by the employee and discarded as contaminated waste (if disposable) or laundered by the facility (not sent home with the employee) as stated in references (d) and (n).

(a) Scrubs do not provide a leak-proof barrier and should be covered with leak-proof barrier clothing. If any clothing becomes contaminated, it should be removed in such a way as to minimize exposure potential. All facility-owned scrubs will be laundered by the facility (reference (n)).

(b) Personal clothing that has become contaminated by BOPIMs will be handled as regulated waste and placed in a red bag for disposal or cleaning. Personal clothing, including uniforms, will not be laundered by NAVMEDCEN. The employee will be reimbursed for the cost of the clothing or for professional laundry services; the Head, Operating Management Department will be contacted for guidance. Medical center scrubs will be made available to employees on a loan-out basis. If an employee prefers, minor spills and splashes of BOPIMs on personal clothing (resulting in an area of dampness or soiling less than 2 inches in greatest diameter) may be cleaned with a clothing-safe disinfectant prior to leaving the workplace. While this does not eliminate the possibility of exposure of the employee or his household to BOPIMs, the actual risk is thought to be minimal.

(c) All instances of BOPIM contaminating personal clothes will be investigated by the Infection Control Nurse to determine if medical center-issued scrubs and protective outer garments will be required in future similar scenarios.

(d) The most effective method to reduce the risk of exposure to BOPIMs from soiled clothing is for all HCWs with potential BOPIMs exposure to change into/out of scrubs when arriving to/departing from work.

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10. Hepatitis B Vaccination Policy

a. HBV Vaccine. NAVMEDCEN employees listed in enclosure (2) will be offered the Hepatitis B vaccine as a condition of employment, unless the employee has documentation of a completed HBV vaccine series or has a positive HBV surface antibody. Immunity testing will be offered to employees without documentation of a completed series. Commencement of the vaccination series, confirmation of the vaccination series, confirmation of serologic immunity, or written declination of vaccination by the worker must occur prior to the start of employment.

b. Hepatitis B Vaccine Declination. Employees without documentation of immunity or of a previous vaccination that declines a HBV vaccination will be required to sign a mandatory HBV Vaccination Declination Form, per appendix A of reference (a). See [http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_id=10052&p\\_table=STANDARDS](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=10052&p_table=STANDARDS). Active duty workers are not permitted to decline vaccination unless with an approved religious waiver pursuant with guidance in reference (o).

11. Post-exposure Response Plan. A BBP exposure incident involves BOPIM contact with the eye, mouth, other mucous membrane, non-intact skin, or parental access. When an incident occurs, the staff member, staff member's supervisor, Designated Urgent Care Provider, and Designated OH Clinic have required action. For incidents involving inpatients at the medical center (hospital), the NAVMEDCEN Nurse of the Day (NOD) also has required action. Special circumstances also exist in the MOR if the attending surgeon is involved, in which case the Operating Room Nurse also has required action. All employees, whether active duty, civil service, or contract, are REQUIRED to receive a designated urgent care clinical evaluation/treatment AND an initial occupational health clinic evaluation. Only active duty and civil service employees can be directed to complete additional OH Clinic follow-up visits. Contract staff may choose to receive their follow-up evaluations through their contract medical provider. The BBP exposure protocol is detailed in enclosure (4).

a. Staff Member Responsibilities. The mnemonic "FAST" describes the initial procedure to follow immediately after an exposure incident. Following "FAST", the staff member is also responsible for submitting Mishap Reports.

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(1) **F.** Flush the Area Immediately. Immediately following an exposure incident, the staff member will clean the site. Soap and water will be used for wounds or skin sites; a water flush or lavage will be used for eyes or mucous membranes.

(2) **A.** Alert the Supervisor (and NOD for inpatient hospital incidents). After "F" is completed, the staff member will report the incident immediately to their supervisor or acting supervisor (if their regular supervisor is not available) and the Officer of the Day (OOD). For inpatient incidents at the main hospital, the NOD will be paged at 988-9286.

(3) **S.** Straight to the Designated Urgent Care Provider. This will be the NAVMEDCEN Emergency Department or closest acute care provider available at the outlying clinics. The Regional Designated Urgent Care Clinics are listed in enclosure (3). Special circumstances exist for an injured attending surgeon in the middle of a case; see paragraph 11a(7) below.

(4) **T.** Treatment Time Less Than 2 Hours. The staff member will make every effort to ensure timely presentation to the Designated Urgent Care Provider/Emergency Department. Efficacy of HIV post-exposure prophylaxis (PEP) decreases with increasing delay of initiation, increasing the risk of transmission.

(5) **Mishap Report.** After and only after receiving initial treatment in the Designated Urgent Care Clinic, the staff member will submit a Mishap Report to the Safety Department via the Enterprise Safety Application Management System (ESAMS) within 24 hours. The report will contain the type and brand of device involved in the incident, department or work area where the exposure incident occurred, and an explanation of how the incident occurred. Refer to the intranet:

<https://intranet.mar.med.navy.mil/Safety/ESAMS/index.asp>.

(6) **Follow-up with Occupational Health.** The exposed staff member will present to the Designated Occupational Health Clinic in 1-3 days after the event. See enclosure (3).

(7) **Attending Surgeon - FOR OPERATING ROOM INCIDENTS INVOLVING THE ATTENDING SURGEON ONLY.** For incidents occurring in the operating room where the attending surgeon suffers a BOPIM exposure and is unable to be excused from the procedure, the "**FAST**" mnemonic is modified. The surgeon will break scrub, flush the exposed area, and submit to lab collection by the MOR

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nurse, ordered under the attending anesthetist or anesthesiologist. The surgeon will then return to the case, with the MOR nurse coordinating care with the lab, Emergency Medicine Department (EMD), and Pharmacy as needed. The surgeon remains responsible for submitting the Mishap Report and following up with Occupational Health.

b. Supervisor. The supervisor acts as the critical link between the affected staff member, source patient, Urgent Care Provider, Patient Safety Department, and Occupational Medicine Department. Their participation in ensuring the source patient is notified and tested within 1 hour of exposure is critical for rapid evaluation for PEP by the Urgent Care Provider. Initiating PEP soon after exposure is essential to minimizing HIV transmission.

(1) The supervisor will ensure the affected staff member complies with each step of **FAST**.

(2) For inpatient incidents, the supervisor will contact the NOD via pager 988-9286, who will manage the source blood collection and complete the NAVMECENPTSVA 6260/6, Source Patient Risk Factor Status Form.

(3) Source Blood Collection. For outpatient incidents, the supervisor will find an appropriate physician to order the source patient labs and will escort the source patient to the laboratory for blood collection. The ordering physician will not be the exposed staff member. If no other provider is accessible, order under the Occupational Medicine provided listed in enclosure (3). Use the Composite Health Care System (CHCS) lab order set "**EXPO/SOURCE**" which includes a RAPID HIV, HIV AB 1/0/2, Hepatitis B Surface Antigen (HBsAG), and HCV AB; see enclosure (4). (All tubes will be labeled "NEEDLESTICK.") Per reference (p), the source patient is "deemed to have consented to testing" (i.e., no formal consent is required.) Source patient testing must be initiated within 1 hour of exposure.

(4) NAVMECENPTSVA 6260/6, Source Patient Risk Factor Status Form. This form includes pertinent medical history regarding the source patient, to include known serological status, risk factors, and prior HIV or hepatitis testing. For outpatient incidents, the supervisor will ensure the source patient is aware of the incident and will have them complete this form. The supervisor will hand-deliver it to the provider caring for the exposed staff member. It will not be copied.

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(5) For outpatient incidents **at the outlying clinics**, the supervisor will alert the OOD and Officer in Charge (OIC). The OOD under direction of the OIC will ensure direct immediate transport of the source patient's RAPID HIV test to the designated laboratory as specified in enclosure (3) and ensure the BBP exposure protocol is followed.

(6) OPNAV 5100/9, Medical Referral. The supervisor will provide the affected staff member with the OPNAV 5100/9, Medical Referral Form. This form is used for any occupational injury. The supervisor will complete the top portion and will give the referral to the affected staff member before they report to the Designated Urgent Care Provider/Emergency Department initially, and again upon follow-up evaluation with the Designated Occupational Health Clinic. Completion of this form must NOT delay urgent care. If completing the referral form will delay urgent care, the referral form must be completed retroactively. Supervisors will ensure that follow-up appointments are made and kept by the exposed employee. This form can be found on the intranet at:  
[https://navalforms.daps.dla.mil/formsDir/OPNAV\\_5100\\_9\\_2322.pdf](https://navalforms.daps.dla.mil/formsDir/OPNAV_5100_9_2322.pdf)

(7) Patient Safety Reports (PSRs). After ensuring the staff member has sought evaluation and the source patient's blood has been collected and delivered, the supervisor will submit a PSR to the Patient Safety Department within 24 hours. The PSR is to be submitted electronically via the intranet:  
<https://intranet.mar.med.navy.mil/PatientSafety/PSR.asp>

c. NOD - FOR INPATIENT INCIDENTS ONLY. After being notified by the affected staff member's supervisor, the NOD will manage the immediate collection of blood and information from the source patient. Source patient testing is to be initiated within 1 hour of exposure.

(1) Source Patient Blood Collection. The NOD will ensure that the source patient's blood is immediately collected and sent to the laboratory. The NOD will enter the laboratory order under the source's attending physician or, if that is the affected staff member, under the NAVMEDECEN occupational medicine physician listed in enclosure (3). This order can be found on the CHCS lab order set "**EXPO/SOURCE**" and includes a RAPID HIV, HIV AB 1/0/2, Hepatitis B Surface Antigen (HBsAG), and HCV AB; refer to enclosure (4). (All tubes will be labeled "NEEDLESTICK".)

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(2) NAVMECENPTSVA 6260/6, Source Patient Risk Factor Status Form. This form includes pertinent medical history regarding the source patient, to include known serological status, risk factors, and prior HIV or hepatitis testing. The NOD will ensure the source patient is aware of the incident, will complete this form, and present it to the hospital EMD physician caring for the staff member. After completion of the NOD shift, the off-going NOD will inform the NAVMECEN Occupational Health Clinic of any BBP incidents by either telephone: 953-9701 or fax: 953-7552.

d. MOR Nurse - FOR OPERATING ROOM INCIDENTS INVOLVING THE ATTENDING SURGEON ONLY

(1) For incidents occurring in the operating room where the attending surgeon suffers a BOPIM exposure and is unable to be excused from the procedure, the "**FAST**" mnemonic is modified. After a possible exposure occurs, the attending surgeon will break scrub and thoroughly flush and wash the site of exposure. Refer to paragraph 11a(7), the MOR Nurse will then draw and order the exposed surgeon's blood immediately for labs. These orders can be found on the CHCS lab order set "**EXPO/SOURCE**" which includes a RAPID HIV, HIV AB 1/0/2, Hepatitis B Surface Antigen (HBsAG), and HCV AB; refer to enclosure (4) and "**EXPO/STAFF**" which includes HBsAB, HIV 1/0/2, HCV AB, and ALT. All tubes will be labeled "NEEDLESTICK." The surgeon may then scrub and return to the procedure. The MOR Nurse will complete the NAVMECENPTSVA 6260/6 as best as possible, even if only with demographic data. The Operating Room Nurse will call the NAVMECEN EMD at 953-1365 to inform the physician on duty of the exposure/situation and of the pending laboratory results. The EMD Physician will dictate further course at that time in a manner consistent with paragraph 11e below.

(2) If the exposure involves the attending anesthesiologist, the same procedure will occur, using the attending surgeon as the ordering provider in CHCS.

(3) For all other MOR possible BBP exposure events, personnel will abide by the procedures as detailed in paragraphs 11a(1) through (6). The MOR Nurse may fill the role of supervisor and/or NOD, as described above.

e. Designated Urgent Care Provider (EMD or Outlying Clinic). The major responsibility of the Designated Urgent Care Provider is to evaluate the serological status of the staff member and source patient, and to make timely and appropriate

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recommendation for PEP. This includes ordering laboratory studies on the staff member and in-source patients if exposure occurred in an outlying clinic. Consultation with an Occupational Medicine or Infectious Disease specialist if there is a question of the staff member's immunity to HBV or the source patient is infected with HIV, HBV, or HCV. The Designated Urgent Care Provider plays an important role in communicating with the staff member, the staff member's supervisor, NOD, MOR Nurse, and/or the Laboratory to obtain results of the source patient's RAPID HIV. Initiating HIV PEP must not be delayed greater than 2 hours if source patient's Serologic status cannot be determined. Upon completion of the evaluation, the Urgent Care Provider will complete the staff member's OPNAV 5100/9, Medical Referral Form if presented.

(1) Evaluation of the Staff Member (Exposed)

(a) The Designated Urgent Care Provider will order appropriate laboratory studies on the exposed staff member to evaluate HBV immunity and establish Hepatitis C, HIV, and Alanine Aminotransferase (ALT) baselines. These labs can be ordered under the CHCS-1 lab order set "**EXPO/STAFF**" and includes HBsAB, HIV 1/0/2, HCV AB, and ALT. (All tubes will be labeled "NEEDLESTICK".) If the physician can establish HBV immunity by a prior documented HBsAB, this lab may be omitted. The On-call Infectious Disease Specialist (988-9013) will be consulted on the PEP if the staff member is a known non-responder to the HBV vaccination or has not completed the HBV series.

(b) The Designated Urgent Care Physician will evaluate the level of risk that the source patient presents, collaborate with the Infectious Disease Specialist and prescribe PEP, if indicated. PEP must be offered for staff members for anything other than an exposure being assessed as low-risk. All reasonable steps must be taken to initiate treatment within 2 hours of exposure. Use of a PEP starter kit is encouraged. They will be under the set name "HIV\_PEP\_MM/YYYY." The most current date must be used. Continuation of the PEP will be discussed at the follow-up visit with Occupational Medicine.

(c) The encounter will be fully documented in Armed Forces Health Longitudinal Technology Application (AHLTA) (outlying clinics) or per protocol (NAVMEDCEN EMD). Information regarding the source patient's risk (as gathered from NAVMEDCENPTSVA 6260/6 and lab results) will be included, **WITHOUT any personal identifiers** of the source patient. Documentation

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of PEP counseling, provider recommendation, and refusals must be indicated. A copy will be faxed to the Designated Occupational Health Clinic (enclosure (3)).

(2) Evaluation of Risk from the Source Patient

(a) The Designated Urgent Care Physician will review the NAVMECENPTSVA 6260/6 as completed by the NOD (inpatient incidents), the Operating Room Nurse (Operating Room incidents involving attending surgeon), or supervisor (outpatient incidents). The physician will then determine if the risk of transmission of HIV, HBV, and HCV from the source patient. If the source patient's history suggests a history of multiple risk factors, the Urgent Care Clinic Physician will consult the On-call Infectious Disease Specialist (see below) on behalf of the affected staff member. If PEP is accepted, our goal is to start the PEP within 2 hours of the incident. If the HIV, HBV, or HCV infection status is not definitively known for a source outpatient, the Urgent Care Physician will access the source patient's lab results as ordered/collected by the NOD or supervisor. Per reference (p), the source patient "deems to have consented to the release of such test results to the person who was exposed."

(b) RAPID HIV Test (Oraquick Advance Rapid HIV-1/2 Antibody Test or other NAVMECEN Laboratory-approved Test). This test will ONLY be performed on the source patient unless it is a "double exposure" incident, described below. It must be resulted within 1 hour (reference (c)). The test will be processed at the laboratories at the Branch Health Clinic (BHC) Norfolk Naval Station, BHC Boone, BHC Oceana, TCP Chesapeake, TCP Virginia Beach, BHC Yorktown, BHC Northwest, McDonald Army Health Center at Ft Eustis, and NAVMECEN; therefore, outlying clinic OICs will ensure the immediate delivery of the source patient's RAPID HIV blood sample to the appropriate laboratory as designated in enclosure (3). Specimens can be received "24/7" in the NAVMECEN laboratory receiving window on the 1st floor of Building 2 (main hospital). In order to expedite care and initiation of a PEP, Laboratory personnel will be authorized to release RAPID HIV results to the Urgent Care Provider per reference (p). Proper safeguards to ensure patient privacy will be followed.

(c) Evaluating the risk that the source patient presents is not an evaluation of that patient. No encounter is documented for the source patient. The NAVMECENPTSVA 6260/6

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form will be hand-delivered to the Designated Occupational Health Clinic; alternatively, it may be faxed or sent by encrypted email, then shredded.

(3) Evaluation of a "Double Exposure" Incident.

Occasionally, the source patient is also the recipient of a possible BBP exposure. Examples include when a patient bites a staff member or when a staff member gets cut and bleeds into a patient cavity during a procedure. These situations must be regarded as two separate incidents, with encounters generated for each, following the protocol as established herein.

(4) Infectious Disease Consultation.

The Designated Urgent Care provider will consult the On-call Infectious Disease Specialist (988-9013) if there is a question of the staff member's immunity to HBV, if the source patient has a history of HIV, HBV, or HCV, or if the RAPID HIV drawn on the source patient indicates a positive result. The Infectious Disease Specialist will consider the type of exposure, type and amount of BOPIM involved, infectious status of source, and susceptibility of the exposed staff member, and determine applicable PEP. A PEP must be offered for staff members for any other risk category other than "low risk." If indicated, a PEP will be initiated as soon as possible after exposure. Every reasonable effort will be made to initiate a PEP within 2 hours of exposure.

(5) Collaboration with the Pharmacy.

If a PEP is ordered, the Designated Urgent Care Provider will collaborate with Pharmacy personnel to expedite medication dispensing, using the current established mechanisms designed to ensure minimal wait time for urgent situations. Current order sets for PEP prophylaxis starter kits will be reviewed annually by the Occupational Health, Infectious Disease, and Pharmacy. They will be under the set name "HIV\_PEP\_MM/YYYY" with subsequent updated sets following the same format with updated month and year.

(6) Referral to Occupational Health.

The Designated Urgent Care Provider will instruct the staff member (active duty, civil service, contractor, student, or volunteer) to contact the Designated OH Clinic to make an appointment. The Designated Urgent Care Provider will fax all pertinent records to the appropriate Designated OH Clinic. All regional Designated OH Clinic telephone and facsimile numbers can be found in enclosure (3).

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f. Designated OH Clinic. Following the evaluation at the Designated Urgent Care Clinic, the staff member will make an appointment at the closest Designated OH Clinic (enclosure (3)). The Designated OH Clinic will see the staff member within 1-3 business days of the incident. The staff member will present to all clinic appointments with a Medical Referral Form (OPNAV 5100/9) completed by the supervisor. Following the appointment, the OH provider will complete the form and return it to the staff member (for further forwarding back to the supervisor).

(1) Initial Follow-up Evaluation. The OH Clinic provider will review the incident with the staff member, review the interval medical history since being exposed, discuss the PEP, ensure all appropriate action was taken (e.g., laboratory blood draws, infectious disease consultation, etc.), review any completed laboratory studies, and provide risk communication and counseling to the staff member, to include any recommended lifestyle or work restrictions. Enclosure (6) has been developed to assist the OH provider. If the laboratory studies have yet to be completed, the Designated OH Clinic will notify the staff member when completed. The Designated OH Clinic will also ensure the following reports/documents have been/will be completed:

(a) Mishap Report. Have supervisor complete/submit through ESAMS.

(b) PSR. Inform staff member to complete and submit if supervisor has not already done so.

(c) Exposure Prevention Information Network (EPINET). The survey will be filled out by staff member, reviewed by the OH provider, and submitted into the EPINET electronic database by the OH clinic staff.

(d) Healthcare Professional's Written Opinion. The staff member will be provided with a copy of the OH provider's written opinion within 15 days of the Designated Urgent Care Clinic evaluation. The provider may utilize a Navy Marine Corps Public Health Center Technical Manual form on page 310 of NMCPHC-TM OM 6260 (dated March 2010). Whether using the form or not, the written opinion will be limited to:

1. Results. Document that the employee has been informed of the results of the evaluation.

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2. Hepatitis B Status. Document on whether the Hepatitis B vaccination is indicated for the staff member and if the staff member has received the vaccination.

3. Disposition. Document the staff member has been counseled about any medical conditions resulting from the exposure to BOPIIM which require further evaluation or treatment.

(2) Six Week Follow-up Evaluation. The OH provider will review the interval medical history since the initial follow-up visit, review completed laboratory studies, and ensure any indicated Infectious Disease follow-up. If the source patient's results are all negative, the staff member no longer requires follow-up. If the source patient had a positive HCV AB test, the staff member will be tested for HCV polymerase chain reaction (PCR) at this 6-week follow-up (post-exposure). In the event of unknown source patient serological status, the applicable laboratory studies (HIV AB 1/0/2, ALT) will be drawn.

(3) Three Month and 6 Month Follow-up Evaluations. In the event of unknown source patient serological status, the applicable laboratory studies (HIV AB 1/0/2, HCV AB, ALT) will be drawn.

(4) One Year Follow-up Evaluation. This follow-up will be considered for source patients with confirmed HIV or HCV. If the staff member received a post-exposure HBV vaccine series, an HBsAB will be ordered in addition to other appropriate studies.

## 12. Bloodborne Pathogens Record Keeping

a. Medical Records. The Designated OH Clinic will maintain all civilian medical records pertaining to BBP exposure, whether the civilian is a civil service, contract, student, volunteer, etc. Military members are required to have their health record maintained by their respective medical records section. All records will include information provided to the OH provider: HBV vaccination status, provider evaluation notes, examination/test results, and a copy of the Healthcare Professional's written opinion.

b. EPINET. This database (developed in 1991) provides standardized methods for recording and tracking percutaneous injuries, and blood and body fluid contacts. The Designated OH Clinic will be responsible for this electronic means of record keeping.

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c. Sharps Injury Log (from Mishap Reports). The Needle stick Safety and Prevention Act of 2000 and the 2001 revised Bloodborne Pathogens Standard require healthcare facilities to maintain a sharps injury log. The NAVMEDCEN Safety Department will establish and maintain a sharps injury log from BBP Mishaps which are to be filled per OPNAVINST 5100.23 via ESAMS. The information in the sharps injury log will be recorded and maintained in such a manner as to protect the confidentiality of the injured staff member. The sharps injury log will be maintained for 5 years.

13. Employee Training in Bloodborne Pathogens

a. Training Authority. All BBP training will be coordinated, administered, and documented by the by Education and Training Department. BBP training is at no cost to all personnel and will not be completed outside normal working hours.

(1) Training Records. Under the guidance of the Education and Training Department, department Training Officers will maintain training records for at least 3 years from the date of the training. Training records will be provided to the employee or to the employee representative upon request.

(2) Training Content and Review. The Head, Occupational Medicine Department will be responsible for reviewing and revising the training materials when changes occur in the BBP Exposure Control Plan.

b. Employee or Worker Category

(1) Permanent Employees with Computer Access. All permanent employees (active duty, civil service, or contract) occupationally exposed to BOPIM working 90 days or more and having computer access will receive BBP training through HEALTHSTREAM. The training will be completed upon commencing work and completed annually by the last day of the birth month.

(2) Permanent Employees Without Computer Access. All permanent employees occupationally exposed to BOPIM working 90 days or more and NOT having computer access (e.g., contract security, contract housekeeping, Red Cross volunteers) will receive BBP training through a hard copy binder located in the Education and Training Department. The training will be completed upon commencing work and completed annually by the last day of the birth month.

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(3) Temporary Employees (Less Than 90 Days). All temporary employees (active duty, civil service, or contract) occupationally exposed to BOPIM working 90 days or less will receive BBP training through their respective department/division training officers. The training will be completed one time upon commencing work.

(4) "Visiting" Healthcare Personnel. All visiting healthcare personnel (e.g., residents, students) occupationally exposed to BOPIM will receive their BBP training through their permanent institution.

c. Elements of the Training

(1) Explanation of the BBP standard and where to find it.

(2) Explanation of the epidemiology, modes of transmission, and symptoms of bloodborne diseases.

(3) Explanation of the exposure control plan and where to find it, and an explanation of procedures to follow if an exposure incident (emergent or non-emergent) occurs, including the method of reporting the incident and the required/recommended medical follow-up.

(4) Explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to BOPIM.

(5) Explanation of the use and limitations of methods that will prevent or reduce exposure to BOPIM, including appropriate engineering controls, work practices, and PPE.

(6) Information on the types, proper use, location, removal, handling, decontamination and disposal of PPE, and an explanation of the basis for selection of PPE.

(7) Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.

(8) An explanation of the signs and labels/or color coding required.

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(9) Points of contact (with telephone numbers and e-mail addresses) where questions can be answered.

14. Responsibilities

a. Commander, NAVMEDCEN Portsmouth. Ensure compliance with the requirements of this instruction and ensure dissemination of this information to all responsible parties.

b. Director, Nursing Services. Ensure nurses performing duties as NOD understand their responsibilities in managing the blood collection of hospital inpatients that become source patients of a BBP incident.

c. NOD. Manage the immediate collection of blood from the source inpatient and laboratory set order by the Head, Occupational Medicine Department. The NOD will complete enclosure (4) and present it to the EMD physician caring for the staff member.

d. Head, Infection Control Department

(1) Incorporate this instruction into the current Infection Control Manual.

(2) As an infectious disease specialist, recommend the standard exposure protocol and variations as required by the specific situation.

(3) Coordinate periodic rounds and inspections of ward/clinic areas and discuss results at Infection Control Committee meetings to facilitate future improvement initiatives.

(4) Based on EPINET data, PCRs, and/or Safety Department data (Sharps Injury Logs), recommend appropriate changes to the BBP Exposure Control Plan.

e. Head, Occupational Medicine Department

(1) Review and update this instruction on an annual basis.

(2) Review and update training materials when changes occur in the BBP Exposure Control Plan.

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(3) Ensure all designated OH Clinics are aware of their responsibilities in the post-exposure response plan and perform random reviews of BBP incident responses during technical assist visits.

(4) Maintain the EPINET database of BBP incidents, perform trend analysis, and report findings to Infection Control Committee when requested.

(5) Review all BBP PSRs for NAVMEDCEN and outlying clinics.

f. Head, Safety Department

(1) Ensure effective intranet access and processing of Mishap Reports.

(2) Ensure accurate maintenance of the Sharps Injury Log via ESAMS.

g. Head, Emergency Medicine Department. As NAVMEDCEN's Designated Urgent Care Clinic, ensure the NAVMEDCEN EMD clinical providers and shift supervisors are aware of their responsibilities and appropriately conduct the post-exposure response plan.

h. OIC, Outlying Clinics. Ensure that outlying clinic personnel are aware of their responsibilities and appropriately conduct the post-exposure response plan. The OIC will ensure the source patient's RAPID HIV test is immediately taken to the designated laboratory (enclosure (3)).

(1) Senior Medical Officer, Outlying Clinics. Ensure clinical providers are aware of their responsibilities and appropriately conduct the post-exposure response plan.

(2) Occupational Health Clinic Physician Supervisor, Outlying Clinics. Ensure Occupational Health Clinic personnel appropriately conduct the post-exposure response plan.

i. Head, Education and Training Department

(1) Ensure proper coordination, administration, and documentation of BBP training for all employees potentially exposed to BOPIM.

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(2) Ensure department/division training officers are adequately prepared to teach BBP training to their department/divisions, as required.

j. Departmental Training Officers. Liaise with the Education and Training Department in order to maintain BBP training records for 3 years from the date of training.

k. Head, Base Operations Medical Installation Department. Ensure appropriate infectious waste and regulated medical waste management.

l. All NAVMECEN Department Heads

(1) Ensure BBP engineering controls in their clinical area are reviewed on a regular basis.

(2) Solicit input from non-managerial employees involved in direct patient care in the identification, evaluation, and selection of effective controls.

(3) Appoint an employee in respective clinical areas who will be responsible for the oversight of sharps containers.

(4) Ensure respective workspaces are in a clean and sanitary condition.

(5) Pursue the deployment of appropriate safe needle technology in respective clinical areas.

(6) Ensure department training officers maintain BBP training records.

m. All NAVMECEN Supervisors

(1) Ensure exposed staff members comply with each step of "FAST".

(2) At the appropriate time, ensure the Mishap Report and PSR are submitted for exposed staff members.

(3) Ensure the source patient is made available to have their blood drawn. Manage the immediate collection of blood from the source outpatient. The supervisor will complete the NAVMECENPTSVA 6260/6 form and present it to the Designated Urgent Care Clinic caring for the staff member. If applicable, contact the outlying clinic OIC to ensure the source patient's

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RAPID HIV test is taken directly to the NAVMEDCEN Laboratory. In the event of an inpatient incident, ensure the NOD is contacted to manage the collection of blood from the source inpatient.

(4) If time permits, ensure the exposed staff member receives a filled-in Medical Referral Form (OPNAV 5100/9) before reporting for any medical treatment or follow-up. Ensure staff member obtains a follow-up appointment with the designated OH clinic within 2 business days.

15. Point of Contact. The primary point of contact for this instruction is the Head, Occupational Medicine Department at (757) 953-9703.

16. Acronyms. See enclosure (6).

17. Forms, Reports, and Surveys

a. The Hepatitis B Virus Vaccination Declination Form is available from: [http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10052](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10052).

b. The Medical Referral Form (OPNAV 5100/9) is available from: <https://intranet.mar.med.navy.mil/safety/BBP/index.asp>.

c. The Source Patient Risk Factor Status Form (NMCP 6260/6) is available from: <https://intranet.mar.med.navy.mil/Safety/BBP/index.asp> and the NOD will have copies in her/his binder.

d. The Navy Marine Corps Public Health Center Technical Manual Form is available from NMCPHC-TM OM 6260, page 310 (dated March 2010).

e. The Mishap Report is available from: <https://intranet.mar.med.navy.mil/Safety/ESAMS/index.asp>.

f. The Patient Safety Report is to be submitted electronically via the intranet at <https://intranet.mar.med.navy.mil/PatientSafety/PSR.asp>

g. The Exposure Prevention Information Network (EPINET) Survey is available at the OH Clinics. They are part of the software package that comes with EPINET. The survey will be

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filled out by a staff member, reviewed by the OH Clinic provider, and submitted into the EPINET electronic database by the OH Clinic staff.



P. E. KOPACZ

By direction

Distribution:

NAVMEDCENPTSVAINST 5215.1G (List B)

Distribution is electronic only via the NAVMEDCENPTS intranet

Web site available at: <https://intranet.mar.med.navy.mil>

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## References

- Ref: (a) 29 CFR 1910.1030, Occupation Safety and Health Standard: Bloodborne Pathogens
- (b) BUMEDINST 6220.14, Bloodborne Pathogen Control Program
- (c) NMCPHC-TM-OEM 6260.7, Bloodborne Pathogen Exposure Control
- (d) NAVMEDCENPTSVA P6510/94, Infection Control Manual: <http://www.med.navy.mil/sites/nmcp/provider/InfectionControl/ICM/Pages/default.aspx>
- (e) NAVMEDCENPTSVAINST 5100.14, Safety and Occupational Health Program
- (f) Centers for Disease Control and Prevention, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, Part III, Standard Precautions
- (g) NAVMEDCENPTSVAINST 5050.3H, Isolation Procedures for Patients
- (h) NAVMEDCENPTSVAINST 5050.7F, Infection Control Program
- (i) NAVMEDCENPTSVAINST 5420.3C, Product Evaluation and Standardization Committee
- (j) National Institute of Occupational Safety and Health, Selecting, Evaluating, and Using Sharps Disposal Containers: <http://www.cdc.gov/niosh/docs/97-111/>
- (k) NAVMEDCENPTSVAINST 6260.4K, Regulated Medical Waste Management Procedure
- (l) BUMEDINST 6280.1B, Management of Regulated Medical Waste
- (m) NAVMEDCENPTSVAINST 6200.4A, Prevention of Latex Sensitization among Healthcare Workers and Patients
- (n) NAVMEDCENPTSVAINST 1020.1E, Uniform Regulations, Medical Attire Policy, Scrub Attire, and Civilian Attire Standards for Personnel Assigned to Naval Medical Center
- (o) BUMEDINST 6230.15A, Immunizations and Chemoprophylaxis
- (p) Virginia Code § 32.1-45.1, Deemed Consent to Testing and Release of Test Results Related to Infection With Human Immunodeficiency Virus or Hepatitis B or C Viruses

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**JOB CLASSIFICATIONS: LIST A**

The following employees have Occupational Exposure to Blood or Other Potentially Infectious Material (BOPIM):

- Chiropractors
- Dentists
- Dental Assistants
- Dental Hygienists
- Dental Technicians
- Emergency Medical Technicians
- Hospital Corpsman
- Infectious Waste Technicians
- Laboratory Technicians
- Licensed Practical Nurses
- Medical Assistants
- Medical Technicians (all medical specialties)
- Medical Supply Technicians (operative support)
- Nurses
- Nurse Practitioners
- Nursing Assistants
- Occupational Therapists
- Operating Room / Surgical Technicians
- Optometrists
- Oral Surgeons
- Orthodontists
- Periodontists
- Phlebotomists
- Physical Therapists
- Physician Assistants
- Physicians / Surgeons
- Podiatrists
- Research Facility Technical Personnel
- Respiratory Therapists
- Students, Interns and Residents (under the classifications above)

**JOB CLASSIFICATIONS: LIST B**

The following employees may have Occupational Exposure to BOPIM based on a task and/or procedure:

- |                                   |   |
|-----------------------------------|---|
| Firefighters                      | first responders/emergency response           |
| Housekeeping Staff                | cleaning patient areas                        |
| Infectious Waste Handlers         | handling and transporting<br>infectious waste |
| Law Enforcement (police/security) | first responders/emergency response           |
| Linen Management Staff            | handle used linens                            |
| Supply Technicians                | handling and transporting<br>infectious waste |

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**REGIONAL DESIGNATED URGENT CARE CLINICS  
(for the Bloodborne Pathogen (BBP) Exposure Control Plan)**

Naval Medical Center (NAVMEDCEN), Portsmouth Emergency Medicine  
Department

Norfolk Branch Medical Clinic (BMC) Sick Call Clinic

Yorktown Naval Weapons Station (YNWS) Branch Health Clinic (BHC)  
Sick Call Clinic

Little Creek BHC Sick Call Clinic

Northwest BHC Sick Call Clinic

Oceana BHC Sick Call Clinic

Damneck BHC Sick Call Clinic

**REGIONAL DESIGNATED OCCUPATIONAL HEALTH CLINICS  
(for the BBP Exposure Control Plan)**

Telephone and Facsimile Numbers

NAVMEDCEN Portsmouth Occupational Health Clinic  
757-953-5080  
Fax: 757-953-7552

Little Creek BHC  
757-953-8224  
Fax: 757-953-8225

Oceana BHC  
757-953-3775  
Fax: 757-953-3953

Norfolk BMC  
757-953-8793/8794  
Fax: 757-953-8973

Yorktown Naval Weapons Station BHC  
757-953-8403  
Fax: 757-953-8447

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## Bloodborne Pathogen Exposure Protocol

1. Exposed Staff Member Responsibilitiesa. Think F A S T:

**F** - Flush the site (wash with soap and water, flush mucus membranes with water.)

**A** - Alert supervisor (or acting) immediately. For in-patient incident, page the Nurse of the Day (NOD) at 314-8421.

**S** - Straight to the closest Designated Urgent Care Clinic (Emergency Medicine Department (EMD) or Sick Call Clinic.)

**T** - Treatment time less than 2 hours (considered an URGENT medical event.)

b. Additional Items, After Above is Completed and As Time Permits

(1) Complete the Incident Report under the appropriate protocol for "What to do if an incident occurs?" at <https://intranet.mar.med.navy.mil/safety/BBP/index.asp>.

(2) Make appointment with the Designated Occupational Health Clinic as soon as possible.

2. Ward/Clinic Supervisor Responsibilities

a. Ensure exposed staff member completes **FAST** immediately.

b. Fill out and provide the OPNAV 5100/9, Medical Referral Form for exposed staff member.

c. Complete Patient Safety Report (PSR) on <https://intranet.mar.med.navy.mil/PatientSafety/PSR.asp>.

d. If Inpatient Ward. Page the NOD at 314-8421.

e. If Outpatient Clinic

(1) Ensure Source Patient collection of blood - "EXPO/SOURCE" lab order set - see below.

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(2) Fill out the NAVMEDCENPTSVA 6260/6 (Rev 03/13), Source Patient Risk Factor Status form, and present it to the Urgent Care Clinic.

(3) If applicable, contact the outlying clinic Officer in Charge (OIC) to ensure the transport of the source patient's RAPID HIV test.

3. NOD Responsibilities \*FOR INPATIENT SOURCES ONLY\*

a. Ensure Source Patient collection of blood - "EXPO/SOURCE" lab order set - see below.

b. Fill out NAVMEDCENPTSVA 6260/6 and present it to the EMD physician.

c. Fax or scan the NAVMEDCENPTSVA 6260/6 to Occupational Health AFTER the incident.

d. Send an encrypted confirmation email to the Naval Medical Center (NAVMEDCEN), Portsmouth Occupational Health nurse.

4. Occupational Health Clinic Responsibilities

a. Occupational Health nurse will verify that the NOD NAVMEDCENPTSVA 6260/6 form was received.

b. Ensure the staff member receives a follow-up evaluation within 2 business days of incident.

c. Complete the Exposure Prevention Information Network (EPINET) survey.

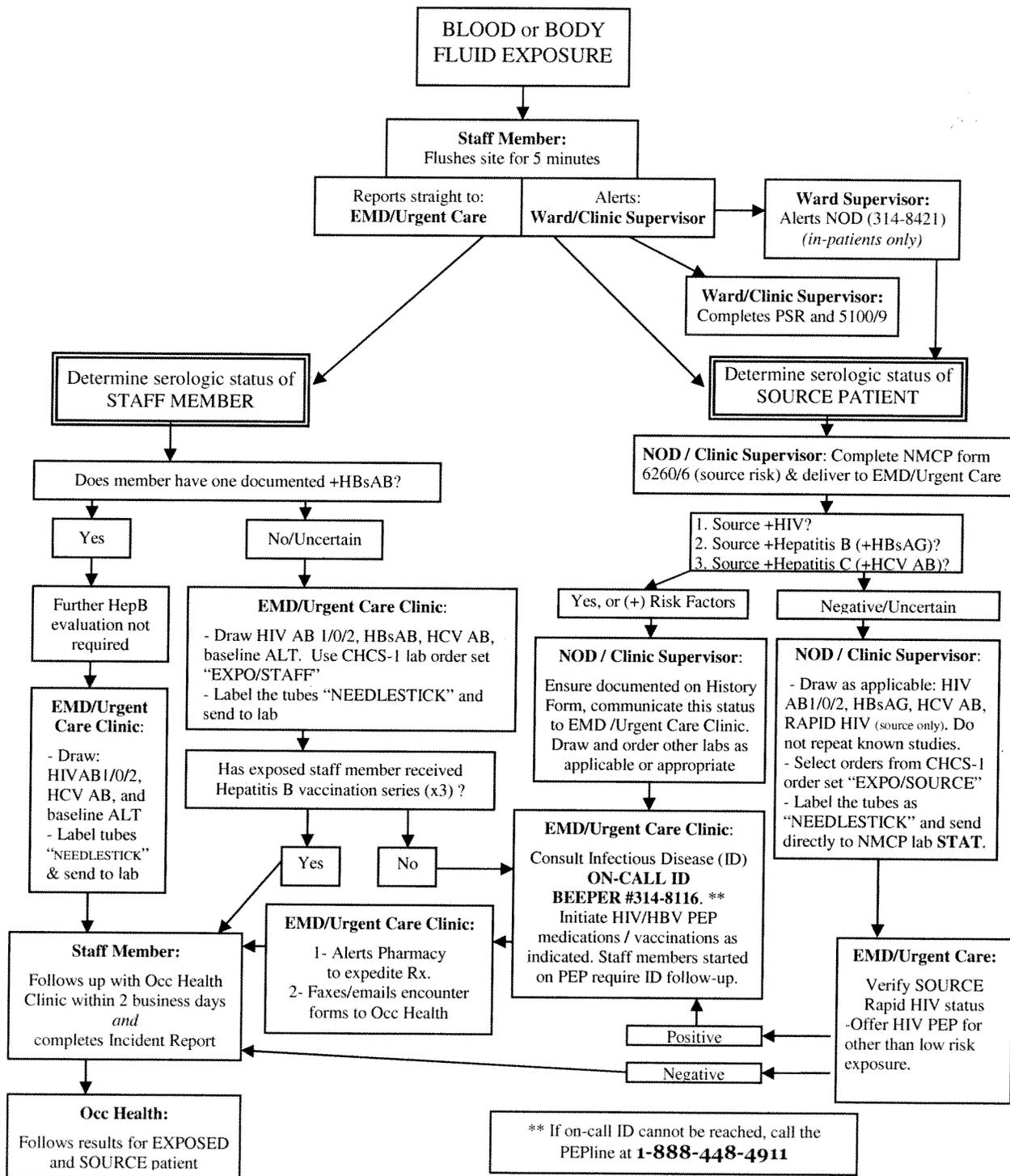
d. Ensure Incident Report and Polymerase Chain Reaction (PCR) is completed.

e. Complete a "Healthcare Professional's Written Opinion" within 15 days of incident.

f. Ensure applicable follow-ups at 6-weeks, 3-months, 6-months, and 1-year (if required.)

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Protocol Flow Sheet for Blood or Body Fluid Exposures



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Bloodborne Pathogen Exposure  
Information and Recommended Restrictions

1. What Is My Risk For Getting Infected After a BBP Exposure?

a. The overall risk of infection is low when exposed to bloodborne pathogens:

(1) HIV: 0.3 percent.

(2) Hepatitis C: 1.8 percent.

(3) Hepatitis B: Up to 30 percent (among the un-vaccinated.)

b. The risk of infection for an individual case will depend on many factors:

(1) Infectious status of the source.

(2) Quantity of blood or body fluid exposure (higher risk with greater quantity.)

(3) Depth of percutaneous injury (higher risk with deeper injuries.

(4) Higher risk with an injury from a hollow-bore needle type of exposure (less with splashes than with percutaneous injuries.)

c. Reference. Exposure to Blood - What Healthcare Personnel Need to Know at [http://www.cdc.gov/ncidod/dhqp/pdf/bbp/Exp\\_to\\_Blood.pdf](http://www.cdc.gov/ncidod/dhqp/pdf/bbp/Exp_to_Blood.pdf).

2. Do I Need to Change My Activities or Work Practices In Any Way?

a. For Exposures With an Increased Risk of Hepatitis (B Or C) Exposure

(1) Refrain from donating blood, plasma, organs, tissue, or semen.

(2) No need to modify sexual practices or refrain from becoming pregnant.

(3) No need to discontinue breastfeeding.

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(4) For healthcare providers, patient care responsibilities need not be modified.

b. For Exposures With an Increased Risk of HIV Exposure

(1) Refrain from donating blood, plasma, organs, tissue, or semen.

(2) Exercise sexual abstinence or use condoms to prevent transmission.

(3) Avoid pregnancy.

(4) Discontinuation of breastfeeding must be considered; consult your pediatrician.

(5) For healthcare providers, patient care responsibilities need not be modified.

3. For How Long? The above activities require modification for 2-12 months, until advised otherwise by your Infectious Disease or Occupational Medicine physician. \*If infection occurs (seroconversion), modifications will be needed long-term.

4. What Should I Watch Out For? Seek prompt medical evaluation for any new illness in the next 6 months with: jaundice (yellowing of skin), abdominal pain, fever, lymphadenopathy (bumps around neck, armpits, and groin), rash, muscle soreness, fatigue, or malaise (abnormally tired.)

5. Who Do I Contact If I Have More Questions? Contact your local Occupational Health Clinic.

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REGIONAL DESIGNATED OCCUPATIONAL HEALTH CLINICS  
(For the Bloodborne Pathogen Exposure Control Plan)

Telephone Numbers

Naval Medical Center (NAVMEDCEN), Portsmouth  
(757) 953-5080

\*for NAVMEDCEN Portsmouth, Norfolk Naval Shipyard Branch  
Health Clinic (BHC), Northwest BHC, and Tricare Prime (TCP)  
Chesapeake

Little Creek BHC  
(757) 953-8224

Oceana BHC  
(757) 953-3775

\*for Oceana BHC, Dam Neck BHC, and TCP Virginia Beach

Norfolk Branch Medical Clinic (BMC)  
(757) 953-8793/8794

\*for Norfolk BMC and Norfolk Naval Dental Center

Yorktown Naval Weapons Station BHC  
(757) 953-8403

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## Acronyms

1. AHLTA - Armed Forces Health Longitudinal Technology Application
2. ALT - Alanine Aminotransferase
3. BBP - Bloodborne Pathogen
4. BHC - Branch Health Clinic
5. BOPIIM - Blood or Other Potentially Infectious Material
6. BUMED - Bureau of Medicine and Surgery
7. CHCS - Composite Health Care System
8. EMD - Emergency Medicine Department
9. EPINET - Exposure Prevention Information Network
10. ESAMS - Enterprise Safety Application Management System
11. HAZMAT - Hazardous Material
12. HBsAG - Hepatitis B Surface Antigen
13. HBV - Hepatitis B Virus
14. HCV - Hepatitis C Virus
15. HCW - Healthcare Workers
16. HIV - Human Immunodeficiency Virus
17. MOR - Main Operating Room
18. NAVMEDCEN - Naval Medical Center
19. NOD - Nurse of the Day
20. OIC - Officer in Charge
21. OH - Occupational Health
22. OOD - Officer of the Day

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23. OSHA - Occupational Safety and Health Administration
24. PCR - Polymerase Chain Reaction
25. PEP - Post-exposure Prophylaxis
26. PPE - Personal Protective Equipment
27. PSR - Patient Safety Reports
28. TCP - TRICARE Prime