

**DLA-SM BLOODBORNE PATHOGENS**  
**EXPOSURE AWARENESS PROGRAM**

Sep 2022

**PURPOSE**

OSHA requires employers to perform an exposure determination to decide which employees, if any, may incur occupational exposure to human blood or other potentially infectious materials.

DLA-SM is responsible for creating, implementing, and reviewing annually and updating, if applicable, an Exposure Control Plan.

**RESPONSIBILITIES**

DLA-SM Material Management Director:

Ensure a site-specific bloodborne pathogens program and accompanying occupational health protection procedures are established, if applicable and as required.

DLA-SM OSH Manager:

As primary POC, ensure that the bloodborne pathogens program is reviewed and updated annually or whenever new or modified tasks and procedures are implemented.

Develop and implement an Exposure Control Plan, if applicable and as required.

Provide guidance and technical assistance to the workplace in the design and selection of appropriate engineering, work practice controls, PPE, etc.

Provide a means in which employees can direct concerns regarding compliance of the bloodborne pathogens program.

Assist Depot Managers with exposure determination assessments.

DLA-SM Depot Managers:

Perform a potential exposure determination assessment of the areas under their control. (Deliberate Risk Assessment DD Form 2977 – See Appendix A) can be utilized to perform the assessment.

Ensure employees are made aware of any potential bloodborne exposures related to tasks that they may perform.

Ensure employees are aware of the procedures and protective measures related to potential bloodborne exposures.

Contact the DLA-SM OSH Manager whenever workplace processes or procedures change, or engineering controls are modified or added.

Ensure all required Bloodborne Pathogens Awareness training has been completed.

### DLA-SM Employees:

Attend training when required (i.e., initial, annual, and as changes occur).

Use appropriate personal protective equipment (PPE), such as vinyl or Nitrile gloves, when handling blood or other potentially infectious materials and ensure good housekeeping procedures are followed.

### **EMPLOYEE EXPOSURE DETERMINATION**

DLA-SM Depot activities and operations do not deliberately subject employees to any exposure to occupational bloodborne pathogens of reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. Therefore, the requirement to develop a comprehensive Bloodborne Pathogens Exposure Control Plan is not applicable for DLA-SM Depot facilities.

### **METHODS OF IMPLEMENTATION & CONTROL**

DLA-SM Depots do not have employees in occupations where they can reasonably expect to be exposed to bloodborne pathogens. "Good Samaritan acts" such as assisting a co-worker with a nosebleed would not be considered an occupational exposure.

Note: "Good Samaritan acts" may not exist or be recognized in all states and employees are not required to assist as "Good Samaritans". Doing so is at their discretion, however, if they do choose to assist in this manner then the following procedures must be followed to ensure the protection of the employees.

If an employee does choose to perform a "Good Samaritan act" to address the affected employee in offering first aid that results in potential exposure to bloodborne pathogens, the individual involved must: contain the bleeding as much as possible; immediately wash the affected area thoroughly using soap and water if able to do so; report the incident to the Depot Manager or ESOH staff immediately; and report to the nearest locally established medical facility for a medical evaluation and post-incident follow-up as soon as possible but not later than 24 hours after the exposure.

Cleanup and removal of blood or blood exposed material must be done in a manner as to not expose unprotected nor untrained employees or visitors to pathogens. Along with First Aid kits, each Depot has a Blood/Bodily Fluids Spill Kit containing protective gloves, paper towel, sanitizing wipes, and disinfectant wipes that is accessible in warehouse areas that have no immediate handwashing capabilities.

Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; and when handling or touching contaminated items or surfaces.

Disposable (single use) gloves such as vinyl or Nitrile examination gloves, shall be replaced if they are torn, punctured, or when their ability to function as a barrier is compromised.

Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Handwashing facilities are readily accessible to DLA-SM employees, and

when provision of handwashing facilities is not feasible, antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes are available (Blood/Bodily Fluids Spill Kit). When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible after removal of gloves or any other personal protective equipment.

DLA-SM Depot workspaces shall be maintained in a clean and sanitary condition.

Broken glassware or sharp materials which may be contaminated shall not be picked up directly with the hands. They shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.

Contaminated work surfaces shall be decontaminated with an appropriate disinfectant immediately or as soon as feasible when surfaces are contaminated or after any spill of blood or bodily fluid.

## **TRAINING**

Initial and annual bloodborne pathogens awareness training is provided to all DLA-SM employees by the DLA-SM ESOH personnel.

Topics included within the bloodborne pathogens awareness training are as follows:

- 1) An accessible copy of the regulatory text of this standard and an explanation of its contents.
- 2) A general explanation of the epidemiology and symptoms of bloodborne diseases.
- 3) An explanation of the modes of transmission of bloodborne pathogens.
- 4) An explanation of DLA-SM's exposure control plan (if applicable) and the means by which the employee can obtain a copy of the written plan.
- 5) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- 6) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
- 7) Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- 8) An explanation of the basis for selection of personal protective equipment.
- 9) 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.

- 10) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- 11) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- 12) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- 13) An explanation of the signs and labels and/or color coding required.
- 14) An opportunity for interactive questions and answers with the trainer.

## **RECORDKEEPING**

All bloodborne pathogens exposure awareness training records will be maintained by the DLA-SM education records representative, Carly McDowell, in DLA's LMS database.

Any incidences involving possible employee exposure to bloodborne pathogens are recorded and maintained within the ESAMS database. All post-exposure evaluations and incidence follow-up reporting will also be recorded and maintained within the ESAMS database. ESAMS is accessed by the DLA-SM Depot Managers and the OSH Manager.

## **REFERENCES**

- OSHA 29 CFR 1910.1030 : Bloodborne Pathogens
- DLAI 6055.01 Safety and Occupational Health (SOH) Program, 2018
- DLAM 6055.01-V1 Mishap and Near Miss Notification, Investigation, Reporting, and Record Keeping, 2020
- DLAM 6055.01-V2 Safety and Occupational Health (SOH) Inspection and Hazard Management, 2020
- DLAM 6055.01-V3 Safety and Occupational Health (SOH) Training and Awareness, 2020

**APPENDIX A**  
**DD Form 2297**

<b>DELIBERATE RISK ASSESSMENT WORKSHEET</b>					
<b>1. MISSION/TASK DESCRIPTION</b>				<b>2. DATE (DD/MM/YYYY)</b>	
<b>3. PREPARED BY</b>					
<b>a. Name (Last, First, Middle Initial)</b>			<b>b. Rank/Grade</b>		<b>c. Duty Title/Position</b>
<b>d. Unit</b>		<b>e. Work Email</b>		<b>f. Telephone (DSN/Commercial (Include Area Code))</b>	
<b>g. UIC/CIN (as required)</b>		<b>h. Training Support/Lesson Plan or OPORD (as required)</b>		<b>i. Signature of Preparer</b>	
Five steps of Risk Management: (1) Identify the hazards    (2) Assess the hazards    (3) Develop controls & make decisions (4) Implement controls    (5) Supervise and evaluate <i>(Step numbers not equal to numbered items on form)</i>					
4. SUBTASK/SUBSTEP OF MISSION/TASK	5. HAZARD	6. INITIAL RISK LEVEL	7. CONTROL	8. HOW TO IMPLEMENT/ WHO WILL IMPLEMENT	9. RESIDUAL RISK LEVEL
				How: Who:	
				How: Who:	
				How: Who:	
				How: Who:	
				How: Who:	
Additional entries for items 5 through 9 are provided on page 2.					
<b>10. OVERALL RESIDUAL RISK LEVEL (All controls implemented):</b> <input type="checkbox"/> EXTREMELY HIGH <input type="checkbox"/> HIGH <input type="checkbox"/> MEDIUM <input type="checkbox"/> LOW					
<b>11. OVERALL SUPERVISION PLAN AND RECOMMENDED COURSE OF ACTION</b>  <div style="border: 1px solid black; height: 60px; width: 100%;"></div>					
<b>12. APPROVAL OR DISAPPROVAL OF MISSION OR TASK</b> <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE					
<b>a. Name (Last, First, Middle Initial)</b>		<b>b. Rank/Grade</b>		<b>c. Duty Title/Position</b>	
				<b>d. Signature of Approval Authority</b>	
<b>e. Additional Guidance:</b>					