

FSGA/HAAF GARRISON
FT. STEWART, GA 31314

GARRISON SAFETY SOP – ANNEX W

BLOODBORNE PATHOGENS



FSGA/HAAF Safety Program SOP
6 November 2024

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1. Purpose:

This Annex to the FSGA/HAAF Garrison Safety and Occupational Health (SOH) SOP provides a written BBP program to establish guidelines to prevent or reduce the risk of exposure to BBPs in the workplace. This document establishes policies and procedures to comply with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, Toxic and Hazardous Substances (29 CFR 1910.1030), by minimizing or eliminating occupational exposures to employees at risk.

2. Scope

This Annex to the Garrison SOH SOP applies to all military and civilian personnel assigned to the FSGA/HAAF Garrison. It is intended to provide additional information so all levels of leadership, SMS, and civilian workforce can properly implement the Garrison SOH Program.

3. References

29 CFR 1910 OSHA Standards for General Industry

29 CFR 1926, OSHA Standards for Construction Industry

AR 25-400-2, The Army Records Information Management System (ARIMS)

AR 385-10, The Army Safety Program

DA Pam 25-403 – Guide to Recordkeeping in the Army

DA Pam 385-10, Army Safety Program

4. Records Management:

Records created throughout the processes prescribed by this Annex will be identified, maintained, and disposed of according to AR 25-400-2 (The Army Records Information Management System (ARIMS) and DA Pam 25-403 (Guide to Recordkeeping in the Army). The primary means of recordkeeping for the Garrison Safety Office (GSO) will be the Army Safety Management Information System (ASMIS) located at <https://mishap.safety.army.mil> . Record titles and descriptions are available on the ARIMS website <https://www.arims.army.mil>

5. Responsibilities

Occupational Health Clinic (OHC):

- Coordinate with FSGA/HAAF Safety Officers for administrative support to facilitate staffing and publication for any changes to this regulation.
- Determine if and the type of post-exposure surveillance is required when a DA civilian assigned or attached to FSGA/HAAF is exposed to blood or other bodily fluids in response to immediate procedures following an accident or injury or after responding to a spill of blood or bodily fluids.
- Consult on educational content of BBP training presented for initial and annual recurring training.
- In collaboration with FSGA/HAAF Safety Officers and CPAC, identify employees who require BBP training because their job duties put them at potential risk of an exposure.

Garrison Safety Office (GSO):

- Provide administrative support in the review, staffing, and publication of updated versions of this annex.
- Ensure that resources for initial and annual training are available for FSGA/HAAF employees that are categorized as potentially exposed.
- Document all occupational exposure incidents involving blood or other body fluids on the OSHA Form 300 Log (OSHA Form 300) for FSGA/HAAF.
- Monitor compliance with the OSHA BBP Standard and this regulation during routine inspections.

Human Resources:

- Ensure position descriptions reflect the exposure classification.
- Compile and maintain a list of positions and titles by exposure classification.

Supervisors:

- Provide initial training for newly assigned personnel in positions identified in this regulation.
- Ensure annual training and competency review for requirements of the BBP Standard are met.

Employees:

- In a non-urgent situation in which an employee may clean up his/her own blood or body fluid the waste will be disposed of in a bathroom trash receptacle.
- Properly dispose of syringes, lancets, and any other sharps generated from self-injection of prescribed medication while at work. The requirements and restrictions follow:
- Use approved containers for the storage and transport of syringes, lancets, and other sharps.
- Dispose of syringes, lancets, and other sharps in approved waste containers for sharps. Appropriately dispose of all personal medical sharps in accordance with local community programs. The OHC will not accept any personal medical sharps for disposal. Employees are responsible for proper disposal off site. Contact your primary care provider for details on acceptable disposal procedures in the community.
- Under no circumstances shall syringes, lancets, and other sharps be disposed of in refuse collection containers, trash cans, or anywhere on FSGA/HAAF.

6. Exposure Determination

- The following FSGA/HAAF job classifications have been identified as ones in which employees have potential exposure (skin, eye, mouth, mucous membrane, or parenteral) to

BBPs. This assessment is made without regard to the use of PPE. Job classifications are placed in one of two categories.

- Category 1: Job classifications with occupational exposure.
- Category 2: Job classifications with a possibility of occupational exposure and tasks associated with occupational exposure.

Division	Category 1	Category 2	Tasks for Category 2
Fire Department	Fire Department		
Security		Security Guards	Encounter with hostile employee Response to workplace injury Investigative searches
Community Activities		CDC/CYS	Response to injury Human waste First Aid / BLS

7. Engineering and Work Practice Controls

- All workers shall routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids.
- Hands and other skin surfaces shall be washed thoroughly with soap and water, and mucous membranes flushed with water as soon as possible after skin contact with blood or other body fluids. Hands shall be washed after gloves and other PPE are removed.
- In work areas where a reasonable likelihood of occupational exposure exists, work practice controls include restricting eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses; prohibiting mouth pipetting; preventing the storage of food and/or drink in refrigerators or other locations where blood or other potentially infectious materials are kept.
- Although saliva, unless contaminated with other infectious bodily fluids, has not been implicated in HIV transmission, mouthpieces, resuscitation bags, or other ventilation devices shall be available for use during emergency mouth-to-mouth resuscitation in areas where the need for resuscitation is predictable.
- Pregnant employees are not considered to be at a greater risk of infection; however, if an employee is infected during pregnancy, the infant is also at risk of infection resulting from perinatal transmission. Because of this risk, pregnant employees should be especially familiar with and strictly adhere to precautions to minimize the risk of infection.

8. Personal Protective Equipment (PPE)

The use of PPE helps prevent occupational exposure to infectious materials. Such equipment includes gloves, gowns, lab coats, face shields or masks, and eye protection. PPE is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach employees' work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions for the duration of time that the PPE will be used. Supervisors shall ensure employees observe the following precautions for safely handling and using PPE:

- Wear appropriate gloves when it can be reasonably anticipated that the employee may have contact with blood, and when handling or touching contaminated items or surfaces.
- Wear appropriate face and eye protection such as a mask with glasses with solid side shields or a chin-length face shield when splashes, sprays, spatters, or droplets of blood or other potentially infectious materials pose a hazard of blood or other potentially infectious materials pose a hazard to the eye, nose, or mouth.
- Disposable gloves shall not be washed or disinfected for reuse. They should also be replaced when visibly soiled, torn, punctured, or when their ability to function as a barrier is compromised.
- Utility gloves can be used for housekeeping chores involving potential blood contact and for instrument cleaning and decontamination procedures. Utility gloves may be decontaminated and re-used, but should be discarded if they are peeling, cracked, discolored, or if they have puncture, tears, other evidence of deterioration, or other ability to function as a barrier is compromised.
- Remove protective equipment before leaving the work area and after a garment becomes contaminated.
- Place used PPE in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.

9. Medical Surveillance:

- Upon potential exposure, FSGA/HAAF employees will report to the OHC. The clinic will refer the employee to nearest OHC which can support medical surveillance. All medical evaluation procedures will be under the supervision of a licensed physician and all laboratory tests conducted by an accredited laboratory. Evaluations, procedures, vaccinations, vaccination series, and post-exposures evaluations and follow-up, including prophylaxis, are provided without cost to the employee. An initial medical evaluation will be given prior to job assignment and shall include a medical history, including any problems which may interfere with an employee's ability to use PPE or receive vaccinations.
- FSGA/HAAF employees will provide a copy of all medical documents of evaluations, procedures, vaccinations, vaccination series, and post-exposures evaluations and follow-up, including prophylaxis to the OHC.
- As part of a confidential medical record, the circumstances of all exposures will be recorded. Relevant information including the route of exposure, the activity in which the worker was engaged at the time of exposure, the extent to which the appropriate work practices and

protective equipment were used, and a description of the source exposure shall be recorded. All reporting responsibilities under federal and state laws will be performed.

Appendix A – Abbreviations

AR	Army Regulation
ARIMS	Army Records Information Management System
ASMIS	Army Safety Management Information System
CFR	Code of Federal Regulations
COR	Contract Office Representative
DA Pam	Department of the Army Pamphlet
DoDI	Department of Defense Instruction
FSGA	Fort Stewart Garrison
GC	Garrison Commander
GSO	Garrison Safety Office
HAAF	Hunter Army Airfield
OHC	Occupational Health Clinic
OSHA	Occupational Safety and Health Administration
POC	Point of Contact
PPE	Personal Protective Equipment
SM	Service Member
SOH	Safety and Occupational Health
SOHMS	Safety and Occupational Health Management Systems
SOP	Standard Operating Procedure
USO	Unit Safety Officer

APPENDIX B – Terms and Definitions

AIDS: A severe immunological disorder caused by the retrovirus HIV, resulting in a defect in cell-mediated immune response that is manifested by increased susceptibility to opportunistic infections and to certain rare cancers, especially Kaposi's sarcoma. It is transmitted primarily by exposure to contaminated body fluids, especially blood and semen.

Blood Spill: Any loss of blood or vomitus greater than or equal to 20 milliliters (4 teaspoons) into an uncontrolled area. Absorbent materials containing less than 20 milliliters of blood (such as facial tissues or sanitary napkins) are not considered infectious.

Infectious Waste: Liquid, solid blood, or vomitus that contains pathogens (germs) in adequate numbers and with sufficient virulence to cause disease in susceptible persons.

Pathological Waste: Amputated or mutilated human tissues that could harbor infectious microorganisms.

APPENDIX C – ANNUAL GSO REVIEWS

DATE	REVIEWED BY	CHANGES Y/N	SUMMARY OF CHANGES