



Exposure Control Plan



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FOREWORD**EXPOSURE CONTROL PLAN**

The Aircraft Accident Investigation Authority (AAIA) is the independent accident investigation authority in the Bahamas. The AAIA understands its obligation to provide for the development of a highly skilled and qualified work force in keeping with its mandate to conduct independent investigations; including: the gathering, recording and analysis of all relevant information of an accident or serious incident, the protection of certain accident and incident investigation records, the issuance of safety recommendations, the determination of the causes and/or contributing factors; and where appropriate, the completion of the Final Report.

Properly trained aviation investigators, and technically qualified support staff are the core personnel for effective implementation of the accident investigation authority's mandate.

To this effect, the AAIA is committed to the development of a highly skilled and qualified work force through a comprehensive training program in a timely manner. It is the intent that all employees will be fully trained in the essential job tasks, knowledge, and skills that are required to accomplish the AAIA's mission, fulfil national and international requirements, and safeguard the traveling public. The AAIA is under the portfolio of the Minister responsible for Transport who is committed to provide adequate funding for this purpose.

The AAIA shall ensure development of a detailed training program for each technical staff position and training plans for each technical staff member. Training will be conducted initially, as well as annual recurrent training plans will also be developed. All training program will be approved by the Chief Investigator of the AAIA.

In addition, the AAIA will also develop detailed On-the-Job Training (OJT) program for its investigators, technical, and support staff. On the Job Training will be undertaken here in the Bahamas as well as internationally with other aviation investigative authorities.

This training policy commits to providing all necessary training to all technical personnel in all areas. It is intended to address the development of aviation operations and airworthiness investigators, as well as technical and administrative support staff from their initial hire and throughout their careers.

The training program shall include at least the following:

- a) Initial training (induction and basic training)
- b) On the Job Training
- c) Recurrent training and
- d) Specialized/Advanced training.

The AAIA, while ensuring the development of such training program, shall cater the criteria to suit the type and frequency of training provided (initial, recurrent and specialized), and that it is sufficient to acquire/maintain the required level of knowledge, skill, qualification and competence in accordance with the duties and responsibilities assigned to the technical staff.

The AAIA will establish a system for the maintenance of training records for technical staff, wherein all training records will be kept in the training folders of its staff. The Administration Officer has ultimate responsibility for the upkeep and maintenance of all training records.

The training records will be systematically retained in the training folders and these folders shall be maintained at the AAIA office in a secured storage cabinet. In addition, the AAIA under the responsibility of the Administration Officer will utilize a data tracking system to electronically maintain the training records of the AAIA staff.

Approved by



Delvin R. Major
Chief Investigator of Air Accidents

RECORD OF REVISIONS

- ⇒ Insert and remove pages as indicated on the revision cover letter.
⇒ For missing pages, contact the Chief Investigator of Air Accidents.

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Rev. No.	Revision Date	Initials	Investigator
0	July 1, 2020	DRM	Delvin Major
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COMMENT REPORT

Please complete this form to transmit your comments, questions, or suggestions concerning this Manual. Attach any reference pages, marking area where changes or questions apply.

Name: _____ Position: _____

Dept.: _____

Date Submitted: _____

E-mail Address: _____

Material Unclear

Chapter _____ Page _____ Section _____

Suggestions for improvement _____

Material Incorrect

Chapter _____ Page _____ Section _____

Correction _____

Suggestions for Additional Material

Chapter _____ Subject _____

Suggestion _____

Additional Comments _____

- Insert Bulletins in chronological order as directed by the Bulletin.
- For missing Bulletins, contact the Chief Investigator of Air Accidents.

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LIST OF EFFECTIVE PAGES

Page #	Revision	Date		Rev: 0	July 1, 2020
1	Rev: 0	July 1, 2020	16	Rev: 0	July 1, 2020
2	Rev: 0	July 1, 2020	17	Rev: 0	July 1, 2020
3	Rev: 0	July 1, 2020	18	Rev: 0	July 1, 2020
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7	Rev: 0	July 1, 2020	22	Rev: 0	July 1, 2020
8	Rev: 0	July 1, 2020			
9	Rev: 0	July 1, 2020			
10	Rev: 0	July 1, 2020			
11	Rev: 0	July 1, 2020			
12	Rev: 0	July 1, 2020			
13	Rev: 0	July 1, 2020			
14	Rev: 0	July 1, 2020			
15	Rev: 0	July 1, 2020			

PURPOSE

The purpose of this Exposure Control Plan (ECP) is to set forth the means to protect aviation accident investigators from bloodborne pathogens that might be encountered during the course of their investigations in the field or during examination of wreckage specimens at a location remote from the accident site.

This will be accomplished by mandating the use of **universal precautions** implemented by Work Practice Controls, Engineering Controls, Personal Protective Equipment (PPE), and Biohazard Labeling. Hepatitis B vaccine and post-exposure evaluation will be offered free of charge. Annual training on bloodborne pathogens will be required. Records will be maintained in accordance with the United States of America Occupational Safety and Health Administration (OSHA) bloodborne pathogens regulations (29 CFR 1910.1030) and Department of Transportation (DOT) regulations Part 49CFR.

In addition to compliance with OSHA regulations the Aircraft Accident Investigation Authority (AAIA) has created an occupational safety and health team consisting of the Chief Investigator of Air Accidents, the Investigator in Charge (IIC) and the Aviation Safety Analyst (ASA) to insure safety and health issues concerning AAIA's employees and participants in our investigations. The AAIA Occupational Safety and Health Team have been charged to assist in identifying safety concerns and developing mitigation plans for Aircraft Accident Investigation Authority employees.

EXPOSURE DETERMINATION LIST

The Exposure Determination List ([Exhibit1](#)) contains the positions (i.e.; job classifications) of office staff who have been offered the Hepatitis B Virus (HBV) vaccination series and who may have contact with blood or other potentially infectious materials during the on-scene conduct of an aviation accident or incident investigation or the examination of wreckage specimens.

WORK PRACTICE CONTROLS

The following work practice controls are in place:

- a) **Hand washing is required.** Employees shall avoid contact and use universal precautions, wash hands and any other skin with soap and water or flush mucous membranes with water immediately or as soon as feasible following direct contact with blood, body fluids, or other potentially infectious materials. Employees have been instructed in this procedure. In the field, employees will use antiseptic towelettes for this purpose followed by thorough washing as soon as facilities are available.
- b) **Handling of wreckage and other specimens.** After examination, all contaminated specimens are placed in appropriate receptacles for disposal. The containers meet the requirements as outlined in the OSHA Regulations for Engineering Controls, Title 29 of the Code of Federal Regulations (CFR), paragraph [1910.1030\(d\)\(2\)](#) ([See Exhibit 2](#)). Employees have been trained and shall follow these procedures.
- c) **Personal Prohibitions and Decontamination Practice.** During the conduct of the accident investigation that has been declared a biohazard by the IIC or a designated rescue authority or the investigation of wreckage that is potentially contaminated, personnel are prohibited from eating, drinking, smoking, manipulating contact lenses, applying cosmetics or lip balm, or sun blocking

lotion and doing any actions where a mucous membrane may be touched. In the event that there is a requirement to leave the biohazard area the employees have been instructed and shall:

- a. Exit the investigation site via the defined entry/exit point,
 - b. Remove contaminated PPE per the trained procedures,
 - c. Place disposable PPE in the identified biohazard bags,
 - d. Immediately following the removal of all PPE, cleanse hands and face with the antiseptic wipes and, as soon as possible, wash hands and face with soap and water.
- d) Storage of food and drink is prohibited in places where potentially infectious materials (such as contaminated specimens) are kept or are in the process of transport. This applies to containers such as refrigerators, shelves, cabinets, countertops, and storage compartments in cars and trucks.
- e) Closeable, leak-proof containers with appropriate labeling are available for all other regulated waste such as disposable gloves or contaminated specimens. In the event that regulated waste or specimens contain sharp objects, an appropriate container will be utilized and will be available at the accident site. The IIC or his/her designee will ensure the availability of appropriate containers for accident investigations.
- f) Transportation of physical evidence from the accident site to the Laboratory¹ or maintenance facility shall be accomplished in the following manner:
- i. Whenever possible, the evidence will be decontaminated on-site except for cases where to do so would destroy or degrade the evidentiary value.
 - ii. All evidence submitted to the Laboratory shall be packaged in accordance with DOT regulations ([49CFR173.196](#)).
 - iii. Prior to shipment of evidence, the investigator submitting evidence for examination shall via e-mail, fax, or in other written form provide the Laboratory with specifically what was sent for examination, whether or not the evidence was decontaminated; if not, why, what examination is being requested, and the company or service by which the evidence was shipped and the expected date of arrival at the Laboratory.
 - iv. Upon arrival of any evidence at the Laboratory the laboratory staff will review the aforementioned documentation concerning the evidence and note specifically whether or not the evidence was decontaminated before the package is opened. In the absence of documentation packages will not be opened until such documentation has been received and reviewed by the laboratory staff.

ENGINEERING CONTROLS

A task analysis was conducted and identifies the engineering tasks necessary for accomplishing the field investigation and shop/bench inspection activities (Task Analysis for Aviation Accident Investigators the last section of this document). The following engineering controls apply to the examination of aircraft instruments, seats, restraints, aircraft interior, and any other aircraft component that is examined during the conduct of the accident investigation:

- a. Where hand-washing facilities are not readily available, as in the conduct of an accident investigation, antiseptic towelettes (wipes) are available for employee use. The towelettes are

¹ Laboratory – when the word laboratory is used throughout this document it refers to the medical facility, factory where a product was manufactured or maintenance facility where a teardown inspection will be conducted

immediately available to the employee as part of the PPE kit that is provided for accident investigations. The IIC and / or ASA will ensure the establishment of a location for and manage the resupply of the PPE kits. Guidelines for the type and quantity of PPE to keep on hand are in [Exhibit 3 - Personal Protective Equipment](#). The IIC / ASA will ensure the accessibility of PPE by investigators within his/her office.

- b. Specimens of blood or other potentially infectious materials are not collected by the investigation team. It however, is collected by the medical or other appropriate investigation authority on scene and kept in leak-proof containers during collection, handling, and storage. When packages that contain blood or other potentially infectious materials are shipped, a biohazard label is affixed to the exterior of the package and all applicable DOT ([49CFR173.196](#) or 197) shipping requirements are met. An example is a toxicology specimen box. In addition, investigators shall contact the laboratory or teardown facility to which the evidence is being sent for examination prior to shipping to insure personnel receiving the evidence are aware of the contents, whether or not it is contaminated, how it is to be shipped, and when it is expected to arrive.
- c. Other regulated waste includes used gloves, soiled laundry, and other contaminated specimens. It is kept in a red biohazard plastic bag inside a cardboard box in a closed container that can hold all contents without leakage during handling, storage, and transport and is labeled. The AAIA is responsible for establishing procedures for the management of biohazard waste. These procedures are to include coordination with local licensed agents for pickup or receipt and disposal of the regulated waste. This action will most often occur as soon as practical following departure from the accident site. The AAIA will identify the contacts for disposing of regulated waste and ensure employee awareness of the arrangements.
 - a. CAD / AAIA Offices have contracted with certified waste removal contractors for the removal of contaminated waste.
 - b. The AAIA Investigator-In-Charge (IIC) is responsible for ensuring the disposal of the regulated waste at accident sites in accordance with the procedures presented in this document. This may be accomplished with the assistance of local emergency response agencies or private contract.
- d. Maintenance of proper engineering controls will be the responsibility of the AAIA.

PERSONAL PROTECTIVE EQUIPMENT

There are a number of considerations that shall be applied in the selection, care, and use of PPE as follows:

- a. Disposable PPE, such as moisture proof glove liners, particulate mask, coveralls, boot covers, goggles, and utility gloves in appropriate sizes, are available for all employees at risk of exposure and are provided as part of the accident investigation kit. They are used whenever exposure to infectious material is possible as specified by "Universal Precautions" (see [29 CFR, paragraph 1910.1030 \(b\)\(3\)](#)). Liquid-proof glove liners (hypoallergenic gloves, if required) are available to affected employees. The IIC and ASA are responsible for maintaining inventories and will ensure the availability of PPE in their office for the conduct of an accident investigation.

- b. Managers will establish methods and means for resupply of PPE and assure a readily accessible location for storage of all PPE. All disposable items will be discarded whenever they are removed or damaged and will be immediately placed in biohazard waste containers.
- c. Face protection, including eye shields or goggles, will be used when the risk of splatter or aerosolization of contaminated material may occur.
- d. Characteristics and quality requirements of certain items of PPE include fluid and puncture resistance. The waterproof glove liners meet or exceed Food and Drug Administration 510k requirements; i.e., assured quality level of more than 98 percent pinhole free.
- e. Guidelines on the type and quantity of PPE items will be provided upon request from the Occupational Safety and Health Coordinator.

HOUSEKEEPING

The following housekeeping procedures are generally applicable on or off the accident site and for the storage of accident investigation specimens that may be contaminated:

- a. Housekeeping procedures for cleaning and decontaminating workstations and accident investigation equipment are conducted only by the accident investigators while wearing appropriate PPE.
- b. Employees are responsible for ensuring that equipment or surfaces that were used to examine specimens are cleaned with an appropriate disinfectant such as 10 percent solution of household chlorine bleach.
- c. Employees have been instructed to clean reusable receptacles that have a reasonable likelihood for being contaminated with an appropriate disinfectant and replace protective coverings for surfaces and equipment after decontamination or at the end of the work shift.
- d. Broken glass from specimens that may be contaminated will be picked up using a brush, dust pan, forceps, and/or tongs. Implements used for cleaning will be cleaned and decontaminated if necessary.
- e. Containers for contaminated material are closeable, puncture proof, and leak proof.
- f. Color-coded and labeled bags/containers are available for laundry storage prior to cleaning. Most items used are disposable. Those contaminated items that may require laundering are handled as little as possible and only while wearing appropriate PPE.
- g. Contaminated laundry that is wet and presents a reasonable likelihood of soak through or leakage from the bag or container is disposed of in containers that prevent soak through and/or leakage of fluids to the exterior. All workers who have contact with contaminated laundry use protective gloves. Other protective equipment is available as required.

- h. In the event that there is a requirement to examine contaminated accident wreckage specimens, the examination will be conducted in an area suitably isolated from the normal work areas and precautions taken to ensure that all contact with the specimen(s) is amenable to disinfection.

HEPATITIS B VACCINE

The Hepatitis B vaccine has been offered free of charge to the employees identified in Exhibit 1 and an AAIA Hepatitis B Virus (HBV) Vaccination Consent/Decline Form ([Exhibit 2](#)) has been completed for each employee listed. The employees have had the opportunity to read the information on the Hepatitis B Virus presented on the form before they receive their first injection. Prior to the first injection of the HBV vaccine an evaluation has been made of the exempt status of the consenting employee who may have previously received the complete Hepatitis B vaccination series, for whom antibody testing has revealed that the employee is immune, or for whom the vaccine is contraindicated for medical reasons.

At risk employees who consent or decline the Hepatitis B vaccine have signed the appropriate AAIA form. The ASA will ensure that the signed consent/decline form is included in the employee's Occupational Safety and Health Training and Medical File.

As a general practice the AAIA personnel will receive Hepatitis B vaccinations via contractual medical services; however with prior approval from the employees immediate supervisor the employee may receive the inoculations by other medical service providers. In the event the employee is vaccinated at a medical facility with which the AAIA has no contractual agreement, the employee will be reimbursed after submitting a voucher.

LABELS AND SIGNS

Red color-coding and/or biohazard labels are used to mark all hazardous items. Hazardous items marked with red color-coding and/or biohazard labels include sharp object containers, containers of other regulated waste (laundry, used gloves, etc.), and refrigerators or freezers that hold potentially infectious materials. Containers that are used to transport, ship, or store potentially infectious materials, including U.S. Postal Service such as Express Mail packages, UPS, or Federal Express packages, are also marked with red color coding and/or biohazard labels. Contaminated areas at the accident site shall be marked with biohazard labels to warn personnel who follow. (Biohazard Labels shall be properly disposed of once the container(s) are to be discarded.

INFORMATION AND TRAINING

All employees with occupational exposure to bloodborne pathogens are required to participate in a training program at no cost to the employee and during working hours. Training shall be provided at the time of initial assignment to a job task where occupational exposure may occur and at least annually thereafter. The IIC and ASA is responsible for recording the training received by the employees and establishing a schedule for recurrent training. The training program shall contain at least the following elements:

- a. A copy of the OSHA bloodborne pathogens rule for each employee and an explanation of its contents;
- b. A general explanation of the epidemiology and symptoms of bloodborne diseases;
- c. An explanation of the modes of transmission of bloodborne pathogens;

- d. An explanation of the AAIA's ECP and the means by which the employee can obtain a copy of the written plan;
- e. An explanation of the methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
- f. An explanation of the use and limitations of methods that will prevent or reduce exposure;
- g. Information on the types, proper use, location, removal, handling, decontamination, and disposal of PPE;
- h. An explanation of the basis for selection of PPE;
- i. Information on the Hepatitis B vaccine, including its efficacy, safety, method of administration, benefits, and how the employee will be reimbursed for the cost of the vaccination;
- j. An explanation of the procedure to follow if an exposure incident occurs, including persons to contact, the method of reporting the incident, and medical follow-up that will be made available;
- k. Information on the exposure incident evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
- l. An explanation of the signs and labels and/or color coding required by the standard; and
- m. An opportunity for questions and answers with the person conducting the training session.

NOTE: A trainer conducting the training shall be knowledgeable on the topic of aviation accident investigation on-site safety, to include bloodborne pathogens precautionary measures, or have immediate access to an expert on the subject matter covered by the elements contained in the training program as it relates to the employees' respective work places. The trainer shall provide answers to questions of a medical nature, in writing, if necessary to insure the trainee is provided with accurate information.

RECORDKEEPING

Vaccination, medical, and training records are maintained by the AAIA's ASA for all employees with occupational exposure.

- a. Vaccination Records. The HBV Vaccination Record will be inserted in the employee's safety and health file and maintained in the same manner as other medical records; (i.e., sealed in a manila envelope). It will include the following:
 - 1. Employee's name and national insurance number;
 - 2. Hepatitis B vaccination status (including date of vaccinations, records relating to employee's ability to receive the vaccine, and signed declination form, where applicable).

- b. Medical Records. In the event that an exposure incident occurs, an accurate record shall be maintained for the affected employee and include HBV vaccination status. These confidential medical records are kept for at least 30 years after the person leaves employment.
- c. The guidelines provided in the "Privacy Act" will be followed when maintaining these records. Written permission from the employee is required for access to these medical records except as provided by law. Employee medical records are available upon request to the AAIA's Chief Investigator. The exposure incident records are kept by the AAIA. The exposure incident records include the following:
 - 1. Employee's name and national insurance number;
 - 2. Hepatitis B vaccination status (including date of vaccinations, records relating to the employee's ability to receive the vaccine, and signed declaration form, where applicable);
 - 3. All information given to evaluating health care professional in the event of an exposure incident; and
 - 4. A copy of the evaluator's written opinion.
- d. Training Records. Records of the training received by employees at risk of occupational exposure are kept by the Chief Investigator of the AAIA. The records are kept for 3 years from the date of the training sessions. These records are available upon request to all employees or their representatives. These records include the following information:
 - 1. Dates of training sessions;
 - 2. Material covered;
 - 3. Names and job titles of the trainees;
 - 4. Name and qualifications of the trainers.

EXPOSURE INCIDENT EVALUATION AND FOLLOWUP

An "exposure incident" is defined as "contact with blood or other potentially infectious materials that results from a worker's job duties, and creates some potential for infection.

Such exposures may include injection through the skin or contact with the eye, mouth, other mucous membrane, or non-intact skin." In the event of such an incident, the following procedures are followed:

- a. The employee shall inform the investigator-in-charge (IIC) and their supervisor as soon as possible of an apparent exposure incident. Following the initial contact with the immediate supervisor, the supervisor shall contact the National Insurance Board's Medical Officer and provide available details. The Medical Officer will coordinate after care for the employee as per national occupational health guidelines for safety hazard exposure.
- b. The National Insurance Board's Medical Officer will conduct an evaluation of the circumstances of the exposure and qualify whether or not it was an exposure incident and is responsible for completion of the exposure incident evaluation (Exhibit 2 - Bloodborne Pathogen Exposure Incident Evaluation).
- c. When possible, the source individual is identified and source blood collected.
- d. After consent of the source individual is obtained, HIV and HBV blood or specimen testing will be performed as soon as possible unless the source is known to be infected with HIV or HBV.

- e. The employee is informed of source blood test results and of applicable laws governing disclosure of this information.
- f. The employee is offered blood collection and/or testing. The employee has the right to refuse either or both. However, if the exposed employee gives consent for the blood collection but not for HIV testing, the blood is kept for 90 days during which time the employee can choose to have the sample tested at no cost to the employee.
- g. Appropriate post-exposure prophylaxis is offered to the exposed employee and may include immune globulin for Hepatitis B. The recommendations of an evaluating physician who is familiar with current Public Health Service guidelines on post-exposure prophylactic treatment for HIV are followed in the event of HIV exposure.
- h. Counseling and evaluation of any reported illnesses is provided at no charge to the exposed employee.
- i. A written opinion by the evaluating health care professional stating that the exposed employee has been informed of the results of the evaluation and about any exposure-related conditions that will need further evaluation and treatment is included in the employee's medical record.
- j. The appropriate forms are completed by the appropriate personnel after an exposure incident has been confirmed by the organization conducting the initial evaluation.
- k. The respective AAIA personnel will direct the completion of required documentation for every exposure incident. A memorandum including the following shall be completed:
 - i. Name of individual exposed;
 - ii. Name of source of exposure;
 - iii. Description of how the incident occurred and route of exposure and the names of witnesses to the exposure incident and PPE utilized;
 - iv. Location, date, and time of the incident;
 - v. Written evaluation of exposure incident including: Suggestions for changes in procedures, and a record of how these changes are implemented for each incident.

TASK ANALYSIS FOR AVIATION ACCIDENT INVESTIGATORS

Each accident scene is unique and by its nature is disorderly. The tasks required of the accident investigator cannot be itemized as precisely as those in the clinical or laboratory setting, and the IIC in consultation with local authorities shall use his or her best judgment as to what PPE will be needed at a specific site. The biohazard nature of the accident site can range from no readily apparent evidence of blood or body fluids to obvious presence of blood or body fluids.

As a minimum, latex glove, shoe/boot covers, protective mask, and eye protection should be used during the initial site survey (adverse weather conditions may require additional PPE during this initial survey). If it is determined that blood or body fluids are present, additional PPE will be required as directed by the IIC or group chairman. The areas of investigation where there is gross contamination with blood or body fluids should be approached with gloves, shoe/boot protection, disposable body cover, breathing mask, and eye protection.

Where possible the “**Buddy System**” or working in small groups of two or three investigators is advisable. The concept has proved successful in that one person monitors other investigators and serves to identify unseen hazards and or other danger signs and prevents injury.

Some examples include heat related injuries; unseen sharps hazards, and stress. It is important to remember that oftentimes we are not the best judges of our own level of fatigue.

When operating in a two or three person group, each person should have a designated task such as photography, note taking, or wreckage handling. All members can visually examine the wreckage, however, only one should be designated to handle it using the other(s) for photographic and note taking documentation tasks. When employed properly the “Buddy System” will provide an additional margin of safety and provide better efficiency in performing work- related tasks.

- a. If contaminated specimens are brought back to the office for further examination, the specimen shall be isolated and all appropriate precautions taken. Prior to shipment the laboratory or facility to which the evidence is to be shipped shall be contacted in the manner prescribed and the package appropriately wrapped and labeled.
- b. The additional task definitions contained herein are not meant to be all-inclusive. When it is apparent that additional steps should be taken, it is the responsibility of the investigator to apply common sense consistent with the objective of controlling the exposure to the bloodborne pathogens and potential personal injury as a consequence of the nature of the wreckage and the environment.
- c. The following additional tasks in the conduct of an accident investigation along with the use of proper PPE should be used to control the potential exposure to bloodborne pathogens:

1. ON-SCENE ACCIDENT INVESTIGATION TASKS

- a. The IIC or a qualified designee will survey wreckage and the site for biohazard potential utilizing the Site Survey Checklist AIFN-001.
- b. If a biohazard exists, the site will be secured and a point of entry/exit established. The IIC will coordinate the biohazard nature of the accident site with the participants to the investigation and local authorities. The area(s) of possible contamination will be determined, and a biohazard placard will be placed on or in the vicinity of the wreckage nearest the most visible entry to the biohazard areas. The IIC will identify investigative tasks needing PPE and the extent of use of PPE. The IIC and other investigative authority (Police) will also advise on personal prohibitions in the conduct of the accident investigation and the contacts that have been made for the disposal of the regulated waste.

NOTE: It is preferred that the conduct of investigation in the biohazard area and the handling of contaminated wreckage or parts should be accomplished at the same time. The number of participants should be kept to a minimum.

- c. PPE shall be worn while packaging of contaminated parts, instruments, or equipment this will minimize contamination.

- d. If practical, recordkeeping will be assigned to investigators outside of the biohazard areas to minimize contamination of recording equipment. If this is not possible, procedures should be used to ensure personnel handling wreckage are not responsible for manipulating recording equipment and thereby minimize the potential for contamination. Proper procedures would then be followed in decontamination or disposal of equipment.
- e. Upon exiting the accident site for any reason investigators shall: disinfect non-disposable PPE like boot covers, goggles, and work gloves with 10 percent bleach solution or equivalent. Remove inner gloves, re-glove, and then remove PPE and equipment covers as trained. Place all disposable items in the biohazard bag for disposal.
- f. Immediately following the procedures above re-glove and place non-disposable PPE in containers marked as suitable for disinfected PPE. Clean recording equipment and tools with disinfectant wipes and remove and dispose of inner glove. Wash hands and face with disinfectant wipes. As soon as practical, wash hands and face with soap and water.
- g. Non-disposable items that have been decontaminated may require further cleaning before reuse.

2. ON-SCENE MINIMUM PERSONAL PROTECTIVE ON-SCENE EQUIPMENT

- a. Wear waterproof latex-type glove liners under utility work gloves. If the environmental conditions warrant liquid-proof boots, boot covers mask and goggles may be appropriate.
- b. Mark entry/exit point with a biohazard placard. Investigators identified to enter biohazard areas should apply PPE as directed by the IIC; i.e., gloves, goggles, mask, body cover, and work boot covers. Removal of PPE should take place at the enter/exit point.
- c. All containers for disposable and non- disposable items and disinfectant wipes are utilized as identified during the training program.

3. OFF-SITE ACCIDENT INVESTIGATION TASKS

- a. In the event that the wreckage is moved to a different location and that it has not been clearly shown to the IIC that the wreckage has been decontaminated wholly or in part, the on-site procedures will be followed.
- b. If the wreckage is not contaminated or has been declared decontaminated by the IIC of their designee, normal procedures should be followed in the conduct of the accident investigation.

4. REQUIREMENTS FOR MOVING OR TRANSPORTING WRECKAGE SPECIMENS

- a. Ideally, all parts that are examined away from the accident site will be cleaned and disinfected before they are transported. If it is permissible to decontaminate parts, a 10 percent solution of household bleach or equivalent disinfectants should be applied to all exposed areas. However, when cleaning and disinfecting can destroy evidence or damage parts, it will be necessary to transport parts that are contaminated. Appropriate PPE will be used in preparing parts for transport. All sharp edged parts will be padded to protect personnel and preserve evidence. Depending on the size of the part and environmental conditions, PPE in excess of waterproof latex-type gloves and work gloves may be required

as determined by the investigator. Contaminated sharp objects that are to be transported should be put in appropriate containers apart from non-sharp contaminated objects.

- b. When applying a disinfectant to contaminated parts, a minimum of 30 minutes should elapse or as prescribed by the manufacturer of the disinfectant before the parts are handled with uncontaminated gloves. Approved shipping containers identified during training should be utilized as appropriate and labeled as biohazard if containing contaminated parts.

5. SECURITY OF THE ACCIDENT SCENE

- a. During on-scene accident investigations, local officials will be requested to establish and maintain security of the site. The IIC and the local authorities will establish the size of the secured area.
- b. Security will be maintained to prevent entry into the area that is a biohazard or a personal hazard.
- c. In most cases the biohazard area will be located within the secured area. Secured areas will be identified separate from the biohazard with appropriate markers and signs.
- d. Spectators and news media will not be allowed to enter the biohazard area.

6. REMOTE AREA ACCIDENTS

In remote areas where spectators and news media are not likely to be a factor, the IIC and the local authorities will take reasonable precautions to avoid the possibility of anyone unknowingly walking into the accident scene.

7. SAFETY INFORMATION ASSISTANCE

Inquiries concerning bloodborne pathogen related safety issues or other occupational safety questions should be directed to the AAIA.

EXHIBIT 1 - EXPOSURE DETERMINATION LIST**OFFICE POSITIONS COVERED BY ECP****JOB CLASSIFICATIONS**

- Aviation Accident Investigators
- Hazardous Material Accident Investigators
- Survival Factors Investigators
- Human Performance Investigators
- Operational Factors Investigators
- Management Personnel
- Media and Public Affairs Officers
- Family Assistance Personnel

All personnel assigned to duties at aviation accident sites are potentially at risk and as such are provided with the opportunity to receive Hepatitis B vaccinations, bloodborne pathogens training specifically addressing aviation accident investigation, AAIA provided PPE, and recurrent annual training for its employees only.

Based on the facts, circumstances, and issues of an investigation, personnel may be temporarily assigned to participate from other offices such as the Civil Aviation Authority. Such assignments shall be considered as investigative or investigative support in nature. All employees assigned are required to fully comply with applicable AAIA and OSHA safety guidelines.

NATIONAL INSURANCE EXPOSURE AND CLAIM FORMS

Attached to this documents as Exhibits, are forms currently in use by the National Insurance Board to report any exposure, injury, accident or claims arising from such, during the course of employment while on the job.

Sample of forms are included in this manual, however the originals are on file at the AAIA office or can be collected directly from the National Insurance Board on Wulff Road.

EXHIBIT 2 - BLOODBORNE PATHOGEN EXPOSURE INCIDENT EVALUATION

Date of accident _____ Time of accident _____
Date of exposure incident _____ Time of incident _____
Location of exposure incident _____
Employee's name _____ NIB# _____
Facility location _____ Facility telephone # _____

Description of exposure incident: include route(s) and circumstance(s):

Source name (if known):

Source HBV/HIV status (if known):

HBV ☐ positive ☐ negative ☐ unknown

HIV ☐ positive ☐ negative ☐ unknown

Employee Hepatitis B immunization status: immunized ☐ yes ☐ no

Immunization date #1 _____ #2 _____ #3 _____

Antibody titer 1: _____ date: _____

Determination of exposure: ☐ exposure incident ☐ non-exposure incident

Initial exposure incident report to:

☐ employee date: _____ ☐ manager date: _____

Information sent to healthcare provider evaluating exposed employee:

Healthcare provider name: _____

Street address: _____

City, State, ZIP: _____

Phone: _____

☐ employee's vaccination status

☐ description of employee's duties relevant to incident

Information from healthcare provider to National Insurance Board's Medical Officer:

1. Written opinion - date _____

2. Copy of written opinion to employee - date _____

3. Recommendation for Hepatitis B vaccination/immune globulin ☐ yes ☐ no

4. Recommendation for further test and/or treatment ☐ yes ☐ no

5. Statement that employee has been informed of evaluation results ☐ yes ☐ no

6. Other information

Signature of National Insurance Board's Medical Officer _____ Date _____

As part of the AAIA's Occupational Safety and Health Program, the following procedures have been established to make the purchase of Personal Protection Equipment (PPE) both easy for the staff and to streamline procurement procedures. PPE is defined as specialized clothing or equipment worn by an employee/investigator as protection from bloodborne pathogens at accident sites. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against hazardous and/or potentially infectious materials is not considered to be PPE.

Please adhere to the following:

1. Supervisors and administrative officers should order an adequate quantity of PPE of the next larger size for investigative personnel for a projected period of not more than 6 months. This will allow for warm clothing in cold weather and provide some measure of ventilation in warmer temperatures. As a rule of thumb an investigator spending an entire day on-site could be expected to use three complete PPE kits.

2. Once the investigative staff is consulted to determine what sizes and approximately how many PPE kits to order, the process of ordering the PPE kits will be accomplished in the following manner:

- Regular resupply of the PPE kits will be ordered via a requisition, which is emailed to the attention of the Finance officer and Permanent Secretary of the Ministry.
- The requisition will be forwarded to the administrative officer once approved to place the order.

Delivery time for normal orders is approximately 4 to 6 weeks.

- Emergency orders, such as an order because of a major aviation accident, can be ordered directly by the Chief Investigator with pre-approval. The delivery time for an emergency order is usually no more than overnight.
- At present, there are no vendors with blanket purchase order accounts established: therefore all orders must be reviewed and placed on a case by case basis.

General Employee Safety Equipment can be ordered from the following suppliers

Lab Safety Supply, Inc., 401 S. Wright Road, PO Box 5004,
Janesville, WI 53547-5004, 1-800-356-0783,

PPE Kits

Med Protect, Inc., 1900 Preston Road #267, Plano, Texas 75093,
(972) 612-1515,

3. Check order completeness upon receipt of the PPE kits. If the order is incomplete, please advise the ASA who will follow up to verify completeness of order.

Any questions can be directed to:

Mr. Delvin R. Major – Chief Investigator

Section D: Claimant's Declaration *(To be completed by the Claimant)*

dd/mm/yyyy

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EXHIBIT 4 - MED FORM 4 - EMPLOYERS CERTIFICATE

The National Insurance Board
Of The Commonwealth of The Bahamas
The National Insurance Act, 1972

For Official Use Only

EMPLOYER'S CERTIFICATE (Form Med.4)**To be completed by the Employer of the Claimant**

I certify that:

- ☐ Mr.
☐ Mrs.
☐ Ms.

Surname First Name Middle Name(s)

holder of National Insurance Number _____ has been employed with

Name of Business/Company (_____) from
Employer NI#

_____, and will be/has been on ☐ Sickness / ☐ Maternity / ☐ Industrial / ☐ Vacation leave from
dd/mm/yyyy

_____ to _____
dd/mm/yyyy dd/mm/yyyy

Employer/Representative: _____
Name (printed) _____
Signature

Position: _____ Date: _____
dd/mm/yyyy

*Affix Business/Company
Stamp/Seal at left*

Note: Contributions are not due for the claimant during the period of incapacity. Application may be made for the refund of contributions paid in error.

IMPORTANT NOTE: Any person who for the purpose of obtaining benefit under The National Insurance Act, for himself or for some other person, knowingly makes any false statement or false representations or produces any document, etc. which he knows to be false, shall be liable to a fine not exceeding Two Thousand Five Hundred Dollars (\$2,500), or to imprisonment for a period not exceeding twelve (12) months or both.

For Official Use Only

EXHIBIT 5 - FORM B-44 - REPORT ON ACCIDENT AT WORK



THE NATIONAL INSURANCE BOARD

EMPLOYER'S REPORT ON ACCIDENT AT WORK

INSTRUCTIONS FOR COMPLETING THIS FORM

1. National Insurance Regulations require that all accidents be reported to the employer. The employer must investigate every accident that comes to his attention, before the form is completed.
2. The entire form is to be completed by the employer or his agent.
3. All questions are to be answered fully; otherwise the form would be incomplete.
4. Submit the form immediately or within three(3) months from date of accident to the nearest National Insurance Local Office, to avoid delay in the processing of the claim and possible penalty (fine of \$500.00) to the employer.

[illegible]

9. Was the Employee authorised to be in that place at that time for the purpose of his/her work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. What injuries were observed at the time of the accident? _____	
11. What additional injuries, if any, have been reported which were not observed at the time of the accident? _____	
12. Did the injured person continue to work after reporting the accident on that day? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Last day Employee worked:	<div><div></div><div></div><div></div></div> <div>Day Month Year</div>
14. Did Employee return to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes", date employee returned to work: <div><div></div><div></div><div></div></div> <div>Day Month Year</div>	
15. Are you satisfied, as a result of your investigation, that an accident occurred at the time, date and place as stated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Please give details of any discrepancy found between the information reported at the time, and the particulars revealed by your investigations. _____	
17. Were there any witnesses to the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please state the witness' name(s) and have witness produce statement to be attached to this report.	
Name: _____	Name: _____
Address: _____	Address: _____
Telephone Number: _____	Telephone Number: _____
18. What health and safety measures have the Employer taken to minimize or prevent the reoccurrence of an accident of this nature? _____	
PLEASE NOTE: Any person who, for the purpose of obtaining a benefit under the National Insurance Act (Chapter 350 Section 52[5]) either for himself or for some other person, makes any false statement or false representation, or produces any false documents, etc., shall be liable on summary conviction to a fine not exceeding \$2,500.00, or to imprisonment for up to twelve(12) months or both.	
DECLARATION:	
I state that the information given on this form is true and correct to the best of my knowledge.	
Signature: _____	Print Name: _____
Date: _____	Position at Firm/Company: _____

Form B-44 [revised 09/2003]

EXHIBIT 6 - FORM B.60 - INTERIM REPORT OF ACCIDENT

This copy to be given to the injured employee or sent with him to the hospital.

**THE NATIONAL INSURANCE BOARD****INTERIM REPORT OF ACCIDENT****National Insurance No.**

M
of (full home address)
who is employed by me as was
injured at work on (date) in the following manner

He is to be medically examined with a view to making a claim for the industrial benefit The National Insurance Act, 1972 and is entitled to treatment in accordance with the National Insurance (Provision of Medical Care Services) Agreement.

Employer's
stamp or
Name and
Address:

Signature.....
Date..... Telephone
Position in Firm.....

Form B.60

[Clip Here]

This copy to be sent or delivered to the nearest National Insurance Board or Local Office.

**THE NATIONAL INSURANCE BOARD****INTERIM REPORT OF ACCIDENT****National Insurance No.**

M
of (full home address)
who is employed by me as was
injured at work on (date) in the following manner

He is to be medically examined with a view to making a claim for the industrial benefit The National Insurance Act, 1972 and is entitled to treatment in accordance with the National Insurance (Provision of Medical Care Services) Agreement.

Employer's
stamp or
Name and
Address:

Signature.....
Date..... Telephone
Position in Firm.....

Form B.60

From B.60 (back of Form)

TO THE EMPLOYER: When an employee is injured at work, fill out two of these forms. Give one copy to the employee or send it with him to the hospital. If he has to be transported home or to the hospital, you are to arrange a suitable conveyance- you may reclaim the reasonable cost from National Insurance Local Office. Send or deliver the second copy of this form to the National Insurance Local Office immediately.

TO THE EMPLOYEE (or escort): Give this form, as completed by the employer to the Ministry of Health hospital, clinic or other health centre. The necessary treatment will be given. If Incapable of work, get a medical Certificate (form Med. 1) from the doctor, complete the claim for Injury benefit, and send or take it to the National Insurance Local Office at once. Any delay in claiming may mean the loss of some benefit.

TO THE HOSPITAL (or clinic, etc.) The injured employee named overleaf is entitled to any necessary treatment without charge, under the National Insurance (Provision of Medical Care Services) Agreement between the Minister of Health and the National Insurance Board.


From B.60 (back of Form)

TO THE EMPLOYER: When an employee is injured at work, fill out two of these forms. Give one copy to the employee or send it with him to the hospital. If he has to be transported home or to the hospital, you are to arrange a suitable conveyance you may reclaim the reasonable cost from National Insurance Local Office immediately.

TO THE EMPLOYEE (or escort) Give this form, as completed by the employer to the Ministry of Health hospital, clinic or other health centre. The necessary treatment will be given. If Incapable of work, get a medical Certificate (from Med. 1) from the doctor, complete the claim for injury benefit, and send or take it to the National Insurance Local Office at once. Any delay in claiming may mean a loss of some benefit.

TO THE HOSPITAL (or clinic, etc.) The injured employee named overleaf is entitled to any necessary treatment without charge, under the National Insurance (Provision of Medical Care Services) Agreement between the Minister of Health and the National Insurance Board.

EXHIBIT 7 – FORM B72 - CLAIM AND DETAILS OF INJURY OR DISEASE

	THE COMMONWEALTH OF THE BAHAMAS THE NATIONAL INSURANCE ACT, 1972 APPLICATION FOR COST OF MEDICAL CARE
PART A CLAIM AND DETAILS OF INJURY OR PRESCRIBED DISEASE	
TO: The Manager	
1.1	I N. I. Number <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table> (Claimant's Full Name)
Address: P. O. Box:	
Telephone (W) Telephone (H)	
Date Of Birth: Date:	
hereby claim refund of medical care charges incurred by me as a result of:	
1.2	* injury received in an industrial accident arising out of or in the course of my employment
or	
1.3	* a prescribed disease which was contracted due to the nature of my employment
Date of accident or development of prescribed disease	
1.4	A brief description or development of the accident or prescribed disease is set out in the spaces below:
2.2.1	The nature of the care being received:
I was treated at:	
Name:	
Address:	
Telephone Number:	
Did you claim injury or sickness benefit? Yes ___ No ___	
PART B DETAILS OF EMPLOYER	
If you are an employed person, please give details of your present employer:	
1.1.1	Employer's Registration Number <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
Employer's Name:	
Address: Telephone No:	
1.2	Your department or foreman/supervisor's name: Employee or work reference number:
* Delete which does not apply <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table>	
FORM B 72	

