I. Purpose

The purpose of the directive is to eliminate or minimize employee occupational exposure to blood and other potentially infectious materials (OPIM) and thereby protect City employees from the hazards of HIV/AIDS, hepatitis B, hepatitis C and other bloodborne diseases. The following directive has been developed to be compliant with the PA Act No. 2001-96: Pennsylvania Bloodborne Pathogen Standard Act (PA 96) and in accordance with the principals of the OSHA Bloodborne Pathogens Standard and guidelines issued by the Centers for Disease Control and Prevention (CDC).

The purpose of PA 96 is to provide protection to public employees who may be exposed to bloodborne pathogens, especially sharps injuries, as a result of their job duties.

City employees in a number of employee jobs/positions are potentially exposed to blood or other potentially infectious materials. Section IV of this Directive will help City Departments in determining employees that are potentially exposed. If employees are potentially exposed the Department must develop and implement the requirements of this directive. PA 96 does not include all employees who are potentially exposed. Additionally, there are further requirements under PA 96 that only applies to employees employed in a health care facility, home health care organizations, or others providing healthcare-related services who are engaged in activities that involve contact with a patient, blood or other body fluids from a patient and are responsible for patient care with potential exposure to a sharps injury. If Departments have employees in PA 96 jobs/positions the Department must be in compliance with this Directive and PA 96. In this Directive the PA 96 requirements, required only for Departments with employees in PA 96 jobs/positions, are identified by the phrase **PA 96 REQUIREMENT**.

The Pennsylvania Department of Health Guidelines on Bloodborne Pathogens for the Public Sector PA 96 is found in the Resource Section of this Directive. These guidelines were used to identify the PA 96 requirements.

**This document and additional occupational safety and health information is available at www.phila.gov/risk.**
II. Definitions

A. **Blood** – Human blood, human blood components, and products made from human blood.

B. **Bloodborne Pathogen** – A pathogenic microorganism that is present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

C. **Engineered Sharps Injury Protection** – A physical attribute built into a needle device used for withdrawing bodily fluids, accessing a vein or artery or administering medications or other fluids, which effectively reduces the risk of exposure to bodily fluids by a mechanism such as barrier creation, blunting, encapsulation, withdrawal, retraction, destruction or other effective mechanisms; a physical attribute built into any other type of needle device or into a non-needle sharp which effectively reduces the risk of exposure to bodily fluids.

D. **Engineering Controls** – Controls or methods (i.e., sharps disposal containers, self sheathing needles) that isolate or remove a bloodborne pathogen hazard from the workplace.

E. **Health Care Professional (HCP)** – HCP might include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the health-care facility, and persons (e.g., clerical, dietary, housekeeping, laundry, security, maintenance, administrative, billing, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP and patients.

F. **Infectious Waste** As defined in 25 PA 271.1 Municipal Waste Management – General Provisions Infectious waste (See resource list for link to the Pennsylvania Department of Environmental Protection, 25 PA 271.1, Municipal Waste- General Provisions, Infectious Waste Definition)

G. **Needleless System** – A device that does not utilize needles for the withdrawal of body fluids after initial venous or arterial access is established and which is used in the administration of medications or fluids including any other procedure involving the potential for exposure to bodily fluids. For example, a needleless system does not use a needle to connect IV medicine to an existing intravenous line.

H. **Occupational Exposure** – Reasonably anticipated eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood, bodily fluids or other potentially infectious materials that result from the performance of an employee’s job duties.

I. **Other Potentially Infectious Materials (OPIM)** – (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, 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; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
J. **PA 96 REQUIREMENT** – A stricter/additional requirement for Departments with employees employed in a health care facility, home health care organization, or other operations providing healthcare-related services and the employee is engaged in activities that involve contact with a patient, blood or other body fluids from a patient and is responsible for patient care with potential exposure to a sharps injury. This term does not include a licensed individual who provides only intraoral care.

K. **Parenteral Exposures** – Some route other than the digestive tract resulting from a breakthrough of the mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

L. **Personal Protective Equipment (PPE)** – Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (i.e., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

M. **Sharp** – An object used or encountered in a health care setting which can reasonably be anticipated to penetrate the skin or any other part of the body and to result in exposure to bodily fluid. The term includes a needle device, scalpel, lancet, broken glass, or a broken capillary tube.

N. **Sharps Injury** – An injury caused by a sharp and resulting in exposure to blood, bodily fluid or OPIM. The term includes any cut, abrasion or needle stick.

O. **Sharps Injury Log** – A written or electronic record of injuries resulting from contact with a sharp.

P. **Standard Precautions** – Precautions that apply to 1) blood; 2) all body fluids, secretions, and excretions, except sweat, regardless of whether or not they contain visible blood; 3) non-intact skin; and 4) mucous membranes. Standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals.

   **Note:** Use of Standard Precautions meets and exceeds Universal Precaution measures.

Q. **Universal Precautions** – An approach to infection control that treats all human blood, and certain human bodily fluids, as if they are known to be infectious for bloodborne pathogens. Those certain human bodily fluids include cerebrospinal fluid (CSF), synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, semen, and vaginal secretions. It also includes the following bodily fluids, if they contain visible blood: feces, nasal secretions, sputum, sweat, tears, urine, and vomitus.

R. **Work Practice Controls** – Controls or methods that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by two-handed method).

III. **Departmental Exposure Control Activities**

A. Any Department having employees with occupational exposure shall develop and implement a written Exposure Control Plan designed to eliminate or minimize employee exposure.

B. **PA 96 REQUIREMENT** - If a Department has employees who work in a health care facility, home health care organization or other operations providing health care related services and the employees:
1. engage in activities that involve contact with a patient, blood or other body fluids from a patient and

2. are responsible for direct patient care with potential exposure to a sharps injury; then the Department must ensure it’s in compliance with the Commonwealth of Pennsylvania Guidelines on Bloodborne Pathogens for the Public Sector. (See resource list for the link).

C. The Department Safety Officer (and/or Infection Control Officer) shall identify employees with occupational exposure to blood and other potentially infectious materials (OPIM). Positions where only some employees have occupational exposure to blood and OPIM shall be described with their exposure related tasks (See section IV).

D. The Department Safety Officer shall ensure that appropriate protective equipment is immediately available to employees with occupational exposure.

E. The Department Safety Officer shall ensure that the Hepatitis B vaccination series is made available to employees with occupational exposure.

F. Completed vaccination and vaccination status shall be documented in the employee’s medical records at the Employee Medical Evaluation Unit (MEU) and in the Department’s medical file for each employee. Employees will also be provided written documentation of their immunization status.

G. The Department shall also assure that employees are aware of the Bloodborne Pathogens Exposure Control Plan, its protections and components including Post—Exposure Prophylaxis, Counseling, and Follow Up (See Appendix A Post-Exposure Prophylaxis, Counseling and Follow-up), and provided training about the plan. Employees shall be instructed to immediately report any occupational exposure incident to his/her supervisor or chain of command.

H. Supervisors shall ensure that the “City of Philadelphia Bloodborne Pathogens Exposure Report Form” (See Appendix B City of Philadelphia Bloodborne Pathogens Exposure Report Form) is completed upon being notified of an exposure in the workplace.

I. The Department shall ensure that employee(s) exposed to blood or OPIM are immediately, within 2 hours if possible, evaluated and counseled about the exposure by the designated City Workers’ Compensation treatment site.

J. Employees shall comply with procedures established by the Department in accordance with this Directive to minimize risk of exposure.
1. Employees shall **immediately** report to his/her supervisor and to the Department Infection Control Officer and/or Safety Officer the potential occupational exposure incident to blood or OPIM.

**Note:** Timing of reporting and treatment is important because any recommended post exposure prophylaxis should be initiated as soon as possible, preferably within two hours rather than days after exposure.

2. Employees who must administer insulin injections to themselves at work must use a rigid container with a closeable top to dispose of their syringes. When three-quarters full, the rigid container must be securely sealed before it is placed in the regular trash.

K. Annually the Department shall review and update the Department’s Bloodborne Pathogen Exposure Control Plan for effectiveness; applicability of the program and its elements to the Department; and compliance with, state, and local regulations. Any deficiencies, and operational issues identified by the review shall be corrected.

L. The Department’s Safety Officer/Infection Control Officer shall provide a copy of the Certification of Significant Exposure to Blood and/or Bodily Fluids form within 15 days of the incident to Third Party Administrator for disability.


N. Where this directive does not address a certain topic the Department should refer to the OSHA Bloodborne Pathogens Standard *(See the resource list for a link to the OSHA Bloodborne Pathogens Standard)* for further guidance.

IV. Exposure Determination

A. This section provides guidance to assist Departments in determining which employees have occupational exposure to blood or OPIM.

B. The following positions have been identified as having duties that could reasonably result in occupational exposure to blood or other material potentially containing a bloodborne pathogen:

   1. Correctional Officers
   2. Emergency Medical Technicians (EMTs)
   3. Employees required by job duties to provide first aid and CPR
   4. Firefighters
   5. Health Care Providers
   6. Medical Examiner Office Personnel
   7. Paramedics
   8. Police Officers
   9. Sheriff's Officers

C. In addition, the following jobs/positions are examples of ones in which some employees may have occupational exposure to blood and OPIM. Since not all the employees in these
categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The jobs/positions and associated tasks/procedures for these categories are as follows:

<table>
<thead>
<tr>
<th>Job/Position</th>
<th>Tasks/Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Custodial workers</td>
<td>Cleaning up blood or OPIM or handling waste containing sharps, blood or OPIM</td>
</tr>
<tr>
<td>Laboratory workers</td>
<td>Handling samples or specimens containing blood or OPIM</td>
</tr>
<tr>
<td>Laborers</td>
<td>Working in Streets Department Sanitation/Recycling</td>
</tr>
<tr>
<td>Licenses &amp; Inspections Clean &amp; Seal workers</td>
<td>Cleaning up blood or OPIM or handling waste containing sharps, blood or OPIM</td>
</tr>
<tr>
<td>Security Guards</td>
<td>Designated to provide first aid or CPR</td>
</tr>
<tr>
<td>Streets &amp; Walkways Education &amp; Enforcement Program (SWEEP) officers</td>
<td>Investigating and handling waste containing sharps, blood or OPIM</td>
</tr>
<tr>
<td>Workers</td>
<td>Handling waste containing sharps, blood or OPIM</td>
</tr>
</tbody>
</table>

D. Departments shall identify through an exposure determination other employees with occupational exposure to blood or OPIM. Those employees will also be considered to have occupational exposure (See Appendix C, Exposure Determination for Occupational Exposure to Bloodborne Pathogens).

E. **PA 96 REQUIREMENT:** The following are examples of facilities with employees working in jobs/positions that must meet the PA 96 requirements. This is not intended as a complete list. Departments as part of the employee exposure determination must determine if any facility must comply with PA 96 requirements.

3. Healthcare related services – Phila. Prison System health care services, Phila. Fire Department Emergency Medical Services, Department of Human Services health care services

V. Compliance Methods

A. **Universal Precautions/Standard Precautions**

1. At a minimum Universal Precautions will be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
2. All City of Philadelphia healthcare workers and/or healthcare operations shall follow Standard Precautions. The CDC recommends Standard Precautions for the care of all patients, regardless of their diagnosis or presumed infection status.

B. **Engineering Controls**

1. Engineering controls shall be used when feasible to control or eliminate exposure. If exposure is still present after institution of engineering controls, other controls such as work practice and personal protective equipment shall be used.

2. **PA 96 REQUIREMENT** - Needless systems and sharps with engineered sharps injury-protection are considered effective engineering controls. Before an engineering control is introduced, a process shall be established for departments and employees to annually evaluate engineered sharps injury-prevention devices and needleless systems.

C. **Sharps Injury Log**

As part of the Exposure Control Plan, departments shall establish a Sharps Injury Log (See Appendix D Sharps Injury Log Template) to assist in monitoring injuries and developing plans to eliminate or reduce injury incidents.

1. If the sharp had engineered sharps injury-protection, the log should indicate whether the protective mechanism was activated and whether the injury occurred before, during, or after the activation of the protective mechanism.

2. If the sharp had no engineered sharps injury-protection, the completed City of Philadelphia Accident Injury and Illness form (COPA II), Part V shall indicate if engineered sharps injury-protection could have prevented the injury and the basis for that assessment.

3. The completed COPA II, Part V must include an assessment of whether any other engineering, administrative or work practice could have prevented the injury and the basis for that assessment.

4. **PA 96 REQUIREMENT** - Departments shall provide affected employees with an opportunity to evaluate sharps injury prevention devices and needless systems. The Safety Officer/Infection Control Officer shall make available to employees information on sharps injury prevention devices, and needless systems used by the Department. This can be incorporated into Accident & Illness Prevention Program (AIPP) Element P-10: Pre-Operational Review Process.

D. **Work Practices**

Work practices must be used to eliminate or minimize employee exposure. Examples of work practices include, but are not limited to: hand washing, recapping or removing needles with a mechanical device or one-handed technique, methods to minimize splashing or spraying of blood, safe methods to handle broken sharps and spill clean-up.

1. Hand Hygiene
a. Hand washing sinks and cleaning agents must be made available to employees who have occupational exposure to blood and OPIM.
b. When sinks are not feasible an antiseptic hand sanitizer (60% alcohol at a minimum) shall be provided. Employees shall wash hands with soap and running water as soon as feasible.
c. Employees shall be informed about the location of sinks and hand sanitizers.
d. Employees must wash their hands:
   i. After proper removal of gloves or other personal protective equipment;
   ii. When obvious contamination with blood, body fluids or other potentially infectious materials are present;
   iii. Following the completion of work and before leaving the work area.

2. Contaminated needles and other contaminated sharp objects shall not be bent, recapped, removed or purposely broken. Any needles that must be recapped or removed must be done with clamps, forceps or other mechanical device or by a one-handed technique.

3. Contaminated sharps shall be placed as soon as possible into an appropriate impervious sharps container. Sharps containers must be puncture resistant, labeled with the biohazard label and leak-proof on the sides and bottom. These containers shall be as close to the work area as possible, positioned at a convenient level for use and maintained in a safe secure manner.
   a. Never manually open, empty or clean a sharps disposal container.
   b. A sharps container containing sharps must be disposed in accordance with all infectious waste regulations (see F. Housekeeping).

4. Specimens of blood or other potentially infectious material (OPIM) must be placed in a container that prevents leakage during the collecting, handling, processing, storage and transport of the specimen. This container shall be labeled or color-coded to identify the potential hazard. Where necessary, a secondary puncture resistant container shall be provided. Blood contaminated evidence should also be handled with care to prevent exposure.

5. In work areas where there is a reasonable likelihood of exposure to blood or OPIM, employees are not allowed to eat, drink, apply cosmetics or lip balm, smoke or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, or on cabinets, shelves, countertops or benchtops where blood or OPIM are present.

6. Mouth pipetting or mouth suctioning of blood or OPIM is strictly prohibited.

7. Work practices shall be developed which will minimize splashing, spraying or generation of droplets of blood or OPIM.
8. Equipment contaminated with blood or OPIM, shall be decontaminated (see F. Housekeeping) as soon as feasible and in all cases prior to servicing or shipping. If equipment cannot be decontaminated immediately, it shall be isolated and labeled to identify the potential biohazard. If possible the contaminated equipment shall be placed in a biohazard bag.

E. **Personal Protective Equipment (PPE)**

Employees shall use personal protective equipment when occupational exposure remains after using engineering controls and work practices or used in conjunction as an additional means of protection.

1. All PPE will be provided without cost to the employee. PPE will be chosen based on the anticipated exposure to blood or OPIM in sizes that appropriately fit each employee. Appropriate PPE will provide an effective barrier to blood and OPIM from passing through to employee's clothing, skin, eyes or mouth under normal conditions of use. Examples of PPE include, but are not limited to, gloves, masks, gowns, mouthpieces, resuscitation bags, eye protection, face shields, pocket masks, or other respirator ventilation devices. Hypoallergenic (latex free) gloves, glove liners, powder-free gloves or similar alternatives shall be readily accessible to employees who are allergic to the gloves normally provided.

2. All contaminated PPE will be decontaminated, laundered and/or disposed of by the City at no cost to the employee. All repairs and replacement will be made by the City at no cost to employees.

3. All garments contaminated by blood or OPIM shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area.

4. Gloves shall be worn whenever there is reasonably anticipated hand contact with blood or OPIM. Disposable/single-use gloves are not to be washed or decontaminated for re-use. When gloves become contaminated, torn, punctured or exhibit other signs of deterioration they should be replaced as soon as possible.

5. Multiple-use safety gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Multiple-use safety gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

F. **Housekeeping**

1. Work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures, immediately when overtly contaminated, after any spill of blood or other potentially infectious materials, and at the end of the work shift when surfaces have become contaminated since the last cleaning. The list of EPA registered disinfectants can be found at: [http://www.epa.gov/oppad001/chemregindex.htm](http://www.epa.gov/oppad001/chemregindex.htm)
2. Procedures shall be developed and implemented to ensure that broken glassware and other contaminated sharp materials are not picked up directly with hands.

3. Procedures must be developed for handling, storing and disposing of infectious waste in accordance with:

   a. The Pennsylvania Department of Environmental Protection requirements (25 PA Code 284, Infectious and Chemotherapeutic Waste) for the storage and disposal of infectious waste.

G. **Hepatitis B Vaccine**

1. All employees identified as having exposure to blood and OPIM shall be offered the hepatitis B vaccine, at no cost. (*See Appendix E HBV Vaccination Record*).

2. The vaccine shall be offered within 30 working days of initial assignment to employees identified as having occupational exposure to blood or OPIM.

3. **PA 96 REQUIREMENT** - The vaccine shall be offered within 10 working days to employees employed in a health care facility, home health care organization or other operations providing health care services; whose activities involve contact with a patient or with blood or other body fluid from a patient in a health care or laboratory setting; or who is responsible for direct patient care with potential occupational exposure to a sharps injury, as required by the Commonwealth of Pennsylvania Guidelines on Bloodborne Pathogens for the Public Sector.

4. Administration and Procurement of Vaccine

   a. Each year as part of the budgeting process each department that utilizes MEU for administration of the vaccine will provide MEU with an estimate of the number of vaccine doses that will be needed in the next fiscal year. The City will provision the purchase of the vaccine through the Phila. Department of Public Health.
   b. Other departments will be required to acquire and administer the vaccine through their own process and protocols in accordance with federal, state & local guidelines; which may require the department to use a vendor. All departments must provide documentation of employees’ vaccination records to MEU.

5. To determine the need for revaccination and to guide post exposure prophylaxis, *post vaccination serologic testing should be offered to Health Care Providers (HCPs)* including emergency medical technicians (EMTs) and paramedics who are at high risk for occupational percutaneous or mucosal exposure to blood or OPIM. Postvaccination serologic testing must be offered between 1 and 2 months after the third vaccination dose.

*Note*: CDC recommends that postvaccination serologic testing for the Hepatitis B antibodies (anti-HB) be done approximately one to two months after the completion of the vaccination series for a proper indication of vaccine efficacy, as anti-HB levels
are most accurately detectable for the first 30-60 days. Antibody testing is not recommended after the two-month period, as the reliability of the antibody as a true marker of a recent HBV infection or vaccination is not accurate.

6. Employees who choose to decline the Hepatitis B vaccine shall sign the Vaccination Declination Form (See Appendix F HBV Vaccination Declination Form). Employees who initially decline, but who later wish to have it may then have the vaccine provided at no cost.

H. Post Exposure Follow-up (including needle sticks)

1. Employees shall immediately report to his/her supervisor and to the Department Infection Control Officer and/or Safety Officer the potential occupational exposure incident to blood or OPIM.

   Note: Timing of reporting and treatment is important because any recommended post exposure prophylaxis should be initiated as soon as possible, preferably within two hours rather than days after exposure.

2. Safety Officers and Infection Control Officers must follow the procedures in the Risk Management Directive, #P-4, Communicable Disease Policy for the City of Philadelphia (See the resource list for a link to the Risk Management Directive, #P-4, Communicable Disease Policy for the City of Philadelphia).

3. All employees with a concern about or an actual blood or OPIM exposure will receive medical evaluation and follow-up counseling. When medically indicated, post exposure testing and post exposure prophylaxis will be provided at no cost to the employee.

4. The Safety Officer/Infection Control Officer shall:

   a. Ensure the following forms are completed by the appropriate individual:

      i. Medical Care Provider Referral Authorization and Act 57 Employee Notification form
      ii. City of Philadelphia Accident Injury and Illness Report (COPA II) Form
      iii. City of Philadelphia Bloodborne Pathogens Exposure Report form (See Appendix B)
      iv. Sharps Injury Log (See Appendix D) when the exposure incident involves a sharp
      v. Certification of Significant Exposure to Blood and/or Bodily Fluids (see Appendix G)
      vi. The request for source patient consent form (See Appendix H Example Request for Source Patient Consent)
      vii. The Philadelphia Police Department and Philadelphia Fire Department will use the Department’s approved forms found in their policies.

   b. Follow the procedures in Appendix A, Post-Exposure Prophylaxis, Counseling and Follow-up.
5. Employees shall attend all follow-up counseling, post exposure testing and medical evaluations.

6. When an employee is treated for an occupational exposure to blood or OPIM within the employee disability system, a record of that treatment shall be provided to the Medical Evaluation Unit (MEU).

7. Within 15 days of the evaluation, the employer shall obtain a copy of the healthcare professional’s written opinion; a copy of which shall also be provided to the employee.
   a. The written opinion shall be limited to whether the Hepatitis B vaccination is indicated for the employee and if the employee has received the vaccination.
   b. It shall also indicate that the employee
      i. has been informed of the evaluation results,
      ii. has been informed of any medical conditions that could result from exposure and possibly require further evaluation and treatment, and
      iii. has been informed that all other findings and diagnoses shall remain confidential and shall not be included in the written report.

I. Training

1. Departments shall ensure that all employees with occupational exposure receive training.

2. Initial Training
   a. Initial training shall be provided within 15 days of assignment to employees with occupational exposure to blood and OPIM.
   b. **PA 96 REQUIREMENT** - Initial training shall be provided at time of initial assignment to employees employed in a health care facility, home health care organization or other operations providing health care services; whose activities involve contact with a patient or with blood or other body fluid from a patient in a health care or laboratory setting; or who is responsible for direct patient care with potential occupational exposure to a sharps injury. As required by the Pennsylvania Bloodborne Pathogens Act (PA 96).

3. Annual training for employees shall be provided within one year of the previous training.

4. Additional training shall be provided when changes such as: introduction of an engineering control, modification or institution of new tasks or procedures affect the employee’s occupational exposure. The additional training may be limited to the new exposure.
5. Training for employees will include explanations of the following:
   a. **PA 96 REQUIREMENT** – training will include a copy and discussion of
      the Commonwealth of Pennsylvania Guidelines on Bloodborne Pathogens
      for the Public Sector.
   b. The Department Bloodborne Pathogen Exposure Control Plan. (i.e. points
      of the plan, lines of responsibility, how the plan will be implemented,
      etc.).
   c. The health effects of exposure to bloodborne pathogens.
   d. Modes of transmission of bloodborne pathogens.
   e. Exposure prevention methods including engineering controls and safe
      work practices.
   f. Control methods which will be used at the facility or operation to control
      exposure to blood or other potentially infectious materials, including
      hands on training with needle and needless systems when applicable.
   g. Personal protective equipment available at their worksite and who should
      be contacted concerning availability.
   h. Post-exposure procedures, prophylaxis, evaluation, counseling and follow-
      up for exposure to blood and body fluids including treatments, their goals
      and side-effects.
   i. Signs and labels used at the facility or in the Department.
   j. Benefits and availability of Hepatitis B vaccine program at the facility or
      in the Department.
   k. Employees’ rights to access records (i.e., personal medical records, sharps
      injury log records, training records).

VI. **Record keeping**

A. **Medical Records**

1. Medical records must be maintained in a confidential file for each employee with
   occupational exposure to blood or OPIM. These records shall be kept for the length of
   employment plus 30 years.

   **Note:** Medical Records cannot be kept in the employee personnel file. Medical Records
   included in the employee personnel file does not meet the requirements for confidential
   medical records. All medical records shall be maintained at the MEU.

2. Medical records shall include a personal identifier (for example payroll number),
   Hepatitis B vaccine status, dates of vaccination, consent/declination form, exposure
   incident information, post-exposure follow-up information, and all other relevant
   records.

3. Departments using a vendor must provide employee vaccination records or employee
   declination forms to the MEU.

4. Medical records shall be provided within 15 working days upon request to the
   employee or to a person having the written consent of the employee.
B. Training Records
   1. Department Infection Control Office or Safety Office shall maintain training records.
   2. Training records are maintained for each employee. Training records must be maintained for the current and last two fiscal years.
   3. Training records must include: dates of training, contents of sessions, names and qualifications of instructors, and names of those attending the training sessions.

C. Sharps Injury Log
   1. Departments shall maintain the Sharps Injury Log for the current and last two fiscal years. (See Appendix D).

VII. Labels and Signs

A. Biohazards must be labeled. Required labels consist of a red or fluorescent orange colored background with the traditional biohazard symbol in a contrasting color (See Figure 1). Red bags or containers with proper biohazard symbol printed on it may be used in lieu of placing labels on the exterior of the contents.

![Figure 1 - EXAMPLE BIOHAZARD SYMBOL](image)

B. Each department will be responsible for maintaining an adequate supply of the required biohazard labels and signs.

C. The following items must be labeled:
   1. Containers of regulated waste;
   2. Refrigerators, freezers, incubators, or other equipment containing blood or other potentially infectious materials;
   3. Sharps disposal containers;
   4. Containers used to store, transport or ship blood and other potentially infectious materials. When a primary container holds a number of smaller items containing the same potentially infectious substance,
only the primary container need be labeled;
5. Laundry bags/containers holding contaminated items. Laundry may be placed in a red hamper without a label or red laundry bag;
6. Contaminated equipment.

D. All employees handling these containers will be informed of their contents and the need to use Universal/Standard Precautions when handling such items.

E. Items that are transported or shipped must comply with local and federal regulations.

F. Signs must be posted at the entrance to HIV and HBV Research Laboratories.

VIII. **PA 96 REQUIREMENT – Compliance and Complaint Procedures**

A. Compliance and Complaint Procedure - Departments shall develop and implement compliance monitoring procedures by conducting, at a minimum, a yearly review of the Bloodborne Pathogens Prevention & Response Program. This should be done as part of the department’s annual safety program evaluation (see Risk Management Safety Directive A-15).

B. Departments shall develop and implement a complaint process. This should be done as part of the Safety Suggestion and Communication Program.

C. At a minimum, contractors shall comply with all applicable federal, Commonwealth of Pennsylvania and City of Philadelphia bloodborne pathogens related regulations and requirements.
APPENDICES LIST

Appendix A  Post-Exposure Prophylaxis, Counseling and Follow-up
Appendix B  City of Philadelphia Bloodborne Pathogens Exposure Report Form
Appendix C  Exposure Determination for Occupational Exposure to Bloodborne Pathogens
Appendix D  Sharps Injury Log Template
Appendix E  HBV Vaccination Record Sheet
Appendix F  HBV Vaccination Declination Form
Appendix G  Certification of Significant Exposure to Blood and/or Bodily Fluids
Appendix H  Request for Source Patient Consent to Provide Blood Test Results
RESOURCES

Risk Management Division, Safety Directive P-4, Communicable Disease Policy for the City of Philadelphia

Risk Management Division, AIPP Templates – P Element, Preoperational Process Procedure
http://www.phila.gov/finance/units-riskmanagementtemplates.html

Risk Management Division, City of Philadelphia Accident, Injury and Illness (COPA II) Report
http://www.phila.gov/finance/units-riskmanagementinjuryrequired.html

Risk Management Division, Medical Health Care Provider Referral, Authorization and Employee Notification

City of Philadelphia, Department of Public Health, Regulations Governing Disposal of Infectious Wastes from Hospitals, Health Care Facilities and Laboratories (Philadelphia Code, Title 6 – Health Code Section 6-402(4) Institutions and Section 6-401(1) Industrial Establishments

City of Philadelphia Regulation 32 Pennsylvania Workers’ Compensation Act Designated Health Care Provider Panel
http://www.phila.gov/finance/pdfs/risk/Required%20Postings/Reg%2032%20All%20Panels%20(revised%20as%20of%20101510).pdf

PA Act No. 2001-96 “Bloodborne Pathogens Standard Act”
http://www.portal.state.pa.us/portal/server.pt (keyword search: Sessionof2001Act96.pdf)

Pennsylvania Department of Health, Guidelines on Bloodborne Pathogens for the Public Sector
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