



CITY OF PHILADELPHIA RISK MANAGEMENT DIVISION  
**Safety Directive # CD-1** Revision #2 March 14, 2001

Title: Bloodborne Pathogens Exposure Control Plan

I. Purpose

In accordance with the principles of the OSHA Bloodborne Pathogen Standard and the Centers for Disease Control's Guidelines for Prevention of the Transmission of Human Immunodeficiency Virus (HIV), the following exposure control plan has been developed. The plan's purpose 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 AIDS/HIV, hepatitis B, hepatitis C and other bloodborne diseases.

II. Departmental Exposure Control Activities

- A. Departmental safety officers or designated Risk Management coordinators shall be responsible for reviewing the exposure determination section and ensuring that all jobs in their department which may incur occupational exposure to blood and other potentially infectious materials (OPIM) are identified. Jobs where only some tasks involve contact with blood and OPIM shall be described with the exposure related tasks as in IIIB.
- B. The Departmental safety officer or designated Risk Management coordinator shall work with the Safety and Loss Prevention Unit of the Risk Management Division, Procurement Department and supervisors for employees identified as having occupational exposure to blood or other potentially infectious materials (OPIM) to ensure that appropriate protective equipment is immediately available to exposed employees.
- C. Supervisory Personnel (including Department Commissioners, Managers, and Supervisors shall identify employees determined to have an occupational exposure to bloodborne pathogens; provide funding for and schedule Hepatitis B vaccination. They shall also assure that employees are aware of control plan, its protections and components, provide training about the plan and ensure that employees **immediately** report any occupational exposure incident and assure that the exposed employee(s)

are **immediately** evaluated and counseled about the exposure by a participating Industrial Health Clinic.

- D. Departmental safety officers or designated Risk Management coordinators shall work with the Employee Medical Services Unit and supervisors for employees identified as having occupational exposure to blood or OPIM to ensure that each employee so exposed has been offered, free of charge, a hepatitis B vaccination. These vaccinations if declined by the employee must be fully documented by a signed waiver (see Appendix A). Completed vaccination and vaccination status shall be documented in employee medical records and in computer records to be forwarded to the Safety & Loss Prevention Unit.
- E. Departmental safety officers or designated Risk Management coordinators shall work with the Departmental training officers, Safety & Loss Prevention Unit, Health Department and supervisors of exposed employees to ensure that all employees occupationally exposed to blood & OPIM receive training as described in section IV.K. This training should be provided within 15 days of assignment to a job with occupational exposure to blood and OPIM and updated at least annually.
- F. Employees shall comply with procedures established by departmental supervisors in accordance with this exposure control plan to minimize risk of exposure. Employees are also responsible for **immediately** informing their supervisors or ranking officers of any exposure incident.

### III. Exposure Determination

- A. The term “Other potentially infectious materials (OPIM)” is defined as materials in addition to human blood that may be capable of transmitting bloodborne pathogens. These include:
  - 1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental settings, 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).
  - 3. HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture media or other solutions as well as human cell cultures not shown to be free of bloodborne pathogens.

4. Blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- B. The following jobs can be expected to incur occupational exposure to blood and OPIM:  
 Paramedics,  
 Emergency Medical Technicians (EMTs),  
 Firefighters  
 Police Officers,  
 Correctional Officers,  
 Sheriff's officers,  
 Health care providers, and  
 Medical Examiner Office personnel.
- C. In addition, the following job classifications 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 job classifications and associated tasks/procedures for these categories are as follows:

<b>Job Classification</b>	<b>Tasks/Procedures</b>
Laboratory workers	Handling samples or specimens containing blood or OPIM
Recreation workers	Responsible for providing first aid to clients
Workers	Responsible for handling bio-hazardous waste
L & I Clean & Seal workers	Responsible for cleaning up bloody materials

#### IV. Compliance Methods and Schedule

##### A. **Universal Precautions**

Universal precautions will be observed in all areas where employees could come in contact with blood or OPIM. Universal Precautions assumes that all blood and OPIM are infectious regardless of the perceived status of the source individual.

##### B. **Engineering Controls**

Engineering and work practice controls shall be used as feasible to control or eliminate exposure. If exposure is still present after institution of these controls, personal protective equipment should still be used.

**C. Hand washing sinks**

Hand washing sinks and cleaning agents must be made available to employees who have occupational exposure to blood and OPIM. If these sinks are not feasible due to the nature of the work/site-- an antiseptic cleaner with cloth or paper towels or antiseptic towelettes should be provided. Employees should also be aware of location of sinks or antiseptic cleaner towelettes.

**D. Specimens**

Specimens of blood or other potentially infectious material will 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.

**E. Work Practices**

1. Employees will wash their hands:
  - a. After removal of gloves or other personal protective equipment;
  - b. When obvious contamination with blood, body fluids or other potentially infectious materials are present;
  - c. Following the completion of work and before leaving.
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 sharps container. Sharps containers are puncture resistant, labeled with the biohazard label and are leak-proof in the sides and bottom.
4. Employees who must administer insulin injections to themselves at work, must use a rigid container to dispose of their syringes. When full, the rigid container must be securely sealed and can then be placed in the regular trash.
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 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.

F. **Decontamination**

If equipment has become contaminated with blood or OPIM, it shall be decontaminated as soon as feasible and in all cases prior to servicing or shipping. If for some reason, the equipment cannot be decontaminated immediately, it shall be labeled to identify the potential biohazard.

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

1. All PPE will be provided without cost to the employee. PPE will be chosen based on the anticipated exposure to blood or OPIM. Appropriate PPE will provide an effective barrier to blood and OPIM passing through to employee's clothing, skin, eyes or mouth under normal conditions of use.
2. All PPE will be cleaned, laundered and disposed of by the City at no cost to the employee. All repairs and replacement will be made by the City with no cost to employees.
3. All garments penetrated by blood 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 gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical, when they become contaminated, or as soon as feasible if they become torn, punctured or exhibit other signs of deterioration.
5. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

H. **Housekeeping**

Decontamination will be accomplished by using a 10% bleach solution or other approved disinfectant. Special procedures shall be developed and implemented to ensure that broken glassware and other contaminated sharp materials are not picked up directly with hands.

I. **Hepatitis B Vaccine**

All employees identified as having exposure to blood and OPIM will be offered the hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 30 working days of initial assignment to work involving potential for occupational exposure to blood and OPIM. Employees who choose to decline the Hepatitis B vaccine will sign a waiver which is included as appendix A of this document. Employees who initially decline but who later wish to have it may then have the vaccine provided at no cost.

J. **Exposure follow-up**

When an employee incurs an exposure incident, it should be **immediately** reported to his/her supervisor and to the Departmental safety officer or designated Risk Management coordinator. Timing of reporting and treatment is key as **treatment should begin within two hours of an exposure**. All employees experiencing an exposure incident shall receive a post-exposure evaluation, counseling and follow-up in accordance with appendix B.

K. **Training**

Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur. Training for employees will include explanations of the following:

1. the OSHA standard for Bloodborne Pathogens and the City's Bloodborne Pathogen Protection Program.
2. Epidemiology and symptomatology of bloodborne diseases.
3. Post-exposure prophylaxis for exposure to blood and body fluids including chemical treatments, their goals and side-effects.
4. Modes of transmission of bloodborne pathogens.
5. this Exposure Control Plan, i.e. points of the plan, lines of responsibility, how the plan will be implemented, etc.).
6. Procedures which might cause exposure to blood or other potentially infectious materials at their worksite.
7. Control methods which will be used at the facility to control exposure to blood or other potentially infectious materials.
8. Personal protective equipment available at their worksite and who should be contacted concerning availability.
9. Post Exposure evaluation and follow-up.

- 10 Signs and labels used at the facility or in the Department.
11. Hepatitis B vaccine program at the facility or in the Department.

V. Record keeping

- A. The Departmental safety officer or designated Risk Management coordinator shall maintain departmental records related to the bloodborne pathogen exposure control program.
- B. The Medical Evaluation Unit shall maintain the medical records generated by this program. Where 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).
- C. Records generated under this program shall be maintained for the duration of the employee's employment plus thirty (30) years.

VI. Labels and Signs

- A. Biohazards must be labeled according to the following procedures. Required labels consist of a red or fluorescent orange colored background with the traditional biohazard symbol in a contrasting color. Each department will be responsible for maintaining a supply of the required biohazard labels and signs. The following items must be labeled:
  - a. Containers of regulated waste;
  - b. Refrigerators, freezers, incubators, or other equipment containing blood or other potentially infectious materials;
  - c. Sharps disposal containers;
  - d. 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. All employees handling these containers will be informed of their contents and the need to use Universal Precautions when handling such items. Items that are transported or shipped, need to comply with local and federal regulations;
  - e. Laundry bags/containers holding contaminated items. Laundry may be placed in a red hamper without a label or red laundry bag. Employees handling laundry will be informed of the potential for contamination and/or infectivity of red laundry bags;
  - f. Contaminated equipment.

## **Appendix A**

### **Waiver for Hepatitis B Vaccination – To be completed by employees refusing vaccine.**

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**Appendix B**  
**Post-exposure Evaluation, Prophylaxis and Follow-up**