

## BLOOD-BORNE DISEASES

### 10.01 PURPOSE

- A. To provide Department personnel with accurate information concerning Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS).
- B. To provide ongoing education and information to Department personnel on HIV/AIDS, and other related conditions/diseases, or blood-borne pathogens in order to increase knowledge about these diseases.
- C. To provide policy guidance on Department personnel's response relative to HIV infection and AIDS in work settings, including servicing the public who may have or are perceived to have HIV infection or AIDS.
- D. To establish procedures to effectively manage HIV-related personnel situations in the workplace.
- E. To safeguard the confidentiality of HIV-related information on personnel and their dependents.
- F. To provide for the use of universal precautions by all personnel during the course of their duties so the necessary steps to reduce the risk of contracting blood-borne diseases, including HIV, may be taken without compromising the effective performance of their duties.
- G. To establish exposure protocols in the event that personnel have reason to believe they have been potentially exposed to blood and/or other potentially infectious material (OPIM) implicated in the transmission of HIV, and/or other blood-borne pathogens.
- H. To appoint the State Police Medical Officer as the Agency Workplace Infectious Control Coordinator, with responsibility for overseeing the implementation of Department guidelines and acting as a liaison with the Office of Administration.

### 10.02 DEFINITIONS

- A. HIV (Human Immunodeficiency Virus): HIV is a virus transmitted through sexual contact, the sharing and use of contaminated needles, from infected mother to child (perinatal transmission or breast-feeding), or by direct exposure of

infected blood or blood products, or other infected body fluids directly into the bloodstream. HIV is the virus that causes AIDS. HIV infection is currently incurable, but in some cases may be manageable through the use of FDA-approved drugs. HIV infection can continue for several years before a person receives a medical diagnosis of AIDS.

- B. AIDS (Acquired Immune Deficiency Syndrome): AIDS occurs when there is severe impairment of the immune system caused by HIV infection, resulting in the body not having its normal ability to fight diseases. AIDS is diagnosed when certain opportunistic diseases or other disorders identified by the Centers for Disease Control and Prevention (CDC) are found in persons with HIV infection. AIDS also is diagnosed when opportunistic diseases are not found in persons with HIV infection, but their immune systems are severely compromised, as defined by the CDC.
- C. Antibody: A protein belonging to a class of proteins called immunoglobulin. Antibodies are produced by white blood cells to counteract antigens (infectious agents like viruses, bacteria, etc.). The antibodies then fight and often neutralize or inactivate that infectious agent.
- D. Blood-Borne: Transmitted and sustained by blood.
- E. CDC: Centers for Disease Control and Prevention.
- F. CD4: A human white blood cell that recognizes virus-infected cells and stimulates other white blood cells to destroy them. These CD4 "helper T cells" are infected and killed by the HIV (AIDS) VIRUS. The number of CD4 cells decrease as the AIDS disease progresses.
- G. HBV (Hepatitis B Virus): The virus that causes Hepatitis B.
- H. HCV (Hepatitis C Virus): The virus that causes Hepatitis C.
- I. HIV Antibody Test: The most commonly used test to determine the presence of antibodies to HIV is the Enzyme Linked Immunosorbent Assay (ELISA). This test can determine the presence of antibodies in blood, oral fluid (not saliva), and urine. The ELISA must be confirmed by a Western Blot test or an Immunofluorescent Assay to screen out false positive ELISAs and confirm true seropositivity.
- J. HIV Seropositive: The confirmed presence of HIV antibodies or antigens which indicate that the tested individual is infected with HIV.

- K. Immune System: The body's natural defense system to fight diseases, influenced by heredity, age, past illness history, diet, drugs, and physical and mental health. It includes production of circulatory antibodies and their function.
- L. Opportunistic Disease: A disease which is often life threatening and readily occurs in individuals with weakened immune systems but does not generally occur in persons with normal immune systems.
- M. Other Potentially Infectious Material (OPIM): Bodily fluids, other than blood and tissues, including: semen; vaginal secretions; breast milk; cerebrospinal (brain and spinal) fluid; synovial (joint) fluid; pleural (chest) fluid; peritoneal (abdominal) fluid; pericardial (heart) fluid; amniotic (pregnancy) fluid; and any bodily fluid, such as saliva, feces, urine, tears, which is contaminated with visible blood. Also, all bodily fluids in situations where it is difficult or impossible to differentiate between bodily fluids. Any unfixed tissue or organ (other than intact skin) from a human (living or dead), HIV containing cell, tissue, or organ cultures or other culture mediums or solutions containing HIV. With regards to HBV, OPIMs may include blood, organs, or other tissues from experimental animals.

### 10.03 INTRODUCTION TO HIV/AIDS

- A. Human Immunodeficiency Virus:
  - 1. The virus that causes AIDS. HIV infects and destroys certain white blood cells which are responsible for coordinating the body's immune system response to disease-causing agents. Once this occurs, the immune system becomes less effective, rendering an individual susceptible to a variety of opportunistic infections and cancers which are not generally life threatening to persons with normal immune systems.
    - a. The incubation period from initial infection with HIV to the development of symptoms can vary. It is possible for the virus to remain dormant in human cells for a short period of time or up to ten years, and possibly longer. Therefore, individuals can be infected with HIV for years without developing symptoms of the disease. Any individual who is known to be HIV infected, regardless of the presence or absence of

symptoms, is infectious and is capable of transmitting the virus to others.

- b. HIV and other blood-borne pathogens, including HBV, may be able to survive outside the body. Drying the blood or other potentially infectious material (OPIM) does not inactivate all blood-borne pathogens for several hours, depending on the type of blood-borne pathogen and the size of the blood spill. While it is prudent to follow universal precautions when encountering dried blood or OPIM, there are no known documented cases of HIV transmission in this way.
2. HIV is found in blood, semen, vaginal fluid, and breast milk. It is transmitted through unprotected sex with an infected person; sharing of contaminated needles/syringes; from an infected mother to child during pregnancy, birth, or through breast-feeding; and through direct exposure of infected blood into a person's bloodstream via open wounds, broken skin, and mucous membranes. It is important to note that a great majority of reported incidents of needle sticks or blood splashes with infected blood have not resulted in transmission of the virus.
    - a. Blood transfusions and organ transplants also have resulted in a few cases of HIV transmission. Since 1985, few individuals have become infected this way. Other less likely ways of getting infected with HIV include sharing tattooing needles, ear and body piercing needles, razors, and toothbrushes.
    - b. HIV is found in saliva, urine, and feces. However, the concentration of HIV is sufficiently low to preclude transmission of HIV unless visible blood is present. There have been no cases of HIV transmission through contact with these bodily fluids.
    - c. There is no evidence that HIV is transmitted by any of the following: sneezing, coughing, or spitting; handshakes or other nonsexual physical contact; toilet seats, bathtubs or showers, utensils, dishes or linens, or articles handled or worn by an infected person; or being around an infected person, even on a daily basis over a long period of time. There is also no evidence that

HIV is transmitted by insects such as mosquitoes or by dogs, cats, and other domestic animals.

3. Since HIV can be transmitted sexually, the majority of infected individuals are in the prime of their lives, between the ages of 20 and 49 years.
4. Remember, though, that AIDS is caused by a virus (HIV) and that people become infected because of what they do, not because of who they are. People become infected most commonly through having sex or sharing needles and syringes with an HIV-infected person.
5. Statistics about AIDS do not include people who have HIV infection but have not yet developed AIDS. There is a long time between exposure to HIV and developing AIDS. There is no way of telling by a person's appearance if they are infected with HIV; therefore, universal precautions shall be used in all cases where blood or bodily fluid contact may be encountered.

B. AIDS - THE DISEASE:

1. AIDS is caused by HIV. AIDS occurs when HIV severely weakens the body's immune system. When an HIV-infected person gets one or more HIV-related diseases or their CD4 count is less than 200, that person is diagnosed as having AIDS. This diagnosis must be made by a physician. During this stage, a person may get sick and die quickly. With new treatments, people with HIV infection and AIDS are living longer. While almost everyone who is infected with HIV will develop AIDS, there are a very small number of individuals who, at least at this time, have not developed AIDS even after many years of being infected with HIV.
2. AIDS is a serious public health concern in the United States and worldwide. There is no known cure for HIV or AIDS. Until a vaccine or cure for HIV is found, education is the cornerstone of society's response to this deadly disease. Accurate information can help dispel misinformation about the disease and its transmission, thus enabling criminal justice personnel to continue to perform their duties in a safe and professional manner.
3. Two key issues regarding general infection control procedures must be emphasized: judgment and consistency. Precautionary measures should be commensurate with the risk involved. Personnel should

exercise their professional judgment when they believe there is a reasonable likelihood of contact with blood or OPIM, and exercise universal precautions in those situations. Precautionary measures should always be used when there is a reasonable likelihood of contact with the blood or OPIM of anyone, whether or not they are known to be infected with HIV.

#### 10.04 WORKING WITH THE PUBLIC

Since Department personnel routinely come into contact with the general public, at some point in time they will predictably come into contact with a person with HIV infection or AIDS. In accordance with the Governor's Office Executive Order 2003-4, "Workplace Policy for HIV/AIDS," personnel shall:

- A. Be prepared to work effectively with the general public who have HIV infection or AIDS.
- B. Treat persons with HIV infection or AIDS with respect and dignity.
- C. Not discriminate against the general public on the basis of their actual or perceived HIV or AIDS status. The Americans With Disabilities Act and the Pennsylvania Human Relations Act prohibit this discrimination, as does the Federal Rehabilitation Act and the Civil Rights Act.
- D. Not deny persons with HIV infection or AIDS any service to which they are entitled.
- E. Handle HIV-related information concerning the general public with strict confidentiality in accordance with the provisions of Act 148 of 1990, Confidentiality of HIV-related Information Act.

#### 10.05 HIV IN THE WORKPLACE

- A. In the absence of sexual contact or direct blood or OPIM contact, there is no known risk of HIV transmission through casual contact. There is no evidence that HIV is transmitted by coughing, sneezing, handshakes, sharing a desk, drinking fountain, or typewriter.
- B. The Federal Americans with Disabilities Act of 1990; the Pennsylvania Human Relations Act; the Federal Rehabilitation Act of 1973 (Section 504); and the Federal Civil Rights Restoration Act of 1987, prohibit the discrimination of personnel

who are HIV infected or who have AIDS. Personnel who have, or are perceived to have these conditions, shall not be discriminated against with regard to appointment, transfer, promotion, or any other personnel action.

1. Personnel who are HIV infected or have AIDS shall be treated in the same manner as any other personnel. They may continue to work as long as physically able and, in the event they are no longer physically able to perform job duties, shall be afforded the same considerations as any other employee/member whose disability prevents the performance of essential job functions.
  2. Personnel who refuse to work with HIV-infected personnel, or the general public, or those perceived to be infected, shall be counseled upon their first refusal. Repeated refusals shall result in progressive disciplinary action.
- C. HIV-related information on personnel and their dependents shall be handled with strict confidentiality and in accordance with Management Directive 505.26 Amended, and the provisions of Act 148 of 1990, when applicable. Managers, supervisors, and other personnel who become aware of the HIV/AIDS-related condition of other personnel shall not communicate this information to any other person. Confidentiality restrictions apply to written as well as to verbal communication of such information.
- D. Personnel who are HIV infected or have AIDS may choose to notify their supervisor of their status. Such notification may be written or oral.
1. If written notification is provided, it is not to be maintained in the employee's or member's official personnel folders. This information is to be maintained in a separate locked drawer or compartment, with restricted access, under jurisdiction of the Director, Bureau of Human Resources. Access is limited to the Director, Bureau of Human Resources or designee. Personnel are to be informed of where the information is maintained. Disclosure of HIV-related information is to be limited to only those parties who are the original recipients, designated individuals in the Bureau of Human Resources, those who have a need to know to carry out their duties, and those who have been pre-approved through written consent.
  2. Confidentiality restrictions also apply to oral communication of HIV/AIDS-related information. If oral notification is

provided, the supervisor shall not put the information into written form, unless there is a specific work-related need to do so. If the oral communication is converted into written form, then the affected employee or member shall be so notified. The supervisor shall not communicate this information to any other person without the preapproved, written consent of the affected employee or member.

- E. There may be instances where personnel who are HIV infected or have AIDS use a substantial amount of sick leave. AR 4-5, Leaves of Absence, requires personnel using three or more consecutive days of sick leave (Code S) to submit, upon return, a doctor's certificate signed by a doctor, or other state licensed practitioner (i.e., Chiropractor, Osteopath, Nurse Practitioner, Physician's Assistant, or a Christian Science Practitioner), indicating a prognosis of the illness or injury that required the sick leave usage. Personnel are advised that they are only obligated to provide a prognosis for the appropriate condition from which they are suffering. Personnel are not obligated to inform the Department if they have AIDS or are HIV infected.
1. Supervisors may become aware of and counsel personnel who use a substantial amount of sick leave that is for periods of less than three consecutive days. Affected personnel are only obligated to inform the supervisor of the prognosis for the appropriate condition from which they are suffering.
  2. Personnel may choose to voluntarily inform a supervisor of their HIV infection or AIDS diagnosis in regard to substantial sick leave usage. However, if the supervisor is later questioned by another supervisor or other personnel, they shall only refer to the prognosis for the appropriate condition from which they are suffering, unless preapproved, written consent to divulge further information is granted.

#### 10.06 RECOMMENDED HYGIENIC PROCEDURES (GENERAL)

Generally accepted, good hygienic practices are the best preventive measures Department personnel can adopt to prevent the transmission of many diseases, including HIV. The following precautionary measures, in addition to good hygienic practices, will help to minimize the risk of accidental exposure. An exposure does not necessarily mean a person will become infected.

- A. All blood and OPIM should be considered infectious.



- B. Know your skin integrity. The skin serves as a protective barrier to block HIV provided there is no break in the skin. Therefore, keep all skin defects (e.g., exudative lesions, dermatitis, cuts, abrasions) carefully bandaged. Use a bandage which provides complete impermeable, 360-degree coverage. Change bandages if they become soiled or dirty.
- C. Wear latex gloves when contact with blood or OPIM is likely. While all body fluids have not been implicated in the transmission of HIV, they can transmit other diseases. Therefore, it is prudent to wear latex gloves when in contact with any bodily fluids. In the absence of latex gloves, or for individuals allergic to latex, approved synthetic gloves shall be worn. Dispose of gloves after one use or if torn or soiled. It is advisable to wear heavier gloves (leather) over the latex or synthetic gloves for some procedures, such as glass cleanup.
- D. Frequently wash hands thoroughly with soap and water, especially after removing protective gloves and after any contact with blood or OPIM.
- E. Avoid needle sticks and other sharp instrument injuries.
- F. To prevent many types of infections, avoid smoking, eating, drinking, nail biting, and all hand-to-mouth, hand-to-nose, and hand-to-eye actions when encountering blood or OPIM.
- G. Cleanup any spill of blood or OPIM thoroughly and promptly. Small spills should first be removed with absorbent material that is discarded and double bagged in plastic bags marked "Caution-Contaminated Material." These are then disposed of in compliance with local ordinances. If biohazard bags are available, they are preferred. The area should then be cleaned and disinfected with a bleach solution of one-part chlorine bleach to ten-parts water. This should sit on the spill for 2-3 minutes before rinsing and completing cleanup.

NOTE: Organic matter will reduce the ability of bleach to disinfect infectious agents. If complete removal is not possible with the absorbent material, the bleach solution should remain on the area for 20-30 minutes. For large spills, the contaminated area should be flooded with a liquid germicide (the aforementioned bleach solution or an Environmental Protection Agency-approved disinfectant that is tuberculocidal and virucidal) before cleaning. The area should then be disinfected for 2-3 minutes with fresh germicidal chemical after the spill has been removed with absorbent material following the same disposal precautions as above. In both settings, wear latex or synthetic gloves during the cleaning and disinfecting

procedures and wash hands when finished. Avoid direct contact with blood.

- H. Clean all contaminated surfaces/areas/equipment with the 1:10 bleach solution or an approved germicide. Remember, the bleach solution deteriorates and must be made fresh daily. Follow manufacturer's directions for other germicides.
- I. In the event that clothing becomes soiled with blood or OPIM, normal washing, drying, or dry cleaning will destroy HIV if it is present. If the clothing is contaminated to the extent that it is not able to be worn, place the contaminated clothing and any other associated items in clearly identified impervious plastic bags for disposal, i.e., CAUTION - CONTAMINATED MATERIAL.
- J. Needle sticks, cuts, and puncture wounds should receive routine first aid consisting of:
  - 1. Washing the site with soap and water while encouraging bleeding.
  - 2. If appropriate, bandaging the site.
  - 3. Seek medical attention as with any injury, and have the injury evaluated pursuant to Management Directive 505.26 and Act 148 of 1990.
  - 4. Report the incident in accordance with existing procedures.
- K. Splashes to the eyes, nose, or mouth should be handled as follows:
  - 1. Rinse with large quantities of water.
  - 2. Follow previous steps 3 and 4.

10.07 RECOMMENDED HYGIENIC PROCEDURES (POLICE PRACTICES)

- A. Department personnel whose assignments bring them into contact with blood or OPIM should be aware of the possibility of exposure to HIV. Personnel cannot predict with certainty when they will encounter blood or OPIM in the course of their duties. In almost any situation, there may be the potential for such contact. Therefore, personnel should assume any person they have contact with is potentially infectious. Personnel should exercise their professional judgment and reasonable care when

they believe there is a reasonable likelihood of contact with blood or OPIM.

- B. Members have a duty to inform all involved personnel whenever a transfer of custody occurs and the subject in custody has blood or OPIM on their person. All involved personnel have the right to know when a subject has blood or OPIM on their person. If you are involved and do not know, ask. If you do know, tell the other involved personnel.
- C. Job functions performed by personnel where exposure to HIV and other blood-borne pathogens is more likely to occur include:
  - 1. First Aid:
    - a. Crash victims.
    - b. Bleeding wounds.
    - c. CPR.
    - d. Emergency childbirth.
    - e. Burns.
  - 2. Searches.
  - 3. Use of force.
  - 4. Handcuffing subjects.
  - 5. Crime scenes.
  - 6. Handling evidence:
    - a. Hypodermic needles.
    - b. Objects soiled with blood or OPIM.
    - c. Knives.
  - 7. Transporting prisoners.
  - 8. Body removal.
- D. The CDC and the Occupational Safety and Health Administration have promulgated guidelines and regulations for prevention of the transmission of HIV and other blood-borne

pathogens in the workplace. Due to the possibility that personnel may be involved in situations in which there is the potential of coming into contact with the blood or OPIM of individuals, the following guidelines, in addition to the general precautionary measures previously cited, should be routinely followed:

1. CPR: In all cases where mouth-to-mouth resuscitation is given, the RES-Q-FLO Intermediary Resuscitation Device, or other protective mouth barrier, should be used. Usage of this device during rescue procedures will provide additional protection from HIV and other diseases by preventing direct mouth contact with a victim. The device is reusable and, with the exception of the mouthpiece, should not be discarded following use. The mouthpiece should be discarded after one use and the device should be cleaned in accordance with the following procedures:
  - a. All procedures shall be completed while wearing protective gloves.
  - b. Disassemble the mask from the valve.
  - c. Thoroughly wash all exterior/interior surfaces with warm, soapy water using a brush, if necessary.
  - d. Soak the mask and valve for ten minutes in a solution comprised of one-quarter cup of household bleach and one gallon of water.
  - e. Rinse all surfaces with fresh water.
  - f. Air dry.
  - g. Discard the solution. If more than one RES-Q-FLO is used, each must be soaked with a fresh bleach/water solution.
  - h. When dry, replace the mask, valve, and a new mouthpiece in the protective container provided and return it to the vehicle.
2. The risk of HIV infection through human bites is very low. HIV has been isolated in small concentrations in saliva of some individuals with the virus. However, there have been no documented cases of HIV infection through a human bite. Saliva of some persons infected with HBV has been shown to contain HBV-DNA at

concentrations of 1/1,000 to 1/10,000 of that found in the infected person's serum. HBsAG-positive saliva has been shown to be infectious when injected into experimental animals and in human bites. Therefore, saliva-to-blood and blood-to-blood contact as a result of a human bite is a concern. The following precautions will help to minimize the risk of HIV or HBV transmission, as well as the transmission of other more virulent viruses, as a result of a human bite:

- a. Encourage back bleeding by applying pressure and "milking" the wound.
- b. Wash the area thoroughly with soap and water.
- c. Seek medical attention as with any other injury.
- d. Report the incident in accordance with existing procedures.

NOTE: Unvaccinated persons exposed to Hepatitis B can be treated successfully with Hepatitis B Immune Globulin and Hepatitis B vaccine. Therapy must be initiated within days (24 hours is recommended) of the exposure or it will not be effective. Therefore, personnel must report accidental exposures immediately after they occur and, if necessary, seek treatment.

3. Crime scenes: At all crime scenes, use extreme caution and follow standard crime scene procedures. Wear protective gloves and clothing at all times. The gloves should be changed if torn or soiled, and always removed and discarded prior to leaving the crime scene, even if temporarily.
  - a. No person at any crime scene should be allowed to eat, drink, or smoke. All hand-to-mouth, hand-to-nose, and hand-to-eye actions should be avoided.
  - b. Evidence stained with blood or OPIM should be stored and packaged in accordance with guidelines established by Operations Manual 7-7, Crime Laboratory.
  - c. While processing the crime scene, be alert for sharp objects. Use the utmost care to prevent cuts or puncture wounds. The use of mirrors may

be appropriate while looking under beds, vehicle seats, etc.

- d. If cotton gloves are to be worn when working with evidence of potential latent fingerprint value, the cotton gloves should be worn over the latex gloves.
4. Searches: Cuts or puncture wounds may be sustained by personnel while searching suspects, vehicles, crime scenes, etc. There is a particular concern regarding searches of areas where sharp objects may be hidden from view. The following precautionary measures will help to minimize the risk of HIV infection while conducting searches:
- a. If it is necessary to search a suspect manually, wear protective gloves whenever possible and feel very slowly and carefully.
  - b. After conducting a pat-down search for weapons, if possible, ask suspects to empty their own pockets.
  - c. Whenever possible, use mirrors to search hidden areas. Do not place your hands in areas where you are unable to see.
  - d. Use the flashlight or baton when searching between vehicle seats or furniture cushions.
  - e. Use caution when searching drawers. Empty the contents of the drawer onto a flat surface, rather than reaching into the drawer.
  - f. Use caution when searching through trash, where both sharp objects and infectious material may be found. Dump the trash onto a flat surface, rather than reaching into the container.
5. Equipment: Vehicles and other equipment (handcuffs, baton, etc.) that are soiled with blood or OPIM should be promptly and thoroughly cleaned and disinfected using the following precautions:
- a. All procedures shall be completed while wearing protective gloves.

- b. Use soap and water to clean the equipment as soon as possible.
  - c. Use a 1:10 household bleach solution as a disinfectant. An alcohol-based disinfectant should be used for equipment that is not suitable for bleach.
6. Breath test instruments: When a breath test instrument has been used on a subject known to have a communicable disease, the Breath Test Maintenance Officer shall be notified immediately and the instrument shall not be used again until the following procedures have been completed:
- a. All procedures shall be completed while wearing protective gloves.
  - b. All exposed exterior surfaces of the instrument, including plastic tubing, shall be washed using a 1:10 household bleach solution. Care shall be exercised to prevent any excess amount of this solution from entering the inside of the tubing.
  - c. Simulator alcohol solution shall be replaced with the same 1:10 household bleach solution, being careful not to overfill the simulator container. This solution should not be above the flat plate on the simulator assembly.
  - d. A minimum of five calibration checks shall be run with the 1:10 household bleach solution, following the same procedure for conducting monthly accuracy checks. Do not blow into the simulator when running these checks; use the internal pump available in the calibration mode.
  - e. The simulator container shall be emptied of the 1:10 household bleach solution and washed with soap and water before refilling with a simulator alcohol solution.
  - f. A calibration check, using the procedures outlined in Operations Manual 7-15, Intoxication Testing, shall be conducted before placing the instrument back in service.
7. Relays: If the Department is requested by an outside agency to relay blood, enucleated eyes, rabid specimens

or any human/animal part, personnel shall ensure the container is properly sealed and intact. If the container is leaking or not intact, personnel shall not accept the relay from the outside agency representative and shall inform them that the relay must be in a properly sealed, intact container prior to being accepted for relay by the Department. Members shall advise all other involved personnel if relay containers contain blood, OPIM, rabid specimens, or any animal/human parts which are suspected or known to be contaminated with an infectious agent.

10.08 RECOMMENDED HYGIENIC PROCEDURES (LABORATORY PERSONNEL)

Many of the hygienic procedures and the precautionary measures previously summarized are applicable to the laboratory setting. To ensure the safety of all laboratory personnel, the following practices and procedures shall also be followed:

- A. All personnel who have the potential for exposure to blood or OPIM shall wear latex or synthetic gloves.
- B. Hands should be washed frequently, but especially after completing analytical work and before eating, drinking, or smoking; and upon the removal of gloves, laboratory coats, or any other personal protective equipment.
- C. Gloved hands should not contact other items which may be touched by ungloved personnel.
- D. Gowns, laboratory coats, or plastic aprons should be worn in all laboratory areas. All personal protective equipment is to be removed upon leaving the work area.
- E. Protective eyewear, including goggles, nonprescription safety glasses, or personal eyeglasses, shall be worn by all personnel while working with blood or OPIM. All personal protective equipment shall be confined to the work area.
- F. Face shields, safety glasses with masks, tabletop shields, or lowered-hood shields should be utilized if there is potential for the splattering of blood or OPIM.
- G. Eating and drinking shall be restricted to a room designated by the supervisor into which no specimen has been introduced.



- H. Designated smoking areas shall be restricted to areas in which no specimen has been introduced.
- I. Fingers, pencils, and other objects should be kept away from the eyes, nose, and mouth.
- J. Specimens should be properly packaged and labeled at all times. Specimens should be packaged to prevent possible contamination of any surface to which they come in contact. The package shall be labeled with the biohazard label.
- K. Special receptacles should be maintained for potentially infectious waste. These receptacles must be emptied on a regular basis to comply with the Department of Environmental Protection (DEP) Infectious and Chemotherapeutic Waste Management Regulations (PA Bulletin August 8, 1992). If they are reusable, they must be cleaned and disinfected on a regularly scheduled basis. It is recommended that a DEP-registered sterilant or disinfectant be used for this purpose.
- L. Eyewashes and showers shall be tested, following the manufacturer's recommendations, to ensure proper working order. Laboratory supervisors are responsible for ensuring the semiannual tests are conducted and documented. Any deficiencies shall be corrected as soon as possible.
- M. All cuts and needle sticks involving potentially infectious instruments shall be reported in accordance with existing procedures.
- N. Protective clothing that becomes soiled with blood or OPIM should be decontaminated with bleach, amphyll, vestal 8, or some other appropriate disinfectant on-site prior to being commercially laundered. Prior to being sent to a commercial cleaning establishment, the articles should be placed in a plastic bag and clearly labeled.

#### 10.09 EXPOSURE PROTOCOL

- A. Personnel who have sustained an exposure to blood or OPIM during the course of performing job-related duties are to wash the wound or contaminated skin area immediately with soap and water. If exposure occurs to the eyes, nose, or mouth, use water to rinse the area for at least 3-5 minutes.
- B. Personnel shall report the incident to his/her supervisor immediately, if possible. The supervisor, if immediately

available, will recommend evaluation as described in .09C. If a supervisor is not available, personnel shall proceed to step C.

- C. Personnel are advised to go to the nearest emergency medical facility for immediate evaluation by a physician. It is strongly recommended this be done within two hours of the injury/exposure. It has been shown that if you have an exposure that could lead to HIV infection, treatment within two hours of the injury with appropriate drugs can reduce by 80% the already small chances of contracting HIV infection. Time is of the essence. Guidelines for treatment have been developed. Appendage A lists these guidelines. Supervisors shall ensure that exposed personnel and the treating physician are provided with a copy of Appendage A.
1. Blood should be drawn for :
    - a. Hepatitis B Surface Antibody.
    - b. Hepatitis C Antibody.
    - c. HIV Antibody.
  2. Under Pennsylvania Law, the treating health care provider is required to provide counseling and obtain your written consent PRIOR TO ordering an HIV test.
  3. If the exposure source is known but the HIV status is unknown, follow the procedure stated below in Section .10, Provisions of Act 148 of 1990.
- D. Personnel are to submit an Injured Employee Statement, Form SP 3-700, in accordance with existing regulations. For the purpose of this regulation, a possible exposure is defined as an incident in which one's blood supply is exposed to another's blood or OPIM. This exposure is achieved by any method in which the integrity of the skin is compromised, contact is made with the mucous membranes of the body or by any other method which provides a port to the bloodstream. Troop Commanders and Bureau/Office Directors/supervisors shall ensure compliance with Department Workers' Compensation and/or Heart and Lung Act regulations, including the preparation of the Workers' Compensation Claim Report, Form JPA-798, which shall be submitted online through the Employee Self-Service (ESS), and other supporting statements/forms, which comprise the injury claim packet (refer to AR 4-4, Injury Investigations, Work-Related Injury, and Limited Duty).

- E. Supervisors shall forward the original injury claim packet to the Troop Commander or Bureau/Office Director, under confidential cover. **Supervisors shall not maintain any copies.**
  
- F. Troop Commanders or Bureau/Office Directors shall review the injury claim packet for completeness and shall send the injury claim packet to the Department's Workers' Compensation Claims Administrator, via facsimile machine, under confidential cover. Troop Commanders or Bureau/Office Directors shall also forward photocopies of the injury claim packet, under confidential cover, to the Bureau of Human Resources, Attention: Director, Human Resource Benefits Division, where the paperwork will be filed separately from the member's/employee's official personnel folder. Troop Commanders and Bureau/Office Directors shall maintain a copy of the injury claim packet in a secure file, separate from the affected personnel's Troop/Bureau/Office file.
  - 1. Troop Commanders and Bureau/Office Directors shall direct the appropriate supervisor to recommend verbally and in writing that exposed personnel obtain HIV prevention counseling and testing services, if so advised by the treating physician. A copy of the written recommendation shall be maintained in a secure file, separate from the affected personnel's Troop/Bureau/Office file. A second copy of the written recommendation shall be forwarded under confidential cover to the Bureau of Human Resources, Attention: Director, Human Resource Benefits Division, where it will be filed separately from the member's/employee's official personnel folder. Employees shall be advised to seek counseling and testing through the Workers' Compensation Managed Care Program, designated health care providers network in accordance with established procedures.
  
  - 2. Although the choice to receive HIV counseling and testing is voluntary on the part of exposed personnel, it is to their benefit to receive HIV counseling and/or testing as soon as possible after the work-related exposure. In order to be eligible to receive available benefits in regard to AIDS, i.e., Workers' Compensation for employees, and Workers' Compensation and Heart and Lung Act benefits for members and enforcement officers, personnel may have to establish that they were HIV negative at the time of, or very shortly after the work-related exposure.

3. Personnel shall not be required to reveal the results of HIV antibody tests. As advised in counseling, personnel may receive subsequent HIV antibody tests at a later date. The following may be contacted regarding sites where HIV counseling and testing sites are available in the area:
  - a. Department of Health.
  - b. State Employee Assistance Program (SEAP).
  - c. Workplace Infectious Control Coordinator.
  - d. Pennsylvania State Police Member Assistance Program (MAP) Peer Contact.
  - e. Employees shall seek counseling and testing services through the Workers' Compensation Managed Care Program designated health care providers network, in accordance with established procedures.
4. Members/enforcement officers shall not be charged for leave for reasonable time incurred for pretest and posttest counseling and/or HIV antibody testing received for an approved work-related incident. Employees shall not be charged for leave for reasonable time incurred for counseling/testing obtained on the date of injury. Counseling/testing obtained during the employee's work shift, after the injury date, shall be charged to the appropriate leave code in accordance with AR 4-4. AR 4-4 provides limitations and requirements for leave used for medical treatment, including counseling and HIV antibody testing that relate to a work-related injury. Should there be a charge for the counseling and/or testing, personnel shall be reimbursed for the cost according to existing workers' compensation laws.
5. Any benefit forms regarding an HIV infection or an AIDS diagnosis, which must be processed through a number of persons, shall be handled with strict confidentiality. Where possible, the number of persons reviewing these forms shall be reduced to only those with an essential need to be part of the review/approval process. The affected personnel shall be informed of where the forms will be routed and, if possible, the names of the persons who will process the paperwork. Confidentiality restrictions also apply to oral communications of HIV/AIDS-related information.

6. Personnel inappropriately acquiring or disseminating information about a person's HIV status may be subject to liability under federal and state disclosure laws. Questions regarding this should be referred to the Workplace Infectious Control Coordinator.

10.10 PROVISIONS OF THE CONFIDENTIALITY OF HIV-RELATED INFORMATION ACT, TITLE 35, HEALTH AND SAFETY, CHAPTER 45.

In the event Department personnel have had an exposure to blood or OPIM and the contact person's HIV status is unknown, there are streamlined procedures established by the Confidentiality of HIV-Related Information Act which address testing and disclosure of the source individual's HIV status.

A. Voluntary: Section 7605 of the Act requires:

1. Informed written consent to be obtained prior to the test. Consent must be preceded by an explanation of the test's purposes, uses, limitations, and the meaning of any possible results.
2. Pretest counseling must be made available to the source individual regarding measures for the prevention of, exposure to, and transmission of HIV.

B. Testing Available Blood: Section 7606 addresses testing when there is available blood drawn from the contact person for other valid medical reasons. The following protocol must be met before the provisions of Section 7606 apply:

1. The person exposed is a health care worker or first responder who is exposed while rendering health care or occupational services. FIRST RESPONDER is defined as a police officer, firefighter, rescue personnel, or any other person who provides emergency response. It includes anyone who provides first aid, or other medically-related assistance in the course of their occupational duties or as a volunteer, which may expose them to contact with a person's bodily fluids.
2. Exposure must be certified significant by a physician. Requests for certification shall be made within 72 hours of exposure.
3. Exposed Department personnel must have their own blood tested for HIV.

4. Department personnel's blood must test negative.
  5. Contact person or source patient's substitute decision maker was asked to consent but refused, or source patient cannot be located after good faith effort to locate.
- C. Involuntary: Section 7608 addresses when no blood has been drawn for other purposes. It covers making application for a court order to obtain a sample of the contact person's blood for testing and disclosure of HIV status. The following protocol must be met before the provisions of Section 7608 apply:
1. Covers all exposed persons including health care workers or first responders.
  2. The source individual must be afforded an opportunity to give informed consent and must refuse to do so.
  3. The applicant for the testing must have been exposed to the bodily fluids of the source individual, and that exposure must present a significant risk of exposure to HIV infection. This determination of "significant risk" must be supported by medical and epidemiologic data regarding the transmission of HIV, including, if available, information about the HIV risk status of the source individual, and the circumstances in which the alleged exposure took place.
  4. The applicant must have compelling need to ascertain the HIV test results of the source individual.
- D. Members shall file a Motion for Involuntary Blood Testing to Determine HIV Status, Pursuant to Title 35, (refer to Appendage D), with the appropriate Court of Common Pleas to make application for a court order to test and disclose a contact person's HIV status. If possible, application shall be made with the assistance of the appropriate district attorney's office. If the local district attorney cannot assist in petitioning the court, the PSP's Office of Chief Counsel should be contacted for assistance at 717-783-5568.
- E. Section 7608 provides for expedited proceedings to obtain court-ordered testing. In order to expedite proceedings, the applicant must include these verified statements in the Motion for Involuntary Blood Testing to Determine HIV Status, Pursuant to Title 35:

1. The applicant has been exposed to a body fluid that poses a risk of HIV infection from the individual whose test result is sought.
2. The exposure occurred within six weeks of filing the petition.
3. The exposure involves:
  - a. An injury through the applicant's skin from a needle stick or other sharp object.
  - b. Contact with the applicant's eyes, mouth, or other mucous membrane with the source individual's blood or OPIM.
  - c. Contact with chapped or abraded skin of the applicant with the source individual's blood or OPIM; or prolonged contact with the source individual's blood or OPIMs and the applicant's skin.