This directive establishes policy, responsibilities, and procedures for handling bloodborne infections/diseases and related confidential information in commonwealth work settings. Marginal dots are excluded due to major changes.

1. **PURPOSE.** To establish policy, responsibilities, and procedures pursuant to the provisions of Executive Order 2003-4, Workplace Policy for HIV/AIDS, and to establish employment-related expectations in addressing other bloodborne infections/diseases in commonwealth work settings.

2. **SCOPE.** This directive applies to all departments, boards, commissions, and councils (hereinafter referred to as “agencies”) under the Governor's jurisdiction, and to all employees of those agencies.

3. **OBJECTIVES.**
   
   a. To outline policy and procedures on the appropriate response to employees or service recipients that may have bloodborne infections/diseases.
   
   b. To define expectations, information/training requirements and confidentiality standards.
   
   c. To ensure compliance with the Confidentiality of HIV-Related Information Act, Act of November 29, 1990, P.L. 585, No. 148, 35 P.S. §§ 7601-7612 (hereinafter Act 148 of 1990), and any other applicable laws or regulations pertaining to protected health information.
4. **DEFINITIONS.**

a. **AIDS (Acquired Immunodeficiency Syndrome).** A disease caused by HIV, resulting in severe impairment of the immune system.

b. **Bloodborne Infection/Disease.** An infection or disease caused by bloodborne pathogens, such as AIDS, HIV, hepatitis B and hepatitis C.

c. **Bloodborne Pathogen.** A pathogenic microorganism present in human blood that can cause a bloodborne infection/disease in humans.

d. **Centers for Disease Control and Prevention (CDC).** A federal agency under the Department of Health and Human Services, which is the national public health institute of the United States. The CDC’s main goal is to protect public health and safety through the control and prevention of disease, injury, and disability.

e. **Engineering Controls.** Controls or methods that isolate or remove a bloodborne pathogen hazard from the workplace. Examples include sharps disposal containers, self-sheathing needles, or needleless systems.

f. **Exposure.** Eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood, bodily fluids or other potentially infectious materials of another individual.

g. **Exposure Control Plan.** The agency plan, required under the commonwealth’s Accident & Illness Prevention Program, which includes the process for identifying bloodborne pathogen hazards, personal protective equipment, engineering controls, and post-exposure evaluation. Reference *Management Directive 530.31, Workplace Safety and Health Program.*

h. **First Responder.** As defined by Section 3 of Act 148 of 1990, "Police, firefighters, rescue personnel, or any other person who provides emergency response, first aid, or other medically related assistance either in the course of their occupational duties or as a volunteer, which may expose them to contact with a person's bodily fluids."

i. **Hepatitis B and Hepatitis C Viruses.** Two forms of the hepatitis virus that can be passed from one person to another through exposure to bodily fluid(s).

j. **HIV (Human Immunodeficiency Virus).** A virus that can be passed from one person to another through exposure to bodily fluid(s). HIV is the virus that can lead to AIDS.

k. **Individual Health Care Provider.** As defined by Section 3 of Act 148 of 1990, "A physician, nurse, emergency medical services worker, chiropractor, optometrist, psychologist, nurse-midwife, physician assistant, dentist or other person, including a professional corporation or partnership, providing medical, nursing, drug or alcohol rehabilitation services, mental health services, other health care services, or an employee or agent of such individual or an institutional health care provider."
I. **Occupational Exposure.** Exposure to bodily fluid(s) that results from or occurs during the performance of an employee's job duties.

m. **Personal Protective Equipment (PPE).** Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes are not intended to function as a protection against a hazard and are not considered to be personal protective equipment. PPE must be appropriate for the identified hazard and work environment and may include, if appropriate, disposable latex free gloves, one-way valve mask for CPR, and other specialized equipment.

n. **Parenteral.** Piercing mucous membranes or the skin barrier, through such events as needlesticks, human bites, cuts and abrasions.

o. **Universal Precautions.** CDC guidelines for infection control that treat all human blood and certain bodily fluids as if they contain bloodborne pathogens.

p. **Work Practice Controls.** Controls or methods that reduce the likelihood of exposure to bloodborne pathogens by altering the manner in which a task is performed, such as prohibiting recapping of needles by a two-handed technique.

5. **POLICY.**

a. Persons who have or are perceived to have bloodborne infections/diseases are to be treated with respect and dignity and shall not be discriminated against through the denial of government services or employment. All services normally provided to eligible individuals will be provided regardless of whether they have or are perceived to have bloodborne infections/diseases.

b. Employees are expected to work in a professional manner with coworkers, members of the public and clients who have or are perceived to have bloodborne infections/diseases.

c. No current or prospective employee, consultant, or vendor will be required to disclose their health and medical status related to bloodborne infections/diseases, to undergo diagnostic testing associated with bloodborne infections/diseases, or to reveal the results of bloodborne infection/disease tests, whether or not testing is administered during commonwealth work time, unless required by federal or state law or regulations.

d. Agencies are to provide education and/or information to employees on bloodborne infections/diseases in order to prevent discrimination and to minimize the potential of exposure and transmission.

e. Agencies are to provide training, as appropriate, in accordance with Pennsylvania Department of Health guidelines to employees who have occupational exposure, such as employees who provide health care, counseling and/or casework services to at-risk populations, employees who are first responders or employees who work in law enforcement and criminal justice.
f. Employees are to use universal precautions in all situations involving potential exposure to bloodborne pathogens.

g. Agencies are to ensure that employees whose workplace has a high likelihood for occupational exposure are provided appropriate PPE to help reduce exposure and that appropriate engineering controls and work practice controls are implemented and used.

h. Health and medical information of employees, members of the public, and clients, including test results, will be maintained in accordance with established confidentiality laws, regulations and policies.

6. RESPONSIBILITIES.

a. Office of Administration, Office for Human Resources Management, Bureau of Employee Benefits and Services (BEBS) shall:

(1) Review and approve agency employment related policies related to bloodborne infections/diseases, in coordination with the Pennsylvania Department of Health.

(2) Consult with and assist agencies with workplace questions or concerns regarding bloodborne infections/diseases.

(3) Review and approve agency basic education materials and training designed for all employees.

b. Pennsylvania Department of Health shall:

(1) Provide agencies with state and federal public health requirements, guidelines, and information for preventing transmission of bloodborne infections/diseases in the workplace.

(2) Review and approve agency employment related policies related to bloodborne infections/diseases, in coordination with BEBS.

(3) Review and approve agency educational materials and training related to the care and treatment of individuals who are part of an at-risk population or that have bloodborne infections/diseases.

c. Agency Heads or appropriate designee shall:

(1) Assign the role of Workplace Infectious Control Coordinator to an employee in the agency's human resource office or other appropriate location(s), and ensure that the coordinator's identity and role is made known within the agency.

(2) Ensure that agency workplace policies concerning bloodborne infections/diseases have been reviewed and approved by BEBS and the Pennsylvania Department of Health and are consistent with commonwealth policy.
(3) Ensure that agency employees are familiar with and have received copies of the commonwealth’s and the agency’s (if any) policies.

(4) Ensure that agency employees have received appropriate basic information and education regarding bloodborne infections/diseases.

(5) Ensure that agency employees that have a higher likelihood of occupational exposure due to the nature of the work environment have received additional appropriate education and/or training, PPE, and public health procedures and guidelines on bloodborne pathogens and bloodborne infections/diseases.

(6) Ensure appropriate procedures are maintained to protect the confidentiality of health and medical information of employees, members of the public and clients related to bloodborne infections/diseases.

(7) Provide the name(s) and contact information for the agency Workplace Infectious Control Coordinator(s) to BEBS, Workplace Support Services Division.

d. **Agency Workplace Infectious Control Coordinators** shall:

   (1) Provide assistance to agency managers, supervisors, and employees on questions or concerns that impact employment-related issues pertaining to bloodborne infections/diseases in the workplace.

   (2) Ensure that all agency employees covered by CDC and Pennsylvania Department of Health guidelines and regulations concerning bloodborne infections/diseases are aware of their content.

   (3) Review and monitor agency programs to ensure compliance with CDC and Pennsylvania Department of Health guidelines and regulations concerning bloodborne infections/diseases.

   (4) Coordinate with the agency Safety Coordinator in the development of the agency’s Exposure Control Plan as per Management Directive 530.31, Workplace Safety and Health Program.

   (5) Coordinate or assist in the agency's purchase of PPE, where necessary.

   (6) Identify, in conjunction with other appropriate agency management, the type and level of educational programs needed to assist agency employees in preventing exposure to and transmission of bloodborne pathogens.

   (7) Act as a liaison with BEBS on workplace issues involving bloodborne infections/diseases.

   (8) Ensure that agency employees who believe they have been exposed to bloodborne pathogens are aware of the confidential services available through the State Employee Assistance Program (SEAP).
e. **Managers and Supervisors** shall:

1. Ensure that all employees receive appropriate information and education on bloodborne infections/diseases. Basic information and education includes:
   
   a. the nature of transmission;
   
   b. the prevention of transmission by the use of universal precautions and the appropriate use of PPE;
   
   c. the commonwealth's policy on bloodborne infections/diseases in the workplace;
   
   d. the consequences for refusal to work with individuals who have or are perceived to have bloodborne pathogens.

2. Ensure that in those workplaces where there is a higher likelihood for occupational exposure, employees receive advanced training specific to the care, treatment, and prevention of bloodborne infections/diseases. Such training must be consistent with the CDC and the Pennsylvania Department of Health regulations and guidelines on bloodborne infections/diseases.

3. Ensure that employees adhere to confidentiality laws, regulations and policies regarding health and medical information of employees, members of the public, and clients.


5. Ensure that engineering controls and work practice controls are implemented and that PPE is provided and monitored, as appropriate, to reduce the likelihood of exposure to bloodborne pathogens.

f. **Employees** shall:

1. Adhere to confidentiality laws, regulations and policies regarding health and medical information of co-workers, members of the public, and clients.

2. Utilize universal precautions, engineering controls and work practice controls.

7. **PROCEDURES.**

a. **Public Health Guidelines in the Workplace.**

1. In those occupational settings or situations where occupational exposure is possible, agencies are to follow CDC and Pennsylvania Department of Health guidelines and regulations for preventing transmission of bloodborne pathogens.
b. Refusal to Work with Infected Employees or Clients.

(1) Employees who refuse or object to working with coworkers, clients, or members of the public who have or are perceived to have bloodborne infections/diseases are to be reminded of and, if necessary, provided additional education or training on commonwealth and agency policies.

(2) Continued refusal or objection by an employee to work with coworkers, members of the public or clients who have or are perceived to have bloodborne infections/diseases may lead to disciplinary action, up to and including termination from employment.

c. Incidents of potential exposure in the workplace.

(1) When an employee is subject to exposure to bloodborne pathogens, the employee should immediately wash the wound or contaminated skin area with soap and water. If exposure occurs to the eyes, nose, or mouth, the employee should rinse the affected area with water or other accepted measure for at least three to five minutes.

(2) The employee should immediately report the incident to his/her supervisor.

(3) The supervisor shall:

   (a) Strongly encourage the employee to undergo testing and/or medical evaluation.

   (b) Ensure that the employee is immediately referred to or provided information/resources regarding bloodborne pathogens and that a qualified medical professional is available to discuss medical evaluation, post-exposure treatment, counseling, and transmission risk factors, e.g., the nature of the injury and the type of bodily fluid involved. The agency Workplace Infectious Control Coordinator should contact the Pennsylvania Department of Health to obtain information regarding the sites where testing, medical evaluation and prevention counseling can be obtained.

(4) The work area and/or equipment that came into contact with the potentially infectious materials shall be appropriately cleaned and decontaminated, with appropriate disposal of all contaminated materials and trash.

(5) The supervisor shall complete the Workers’ Compensation Claim Report, and submit it within 24 hours of the incident. The agency’s Exposure Control Plan’s post-exposure evaluation should be conducted, and any required additional forms completed as necessary.
(6) Time away from work so the employee can be tested on the day of the exposure will be charged as leave code IE. Time away from work for later testing, counseling, or any other absence in connection with the exposure will be charged in accordance with injury leave policies, the appropriate collective bargaining agreement or personnel rules.

(7) Charges for any test and/or counseling in connection with the exposure will be paid in accordance with the workers' compensation program.

(8) In the event of an occupational exposure or potential exposure, agency Workplace Infectious Control Coordinators or appropriate management staff is to advise all exposed employees of the provisions of Act 148 of 1990, which prohibits the disclosure of HIV related information with limited exceptions.

d. Confidentiality Procedures.

(1) All information related to testing, diagnosis, and medical treatment for bloodborne infections/diseases is confidential and must be kept secured in a confidential medical file.

(2) Maintenance and release of employee health and medical information will be done in accordance with all existing state and federal law and regulations, including but not limited to, the Health Insurance Portability and Accountability Act (HIPAA), and Management Directive 505.18, Maintenance, Access and Release of Employee Information.

(3) Employees who have access to HIV related information regarding co-workers, members of the public or clients are required to maintain the confidentiality of that information in accordance with Act 148 of 1990.

(4) Employees who are individual health care providers or first responders should be made aware that limited exceptions under provisions in Act 148 of 1990 may allow them to obtain information on the HIV status of the individual to whose bodily fluids the employee is exposed.

(5) Employees who inappropriately acquire or disseminate information about an individual's health and medical information may be subject to liability under federal and state laws and may also be subject to appropriate disciplinary action, up to and including termination from employment.

This directive replaces, in its entirety, Management Directive 505.26, dated March 18, 2005.