

<p>Commonwealth of Pennsylvania</p>  <p>Pennsylvania Board of Probation and Parole</p>	<p>Volume III Chapter 2</p> <p>Procedure 2.05.01</p>	<p>Date Revised: Replaces 9.4.3.1 03/08/01</p>
<p>Chapter Title ADMINISTRATIVE SERVICES</p>		<p>Date of Issue 04/27/2010</p>
<p>Subject SAFETY – BLOOD BORNE PATHOGENS</p>		<p>Effective Date 05/11/2010 PUBLIC</p>

I. AUTHORITY

The chairman of the board is granted the authority to “direct the operations of the board and fulfill the functions established by the act... including organizing, staffing, controlling, directing, and administering the work of the staff.” Act of 1941, P.L. 861, No. 323 § 3 as amended Oct. 9, 1986, P.L. 1424, No. 134 (61 Pa.C.S.A. § 6112).

II. PURPOSE

To set forth Board policy establishing best practice procedures and protocols based on the recommendations of the CDC and ensure employee awareness of actions and appropriate documentation regarding exposure to blood-borne pathogens.

III. APPLICABILITY

The procedures and protocols set forth through this policy are applicable to all Board employees, agents, and staff. This Directive supersedes Chairman’s Directive 94-1 dated November 21, 1994.

IV. DEFINITIONS

Act 148 of 1990: Confidentiality of HIV-related Information Act.

AIDS: Acquired Immune Deficiency Syndrome. AIDS occurs when the immune system is severely weakened by HIV.

Board: The Pennsylvania Board of Probation and Parole (PBPP).

Blood: Human blood, human blood components, and products made from human blood.

Blood-borne Pathogens: Disease causing agent that is transmitted through contact with blood of infected individuals. These pathogens include, but are not limited to, Hepatitis B and C viruses and Human Immunodeficiency Virus.

Casual Contact: The type of close, everyday contact that occurs with others at work: sharing office equipment, handshakes, sneezes and coughs, or other casual job-related interaction.

Centers for Disease Control and Prevention (CDC): A Federal Health Agency that is a branch of the U. S. Department of Health and Human Services. The CDC provides National Health and Safety guidelines and statistical data on HIV/AIDS, blood-borne pathogens, infectious and other diseases.

Contaminated: Presence or reasonably anticipated presence of blood or other potentially infectious material on an item or surface.

Employee: In the context of this policy the term employee refers to any full time or part time, permanent or temporary, salary or wage, staff, volunteer, contractor, or agent, assigned to or working under the authority and/or auspices of the Board.

Field Staff: Any employee with a work location assignment other than Central Headquarters.

HAV: Hepatitis A Virus. HAV is not a blood borne pathogen; usually spread through food and/or liquid contaminated/infected with fecal matter. A vaccine exists for HAV.

HBV: Hepatitis B Virus. HBV is a blood-borne pathogen; spread through infected blood or blood products. The virus can also be transmitted through close interpersonal contact, including sexual contact, sharing razors and/or toothbrushes. A vaccine exists for HBV.

HCV: Hepatitis C Virus. HCV is a blood-borne pathogen; transmitted through blood to blood contact. It is rarely transmitted via sexual contact. HCV may cause cirrhosis, which can progress to liver cancer. There is no vaccine for HCV.

High Risk Behavior: Behaviors that epidemiological evidence indicates increase the risk of contracting HIV, other blood-borne pathogens, or infectious diseases.

HIV: Human Immunodeficiency Virus, the virus that causes AIDS.

Mucous Membrane Exposure: Exposure of blood and body fluids to the eye or the inside of the mouth or nose.

Seroconversion: The time between the initial infection and when the person develops measurable antibodies of HIV or any other infectious disease.

Sharps: Objects that can penetrate the skin such as needles and knives.

Significant Exposure: Direct contact with blood and/or body fluids in a manner that according to the CDC, is capable of transmitting a blood-borne pathogen or infectious disease. Examples: percutaneous injury (needle stick or cut with a sharp), contact of mucous membranes, or contact on non-intact skin.

Staff: See Employee

TB: Tuberculosis. TB is not caused by a blood borne pathogen, but it is a highly infectious disease spread through the air by TB bacteria-infected droplets found in the lungs and throat of an actively infected person. No vaccine exists for TB.

Universal Precautions: Protocols to prevent transmitting blood-borne pathogens. In the context of this policy, all human blood and body fluids are to be treated as potentially infectious for HIV, and/or other blood-borne pathogens.

V. POLICY

Board employees are expected to perform their duties in accordance with all Board established safety practices. The Board strives to provide a safe place to work and training on safe work practices including protocols for employee exposure to blood-borne pathogens.

VI. PROCEDURES

A. Awareness and Recognition

Board employees may have significant exposure to blood and body fluids in the execution of their normal duties. To safeguard its employees, the following Board procedures focus on:

1. Awareness of the high risk behavior as found in the lifestyles of many of the offenders served, and
2. Recognition of potential exposure to blood-borne pathogens and timely implementation of CDC-based protocols from prevention and precaution to medical intervention and treatment.

B. Preventative and precautionary infection control measures protect the health of employees and offenders by preventing the transmission of infectious diseases without isolating or discriminating against employees or offenders.

1. Prevention Training

- a. All new employees receive an introduction to infectious diseases including blood-borne pathogens via computer based training (CBT).
- b. All employees receive information updates as they are available on HIV/AIDS, other blood-borne pathogens, and medical developments.
- c. Field staff receive more advanced training on HIV/AIDS and risks of transmitting other blood-borne pathogens (Basic Training Academy).

2. Prevention Pre-Exposure Testing and Vaccination

- a. Institutional field agents assigned to an institutional setting and as a condition of employment and/or continued employment are required to have annual tests and receive vaccinations (including boosters) for blood borne pathogens as well as infectious diseases - the Board will pay the

costs for initial and annual testing, vaccinations, and booster immunizations.

- b. Field agents assigned to a regional, district, or sub office are strongly encouraged to be vaccinated as well as have annual testing done for blood-borne pathogens and infectious diseases. Testing and vaccination (including booster immunizations) are voluntary, however, most health insurance plans offered through the Board cover the cost of testing and vaccination; agents can call the customer service number on the back of their medical card if there are any questions regarding coverage.
3. Universal precautions are to be consistently applied by all employees in recognition that HIV and other blood-borne pathogen infected individuals may not have any overt disease symptoms for an extended period of time following infection. All employees therefore are expected to:
 - a. Consider all blood and body fluids as potentially infectious.
 - b. Assess and ensure the integrity of all exposed skin. Due to the skin serving as a protective barrier only when there is no break in it, the employee is responsible to ensure that all skin defects (e.g. exudative lesions, dermatitis, cuts, abrasions) are fully bandaged (using a bandage that provides complete impermeable 360-degree coverage) and that bandages are changed when they become soiled, wet, or dirty.
 - c. Use barrier precautions such as gloves and/or masks to prevent skin and mucous membrane exposure when in contact with blood, body fluids, mucous membranes, or non-intact skin of any offender or another employee. Employees are responsible for wearing gloves when handling items that have or could possibly have blood or body fluids on them.
 - d. Wash or cleanse all skin surfaces immediately and thoroughly if exposed to blood or other body fluids. Wash hands thoroughly with soap and warm water or disinfectant immediately after gloves are removed.
 - e. Report all breaches, lapses, or failures of any precautionary measures and immediately take recommended post-exposure action(s) to prevent the transmission of blood-borne pathogens.
 4. When supervising offenders, universal precautions shall be taken when staff has physical contact with any offender during the normal supervision process to minimize the exposure to blood or other body fluids. Additionally staff shall:
 - a. Wear latex or vinyl gloves when taking urine specimens;
 - b. Dispose of gloves appropriately immediately after use; and
 - c. Wash hands thoroughly with soap and warm water or other disinfectant following removal of gloves.

5. Precautions When Arresting Offenders – Whenever staff arrests an offender the person making the arrest shall take Universal Precautions and exercise extreme care when searching offenders to avoid wounds from sharps. Specifically staff shall:
 - a. Wear gloves when searching an offender;
 - b. Dispose of gloves appropriately after use;
 - c. Wash hands thoroughly with soap and warm water or other disinfectant following removal of gloves, and;
 - d. If a wound is sustained:
 - 1) Immediately cleanse the wound with soap and warm water, alcohol, or a disinfectant.
 - 2) Report the incident and seek medical attention. (Refer to Section C for specific procedure).
6. Precautions When Transporting Offenders - Whenever an offender is transported, staff transporting the offender shall take measures consistent with Universal Precautions. Additionally:
 - a. All offenders shall be transported in accordance with Board policy.
 - b. Use soap and water to clean the equipment as soon as possible.
 - c. If handcuffs and/or leg irons are used, and during use are exposed to blood, they must be cleaned, while wearing protective gloves, with a 1:10 dilution of 5.25% sodium hypochlorite solution (household bleach or disinfectant in water). An alcohol-based disinfectant should be used for equipment that is not suitable for bleach.

C. Intervention Procedures for Exposure by Wound

1. Puncture Wounds – the risk of infection is greatest when blood or other potentially infectious material is present on the sharp. Although sharing injection drug paraphernalia is a high-risk behavior for transmitting HIV, needle stick injuries are considered lower risk for transmitting HIV infection.
2. Non-Puncture Wounds – cuts or abrasions causing a break in the skin. The risk of HIV or other blood borne pathogen infection is greatest when blood or other potentially infectious material is present and introduced into the wound site. Abrasions, while generally not as invasive as cuts, still present a risk.
3. Human Bites – The risk of HIV infection through human bites is very low. However, saliva-to-blood as well as blood-to-blood contact as a result of a human bite is a concern, and medical attention needs to be sought.

Intervention for all wound exposures:

- a. Immediately wash the area thoroughly with soap and water, antiseptic, or disinfectant and obtain appropriate medical attention.
- b. Report through the office chain of command any known work related potential significant exposure to HIV, Hepatitis B, or Hepatitis C.
- c. Report through the office chain of command any **potential** work related potential significant exposure to blood-borne pathogens (particularly if the employee does not have current or complete vaccinations).
- d. Seek medical attention and follow-up treatment as directed by physician.

D. Intervention and Post Exposure Treatment for Blood-borne Pathogens (HBV, HCV, HIV):

1. Supervisors will meet as soon as possible with employees who have significant exposure to blood-borne pathogens at work. During the meeting the supervisor shall:
 - a. Advise employee that the decision to receive pre-test counseling and testing is voluntary but that testing is recommended to create a baseline record for any potential future Worker's Compensation claim;
 - b. Advise employee that the costs of pre-test counseling, testing, and any further testing or post test counseling recommended by a physician or testing center for a documented workplace exposure will be covered by the Board if it would not be covered by their insurance plan;
 - c. Obtain all information necessary to complete JPA-797 Worker's Compensation Claim Report;
 - d. Also advise employee in writing to seek professional medical care and follow treatment recommendations (if there has been potential exposure to HIV or any other blood borne pathogen at work);
 - e. Advise employee that he/she will not be charged any leave time for test counseling, testing, and any follow-up testing or post test counseling or treatment as recommended by a physician or testing center for a documented workplace exposure;
 - f. Advise employees that the Department of Health and State Employee Assistance Program (SEAP) through the Board SEAP Coordinator, or Board ADA Coordinator can provide a list of sites where HIV antibody pre-test counseling and testing is available;
 - g. Advise employee that he/she will not have to reveal the results of the HIV antibody test, or of an AIDS diagnosis even if the test was administered during work time; and
 - h. Advise employee of access provision under Act 148 of 1990.

2. Supervisors are to prepare a cover letter to their District Director indicating the claim is a potential significant blood-borne pathogen exposure and that they have followed the above steps.
3. District Directors are to submit the cover letter and the completed form JPA-797 in a confidential envelope to the PBPP Director of Human Resources immediately (i.e. no later than the next work day), and notify their Regional Director (as appropriate).

E. Confidentiality (HIV) and the **Employee** – Precautionary and Post Exposure

1. HIV/AIDS-related information on personnel and their dependents shall be handled with strict confidentiality and in accordance with the provisions of Act 148-1990, and Management Directive 505.26, amended, when applicable. Personnel who become aware of the HIV/AIDS-related condition of an employee or his/her dependent(s) shall not communicate the information to any other person without the pre-approved written consent of the employee. Confidentiality restrictions apply to oral as well as written communication.
2. If this information exists in a written form it is not to be maintained in the employee's Official Personnel Folder, (STD-301). It is to be maintained in a separate, locked file drawer or compartment, or in another secure place with restricted access, under jurisdiction of the party who received the information (e.g., medical officer, health care coordinator, supervisor, etc.) or in the personnel office. If maintained in the personnel office, access is to be limited to the Personnel Officer and a designated custodian of sensitive personnel records. In all cases, the employee in question shall be informed of what written information is being maintained, where it is kept, and security provisions for its release.
3. Access to HIV/AIDS related information in employee records is to be limited to only those parties who are the original recipients of that information, designated individuals in the personnel office who have a need to know to carry out their duties, and those who have been pre-approved through written consent by the affected employee, unless there is a medical emergency that requires an immediate response. Effective February 27, 1991, Act 148 of 1990 contains provisions for written consent for release of HIV/AIDS information. Copies are not to be made of records, which identify a state employee's HIV or AIDS status.

F. Confidentiality (HIV) and the **Offender** - Precautionary and Post Exposure

1. Education – All offenders shall be provided an informational HIV/AIDS pamphlet during their initial interview. Further information on HIV/AIDS will be provided to the offender if the parole agent determines that a need exists. Agents can play a positive pro-active role by ensuring that offenders have information on high-risk behaviors and how to prevent transmission of HIV.
2. Offender Services – To assist offenders in obtaining necessary medical treatment or other beneficial services, all offenders will be requested to

voluntarily disclose any adverse health conditions that may require treatment. Because of special protection provided by Act 148 of 1990 concerning HIV/AIDS information, offenders will be requested to sign Consent of Disclosure of Confidential Information Form. Executed consent form(s) are confidential and shall be maintained in the field office folder.

3. Confidentiality of Offender Status - Because of the stigma connected with HIV/AIDS, employees shall respect the Offender's right to privacy and:
 - a. Only divulge an offender's status or medical condition to another agent, agency, or person when:
 - 1) required by law;
 - 2) offender provides written authorization pursuant to Act 148 of 1990.
 - b. Accompany any disclosure made with the following statement: "This information has been disclosed to you from records protected by Pennsylvania law. Pennsylvania law prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is authorized by the Confidentiality of HIV-Related Information Act. A general authorization for the release of medical or other information is not sufficient for this purpose."
 - c. Shall not disseminate any information or documentation regarding HIV/AIDS status that is received from a source outside the Board (i.e. transfer documents), and for which there is no signed Consent of Disclosure of Confidential Information Form (per Act 148-1990).

VII. SUSPENSION DURING AN EMERGENCY

In the event of a nationally or PEMA declared state of emergency or crisis disrupting normal Commonwealth operations, the Chairman or designee may suspend any provision or section of this policy for a specified period of time.

VIII. RIGHTS UNDER THIS PROCEDURE

This procedure creates no rights under law.

IX. RELEASE OF INFORMATION AND DISTRIBUTION OF PROCEDURE

- A. This procedure does not contain information that impacts the security of Board employees or offenders/parolees and therefore may be released to the public.
- B. This procedure is to be distributed to all Board employees.

X. CROSS REFERENCES

- Act 148 – The Confidentiality of HIV – Related Information Act of 1990.

- [Management Directive 505.26 – amended HIV/AIDS and Other Blood borne Infections/Diseases in the Workplace, March 15, 2005.](#)
- Americans with Disabilities Act of 1990.
- Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- Executive Order 2003-4