
TITLE: BLOOD BORNE PATHOGEN EXPOSURE PLAN

PURPOSE:

The Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 Bloodborne Pathogens Standard adopted by Virginia Occupational Safety and Health (VOSH) was issued in 1991 to reduce the occupational transmission of infections caused by microorganisms sometimes found in human blood and certain other potentially infectious materials. Although a variety of harmful microorganisms may be transmitted through contact with infected human blood, hepatitis B virus (HBV), hepatitis C virus (HCV) and the Human Immunodeficiency Virus (HIV) have been shown to be responsible for infecting workers who were exposed to human blood or certain other body fluids containing these viruses. Occupational transmission has been identified through routes like needlestick injuries and by direct contact of mucous membranes and non-intact skin with contaminated blood/materials. Occupational transmission of HBV occurs much more often than transmission of HIV and HCV. However, all possible measures must be employed when performing any task or procedure that presents risk of occupational exposure to any bloodborne pathogen.

APPLIES TO:

All Williamsburg-James City County (WJCC) Public School employees or staff who may be exposed to blood and other potentially infectious materials (OPIM) in the performance of tasks and procedures as part of the duties as described by their job classification are included in this exposure control plan. This plan will be renewed and updated as necessary by the Supervisor of Health Services in conjunction with the Risk Manager his/her designate. Copies of this plan are available for review by any employee.

I. EXPOSURE RISK DETERMINATION

- A. The following job categories in lists A and B encompass the potential occupational exposure risks and will be offered the pre-exposure hepatitis B vaccine series (*Please note that ANY WJCC employee who has an exposure incident during working hours will be offered a post-exposure evaluation and medical treatment if indicated, up to and including the hepatitis B vaccine series*):

LIST A

1. WJCC Public School Nurses
 2. All Special Education Teachers and Teacher Assistants of “at-risk” student populations (i.e. those students who drool, bite, or are incontinent of stool or urine)
 3. Athletic Trainers
 4. Head Custodian and daytime designee
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LIST B (See Supervisor of Health Services or Risk Manager for risk assessment and consultation)

1. Occupational Therapists, Physical Therapists, and Speech Therapists who serve “at-risk” student populations

II. METHODS OF COMPLIANCE

A. Universal (Standard) Precautions

All blood or OPIM shall be handled as if contaminated by a bloodborne pathogen according to OSHA 29 CFR 1910.1030 Bloodborne Pathogens Standard. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials to include but not be limited to clothing. This will apply to all WJCC employees and staff.

B. Hand washing and other general hygiene measures

1. Hand washing is a primary infection prevention/control measure. Appropriate hand washing must be diligently practiced.
 - a. Employees shall wash hands thoroughly using soap and water whenever hands become contaminated and as soon as possible after removing gloves or other personal protective equipment (PPE).
 - b. Employees shall wash hands and any other skin with soap and water or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
 - c. Employees shall remove gloves and wash immediately following any diabetic monitoring procedure and shall put on new gloves before handling any medical items for application to another student.
 - d. In work areas where provision of hand washing facilities is not feasible, an appropriate antiseptic hand cleanser in conjunction with clean paper towels or antiseptic towelettes or waterless disinfectant will be available. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
 - e. Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
 - f. Food and drink shall not be permitted in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.

C. Sharps Management

1. Consideration of appropriate commercially available and effective safer needle systems is encouraged to minimize occupational risk of exposure.

2. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed.
 - a. Immediately or as soon as possible after use, contaminated sharps shall be placed in appropriate container in accordance with OSHA standards.
3. Sharps containers shall be puncture resistant, labeled and color-coded (red), leak proof on the sides and bottom, and maintained upright throughout use. Containers are to be easily accessible and located as close as is feasible to the immediate area where sharps are used.
4. Contaminated broken glass is also to be placed in disposable sharps containers.
5. Sharps containers will be available in each school clinic.
6. Overfilling of sharps containers creates a hazard when needles protrude from openings. Nearly full containers must be promptly closed, secured and safely transported to the Health Services office by the school nurse for proper storage and disposal per OSHA standards.
7. If outside contamination of the primary container occurs, the primary container shall be placed within a second container that prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the OSHA standards. When moving containers of contaminated sharps from the area of use, the containers shall be;
 - a. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
 - b. Placed in a secondary container if leakage is possible – the second containers shall be closable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and color-coded (red) in accordance with OSHA standard.

D. Personal Protective Equipment (PPE)

All PPE's will be provided, repaired, cleaned, and disposed of by the employer at no cost to employees. Employees shall wear PPE's when doing procedures in which exposure to the skin, eyes, mouth, or other mucous membranes is anticipated. The articles to be worn will depend on the expected exposure.

1. All WJCC employees will wear gloves when it can be reasonably anticipated that hands will contact blood or other potentially infectious materials, mucous membranes, or non-intact skin; will contact mouth, nose, or eyes; when handling or touching contaminated items or surfaces; and/or when handling or touching food or other items to be ingested. Latex and power free gloves are available.
 - a. Disposable gloves will be made available in all applicable work stations, including but not limited to: school clinics, kitchens, service kitchen, housekeeping carts, and designated custodian closet(s).
 1. Disposable gloves shall be replaced immediately as feasible when contaminated, torn, punctured, or when their ability to function as a barrier is compromised.
 2. Disposable gloves are not to be re-used.

- b. Utility gloves may be decontaminated for re-use if the gloves are in good condition. Gloves shall be discarded when cracked, peeling, torn, punctured, when they show other signs of deterioration, or when their ability to function as a barrier is compromised.
2. Masks and eye protection shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Containment Procedures

The workplace will be maintained in a clean and sanitary condition. A written custodial procedure, prescribing the appropriate methods and frequency of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed, shall be followed. Guidelines will be available for each custodian and may be found in the WJCC Operations Department.

- a. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or OPIM. Contaminated work surfaces shall be cleaned and decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or OPIM; and at the end of the work shift if the surface may have become contaminated since the last cleaning.
 - b. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood OPIM shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately, or as soon as feasible, upon visible contamination.
 - c. Broken glassware that may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan or tongs.
 - d. All custodian or designated staff must wear appropriate PPE's while cleaning restrooms and within contact with OPIM.
3. Clothing or Materials:

Employees who handle contaminated clothing or materials are to wear protective gloves and other appropriate PPE's.

- a. Contaminated clothing or materials shall be handled as little as possible with a minimum of agitation
 - b. All contaminated clothing or materials shall be placed in the container/bag where it was used and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior

4. Communication of hazards to employees:

- a. Employees will be informed of regulated waste hazards through a system of color-coded (red) labels, and through a training program as discussed in Section VI of this written plan.
- b. Warning labels shall be affixed to containers of regulated waste. Labels shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color, and is to be either an integral part of the container or affixed as close as feasible to the container by a method which prevents loss or unintentional removal of the label. The label shall have the biohazard symbol and the text "BIOHAZARD"; or
- c. Red bags or red containers may be substituted for the warning label.

III. HEPATITIS B VACCINATION PROTOCOL

General statement of policy

All employees who have been identified as having exposure to bloodborne pathogens will be offered the hepatitis B vaccination series at no cost to them. In addition, these employees will be offered post-exposure evaluation and follow-up at no cost to them should they experience an exposure incident on the job.

All medical evaluations and procedures including the hepatitis B vaccination series, whether prophylactic or post-exposure, will be made available to the all employees at a reasonable time and place. This medical care will be performed by or under the supervision of a licensed physician, physician's assistant, or nurse practitioner. Medical care and vaccination series will be according to the most current recommendations of the U.S. Public Health Service. A copy of the bloodborne pathogens standards will be provided to the healthcare professional responsible for the employee's hepatitis B vaccination.

All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.

Hepatitis B vaccination

The vaccination is a series of three injections. The second injection is given one month from the initial injection. The final dose is given six months from the initial dose. If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available at no cost to the employee.

The vaccination series will not be made available to employees who have previously received the complete hepatitis B vaccination series; to any employee who has immunity as demonstrated through antibody testing; or to any employee for whom the vaccine is medically contra-indicated.

Any exposed employee who chooses not to take the hepatitis B vaccination will be required to sign a declination statement (*Appendix A, Attachment A*).

The hepatitis B vaccination series will be made available to workers who initially decline vaccination, but later decides to accept vaccination.

All designated employees who choose to obtain the hepatitis B vaccination (**Appendix A, Attachment A**) will be referred to the designated health care professionals for evaluation for any contraindications. Results of testing will be given to employees by healthcare provider (**Appendix A, Attachment B**). If no contraindications exist and there is no documented immunity, the employee will start the vaccination series.

EVALUATION AND FOLLOW-UP PROCEDURES OF EXPOSURE INCIDENTS

- A. An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- B. Employees who experience an exposure incident must immediately report their exposure to their supervisor and the nurse if available. The following steps must be followed:
1. **Follow the required protocol for reporting a workplace injury (contact Company Nurse at 1-888-770-0925)** and provide a full explanation of circumstances under which the exposure incident occurred;
 2. **If advised, report to Sentara Urgent Care/Occupational Health at 4374 New Town Avenue, the identified provider from the WJCC Worker's Compensation Panel of Physician's**, for evaluation and follow-up;
 3. **Complete the Occupational Exposure Incident Report** immediately following the exposure incident and forward to the Supervisor of Health Services at Central Office (**Appendix B**);
 4. **Have the Source Individual Consent Form for Minor Child** form completed if feasible (**Appendix C**).
- C. When an employee reports an exposure incident, he/she should immediately be offered a confidential medical evaluation and follow-up including the following elements:
1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
 2. Identification and documentation of the source individual unless identification is infeasible.
 3. The exposed employee's blood shall be collected as soon as feasible after consent is obtained, and tested for HBV, HCV and HIV serological status. *Baseline testing must be completed with 30 days of the incident.* If the employee consents to baseline blood collection, but does not give consent at the time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
 4. Per §§ 22.1-271.3 and 32.1-45.1 of the Code of Virginia (**Appendix D**, section H) blood from the source individual will be tested as soon as feasible as the person whose body fluids were involved in the exposure shall be deemed to have consented to HBV, HCV, and HIV testing.

A. NOTE: NOTIFICATION OF PHYSICIAN(S) OR OTHER LOCATIONS RECEIVING SOURCE PATIENTS MUST TAKE PLACE AS SOON AS POSSIBLE AND PRACTICAL.

5. If the person to be tested is a minor, consent shall be obtained from the parent, guardian, or person standing in loco parentis (*Appendix D*, section K). If consent is withheld, the school board may petition the juvenile and domestic relations district court for an order requiring testing. Whenever any person is directly exposed to the body fluids of a school board employee in a manner that may transmit these viruses, the school board employee will be deemed to have consented for testing for these viruses. If the source individual's blood is available, the blood shall be tested and the results documented *at the source's expense*. The exposed employee will be informed of the results.
6. The exposed employee will be offered post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service. The exposed employee will be offered counseling and medical evaluation of any reported illnesses.

D. The following information will be provided to the healthcare professional responsible for evaluating the exposed employee:

1. A copy of 29 CFR 1910.1030, OSHA Bloodborne Pathogens Standard, found at http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards&p_id=10051;
2. A description of the exposed employee's duties as they relate to the exposure incident;
3. The documentation of the route(s) of exposure and circumstances under which exposure occurred;
4. Results of the source individual's blood testing, if applicable;
5. All medical records relevant to the appropriate treatment of the employee including vaccination status.

E. The employee shall be provided with a copy of the healthcare professional's written opinion upon request. The written opinion will be limited to the following information

1. The employee has been informed of the results of the evaluation;
2. The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

All other findings shall remain confidential and shall not be included in the written report.

VI. EMPLOYEE TRAINING

Employees will be trained regarding bloodborne pathogens at the time of initial assignment to tasks where exposure may occur *and* annually, during work hours. Additional training will be provided whenever there are changes in tasks or procedures which affect an employee's occupational exposure; this training will be limited to the new exposure situation.

The training approach will be tailored to the educational level and literacy of the employees. The training plan will include an opportunity for employees to have their questions answered. Employees are responsible to access the training on a yearly basis.

The following content will be included:

1. Explanation of the bloodborne pathogens standard;
2. General explanation of the epidemiology, modes of transmission, and symptoms of bloodborne diseases;
3. Explanation of this exposure control plan and how it will be implemented;
4. Procedures which may expose employees to blood or other potentially infectious materials;
5. Control methods that will be used at WJCC Public Schools to prevent and/or reduce the risk of exposure to blood or other potentially infectious materials;
6. Explanation of the basis for selection of personal protective equipment;
7. Information about the hepatitis B vaccination program, including the benefits and safety of vaccination;
8. Information on procedures to use in an emergency involving blood or other potentially infectious materials;
9. What procedure to follow if an exposure incident occurs;
10. Explanation of post-exposure evaluation and follow-up procedures; and
11. Explanation of warning labels and/or color coding.

VII. RECORD-KEEPING PROCEDURES

Procedures are in place for maintaining both medical and training records. If WJCC Public Schools should cease business, and there is no successor employer to receive and retain the records for the prescribed period, then the Director of the National Institute for Occupational Safety and Health (NIOSH) will be notified at least three (3) months prior to the disposal of records. The records will be transmitted to NIOSH, if required by the Director, within the three month period.

- A. A medical record will be established and maintained for each employee with exposure. The record shall be maintained for the duration of employment plus thirty (30) years in accordance with 29 CFR 1910.1020. These medical records will be kept by the medical provider chosen from the WJCC Panel of Physicians. The record shall include the following:
 1. Name and social security number of the employee;
 2. Copy of the employee's hepatitis B vaccination status with dates of hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;
 3. Copy of examination results, medical testing, and any follow-up procedures;
 4. Copy of the healthcare professional's written opinion; and
 5. Copy of the information provided to the healthcare professional who evaluates the employee for suitability to receive hepatitis B vaccination as a prophylactic and/or after an exposure incident.
- B. Confidentiality of medical records: The records will be kept confidential. The contents will not be disclosed or reported to any person within or outside the workplace without

the employee's expressed written consent, except as required by law or regulation. Employee medical records required under 29 CFR 1910.1030 shall be provided upon request for examination and copying to the subject employee and to the Commissioner of the Virginia Department of Labor and Industry in accordance with 29 CFR 1910.1020.

- C. Training records: Training records shall be maintained for three (3) years from the date on which the training occurred.
- B. Training records shall be provided upon request for examination and copying to employees, to employee representatives, and to the Commissioner of the Virginia Department of Labor and Industry in accordance with 29 CFR 1910.20.

Original Exposure Control Plan
was prepared by:

Kathleen McNutt, CHS

Date Originally Prepared:

October, 1992

Review Date:

October, 2000 per K. McNutt, CHS

Revised by:

Lina Kennedy, Risk Manager

Revision Dates:

April, 2002, 9/2003, 8/2008, 7/2012, 6/2013
02/2017

APPENDIX A

Attachment A BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN Vaccine Declination (Mandatory)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, *at no charge to myself*.

____ I **wish** to receive the Hepatitis B vaccination. I realize this is a three shot series and I am responsible for receiving all three shots over the six month period.

____ I **decline** the Hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have an occupational exposure to blood or other potentially infectious materials and want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series *at no charge to me*.

Signature

Printed Name

Position

Employee Identification Number

Date

Copy: Personnel Confidential Record
Health Care Provider

APPENDIX A

**Attachment B
BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN
Health Care Professional's Opinion
for Post Exposure Evaluation and Follow-Up**

_____ Employee has been informed of the results of the post exposure evaluation.

_____ Employee has been informed about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

Employees must take this this form to their healthcare appointment

Health Care Professional

Date

Employee Signature

Date

APPENDIX B

OCCUPATIONAL EXPOSURE INCIDENT REPORT FORM

(This form must be completed by each employee involved in an incident)

Name of Employee Exposed: _____ Employee ID No. _____

Address: _____ Phone: _____

Date of Incident: _____ Time: _____ Location: _____

Potentially Infectious Materials Involved: _____

Name of Source Individual: _____

Address: _____ Phone: _____

Type of Potentially Infectious Material (PIM): _____

Circumstances (what was employee doing at time of incident?): _____

How did incident occur (accident, equipment malfunction, etc.)? _____

Personal Protective Equipment being used: _____

Wound care given: _____

Date of last tetanus: _____ Complete Hepatitis B vaccine series: Yes ____ No ____

If yes, date completed: _____

Date of last HIV test (N/A if never tested): _____

I (do) (do not) request to be evaluated and tested for HIV and hepatitis B and C viruses by a physician designated by one of Williamsburg-James City County Public Schools' Panel of Physicians. I understand that the testing is not mandatory and that all expenses for the testing will be paid by Williamsburg-James City County Public Schools. Following the initial testing, additional testing will be scheduled at 6 weeks, 12 weeks and 6 months to determine if a Bloodborne Pathogen has been transmitted. I understand that I will be provided the test results, counseled by a physician designated by Williamsburg-James City County Public Schools and that all information regarding the exposure, HIV/HBV testing and test results will remain confidential.

Date Form Completed: _____ Employee Signature: _____

Please forward under confidential stamp to the Risk Manager

APPENDIX C

SOURCE INDIVIDUAL CONSENT FORM FOR MINOR CHILD

_____ has been identified as the source of blood or bodily fluid involved in an occupational exposure incident at _____, on _____, 20____. Pursuant to OSHA/VOSH regulations governing bloodborne pathogens, the Exposure Control Plan enacted by Williamsburg-James City County Public Schools, and §§ 22.1-271.3 and 32.1-45.1 of the Code of Virginia concerning deemed consent to testing for bloodborne pathogens, I have been requested to consent to the testing of my minor child (name)_____’s blood to detect the presence of antibodies to the Human Immunodeficiency Virus (HIV) and the Hepatitis B or C Viruses

Accordingly,

_____ I grant my consent for the testing of my minor child, _____’s blood and/or bodily fluid in order to ascertain whether the HIV virus or Hepatitis B or C viruses are present. I understand that, based on the Code of Virginia Section 32.1-45, I am obligated to pay for any testing under these circumstances.

_____ I refuse to grant consent for testing of blood.

Dated: _____ 20_____.

Parent/Guardian’s Signature if Minor

Parent/Guardian’s Printed Name if Minor

APPENDIX D

VIRGINIA ACTS OF ASSEMBLY -- 2003 SESSION CHAPTER 1 2

An Act to amend and reenact §§ 22.1-271.3 and 32.1-45.1 of the Code of Virginia, relating to deemed consent to testing for blood-borne pathogens.

[S 659]

Approved January 30, 2003

Be it enacted by the General Assembly of Virginia:

1. That §§ 22.1-271.3 and 32.1-45.1 of the Code of Virginia are amended and reenacted as follows:

§ 22.1-271.3. Guidelines for school attendance for children infected with human immunodeficiency virus; school personnel training required; notification of school personnel in certain cases.

A. The Board of Education, in cooperation with the Board of Health, shall develop, and revise as necessary, model guidelines for school attendance for children infected with human immunodeficiency virus. The first such guidelines shall be completed by December 1, 1989. The Board shall distribute copies of these guidelines to each division superintendent and every school board member in the Commonwealth immediately following completion.

B. Each school board shall, by July 1, 1990, adopt guidelines for school attendance for children with human immunodeficiency virus. Such guidelines shall be consistent with the model guidelines for such school attendance developed by the Board of Education.

C. Every school board shall ensure that all school personnel having direct contact with students receive appropriate training in the etiology, prevention, transmission modes, and effects of blood-borne pathogens, specifically, hepatitis B and human immunodeficiency viruses or any other infections that are the subject of regulations promulgated by the Safety and Health Codes Board of the Virginia Occupational Safety and Health Program within the Department of Labor and Industry.

D. Upon request from *notification* by a school employee who believes he has been involved in a possible exposure-prone incident which may have exposed the employee to the blood or body fluids of a student, the division superintendent shall contact the local health director who, upon immediate investigation of the incident, shall determine if a potentially harmful exposure has occurred and make recommendations, based upon all information available to him, regarding how the employee can reduce any risks from such exposure. The division superintendent shall share these recommendations with the school employee. *Except as permitted by § 32.1-45.1*, the division superintendent and the school employee shall not divulge any information provided by the local health director regarding such student. The information provided by the local health director shall be subject to any applicable confidentiality requirements set forth in Chapter 2 (§ 32.1-35 et. seq.) of Title 32.1.

§ 32.1-45.1. Deemed consent to testing and release of test results related to infection with human immunodeficiency virus or hepatitis B or C viruses.

A. Whenever any health care provider, or any person employed by or under the direction and control of a health care provider, is directly exposed to body fluids of a patient in a manner which may, according to the then current guidelines of the Centers for Disease Control, transmit human immunodeficiency virus or hepatitis B or C viruses, the patient whose body fluids were involved in the exposure shall be deemed to have consented to testing for infection with human immunodeficiency virus or hepatitis B or C viruses. Such patient shall also be deemed to have consented to the release of such test results to the person who was exposed. In other than emergency situations, it shall be the responsibility of the health care provider to inform patients of this provision prior to providing them with health care services which create a risk of such exposure.

B. Whenever any patient is directly exposed to body fluids of a health care provider, or of any person employed by or under the direction and control of a health care provider, in a manner which may, according to the then current guidelines of the Centers for Disease Control, transmit human immunodeficiency virus or hepatitis B or C viruses, the person whose body fluids were involved in the exposure shall be deemed to have consented to testing for infection with human immunodeficiency virus or hepatitis B or C viruses. Such person shall also be deemed to have consented to the release of such test results to the patient who was exposed.

C. For the purposes of this section, "health care provider" means any person, facility or agency licensed or certified to provide care or treatment by the Department of Health, Department of Mental Health, Mental Retardation and Substance Abuse Services, Department of Rehabilitative Services, or the Department of Social Services, any person licensed or certified by a health regulatory board within the Department of Health Professions except for the Boards of Funeral Directors and Embalmers and Veterinary Medicine or any personal care agency contracting with the Department of Medical Assistance Services.

D. "Health care provider," as defined in subsection C of this section, shall be deemed to include any 2 of 2 person who renders emergency care or assistance, without compensation and in good faith, at the scene of an accident, fire, or any life-threatening emergency, or while en route there from to any hospital, medical clinic or doctor's office during the period while rendering such emergency care or assistance. The Department of Health shall provide appropriate counseling and opportunity for face-to-face disclosure of any test results to any such person.

E. Whenever any law-enforcement officer is directly exposed to body fluids of a person in a manner which may, according to the then current guidelines of the Centers for Disease Control, transmit human immunodeficiency virus or hepatitis B or C viruses, the person whose body fluids were involved in the exposure shall be deemed to have consented to testing for infection with human immunodeficiency virus or hepatitis B or C viruses. Such person shall also be deemed to have consented to the release of such test results to the law-enforcement officer who was exposed. In other than emergency situations, it shall be the responsibility of the law-enforcement officer to inform the person of this provision prior to the contact which creates a risk of such exposure.

F. Whenever a person is directly exposed to the body fluids of a law-enforcement officer in a manner which may, according to the then current guidelines of the Centers for Disease Control, transmit human immunodeficiency virus or hepatitis B or C viruses, the law-enforcement officer whose body fluids were involved in the exposure shall be deemed to have consented to testing for infection with human immunodeficiency virus or hepatitis B or C viruses. The law-enforcement officer shall also be deemed to have consented to the release of such test results to the person.

G. For the purposes of this section, "law-enforcement officer" means a person who is both (i) engaged in his public duty at the time of such exposure and (ii) employed by any sheriff's office, any adult or youth correctional facility, or any state or local law-enforcement agency, or any agency or department under the direction and control of the Commonwealth or any local governing body that employs persons who have law-enforcement authority.

H. *Whenever any school board employee is directly exposed to body fluids of any person in a manner which may, according to the then current guidelines of the Centers for Disease Control, transmit human immunodeficiency virus or hepatitis B or C viruses, the person whose body fluids were involved in the exposure shall be deemed to have consented to testing for infection with human immunodeficiency virus or hepatitis B or C viruses. Such person shall also be deemed to have consented to the release of such test results to the school board employee who was exposed. In other than emergency situations, it shall be the responsibility of the school board employee to inform the person of this provision prior to the contact that creates a risk of such exposure.*

I. *Whenever any person is directly exposed to the body fluids of a school board employee in a manner that may, according to the then current guidelines of the Centers for Disease Control, transmit human immunodeficiency virus or hepatitis B or C viruses, the school board employee whose body fluids were involved in the exposure shall be deemed to have consented to testing for infection with human*

immunodeficiency virus or hepatitis B or C viruses. The school board employee shall also be deemed to have consented to the release of such test results to the person.

J. For the purposes of this section, "school board employee" means a person who is both (i) acting in the course of employment at the time of such exposure and (ii) employed by any local school board in the Commonwealth.

K. For purposes of subsection H, if the person to be tested is a minor, consent for such testing shall be obtained from the parent, guardian, or person standing in loco parentis of such minor prior to initiating such testing. If the parent or guardian or person standing in loco parentis withholds such consent, the school board may petition the juvenile and domestic relations district court in the county or city where the minor resides for an order requiring such testing.

L. Except as provided in subsection K, if the person whose blood specimen is sought for testing refuses to provide such specimen, any person potentially exposed to the human immunodeficiency virus or hepatitis B or C viruses, or the employer of such person, may petition the general district court of the county or city in which the person whose specimen is sought resides or resided, or, in the case of a nonresident, the county or city where the health care provider or law-enforcement agency, law-enforcement agency or school board has its principal office, for an order requiring the person to provide a blood specimen or to submit to testing and to disclose the test results in accordance with this section. At any hearing before the court, the person whose specimen is sought or his counsel may appear. The court shall be advised by the Commissioner or his designee prior to entering any testing order. If a testing order is issued, both the petitioner and the person from whom the blood specimen is sought shall receive counseling and opportunity for face-to-face disclosure of any test results by a licensed practitioner or trained counselor.