

Darien Public Schools Exposure Control Plan

Revised 10/05/2015

**Darien Public Schools
Exposure Control Plan**

Implemented 2000

Revised 2006

Revised 2008

Revised 2015

1.1 POLICY

Darien Public Schools is committed to providing a safe and healthful work environment for both the employees and students in accordance with state and federal law. The following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to blood borne pathogens in accordance with Occupational Safety and Health Administration (“OSHA”) standard 29 CFR 1910.1030, “Occupational Exposure to Blood borne Pathogens” (“OSHA Standard”).

2.1 PROGRAM ADMINISTRATION

Lynn Steinbrick MSN, RN, Director of Nursing Services is responsible for the implementation of the Exposure Control Plan. This OSHA Officer will maintain, review and update the ECP at least annually and whenever necessary to include new or modified tasks and procedures.

Contact location is:

Darien High School
80 High School Lane
Darien, CT 06820
203-655-3981 extension 2304

The employees who are determined to have occupational exposure to blood or Other Potentially Infectious Material (“OPIM”) must comply with the procedures and work practices outlined in the ECP.

Darien Public Schools will provide and maintain necessary Personal Protective Equipment (“PPE”), engineering controls, and labels that are required by the OSHA Standard. The Director of Nursing¹ Services shall equip School Nurses with PPE. The Director of Athletics shall supply Coaches and Athletic Trainer with PPE. Each School Nurse shall ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes for the nurses’ office. The Maintenance and Custodial Services Supervisor shall ensure that custodians are equipped and trained properly. The Special Education Department will ensure that all Special Education Staff are equipped and trained properly based on the ECP and the children’s needs.

The Director of Health Services is responsible for training, documentation of training of School Nurses and Coaches and making the written ECP available to employees, OSHA and NIOSH

(National Institute of Safety and Health) representatives. All sub-contracted employees are responsible for their own training and record keeping. The School Nurse will be responsible for taking necessary actions to see to it that school personnel receive medical treatment as indicated and ensuring that appropriate employee health and OSHA records are maintained.

Employee Exposure Determination

The following is a list of all job classifications at our organization in which all or some employees have potential risk of occupational exposure to blood-borne pathogens:

Administrators	Low Risk
Cafeteria Staff	Low Risk
Instructional Aides	Low Risk
Librarians	Low Risk
Psychologists	Low Risk
Secretaries	Low Risk
Teachers	Low Risk

The level of potential risk of occupational exposure to blood borne pathogens varies for teachers and instructional aides from low to high risk based on their student population –

Occupational Therapist, Physical Therapist, Speech Therapist	Moderate Risk
Coaches	High Risk
Custodial Staff	High Risk
Nurses	High Risk
PE Teachers	High Risk
Special Education Staff	High Risk
Social Workers	High Risk
Technology Education Teachers	High Risk
Campus Monitors	High Risk

Blood-borne Infections

Blood, serum, other potentially infectious materials, semen/vaginal excretions or fluids visibly contaminated with blood or surfaces or objects contaminated with such fluids can transmit infections. The most serious diseases that employees may be exposed to are HBV and HIV. Other blood borne pathogens can include Hepatitis C, Syphilis, HTLV-1, Malaria, Babesiosis, Leptospirosis, Creutzfeld-Jakob Disease. Once contracted, treatment options for these infections are limited and they may be fatal. Therefore, it is essential that all employees exposed to blood and body fluids protect themselves from exposure to the serious infections as well as the multitude of less serious infectious agents in blood and secretions.

Most contractions of these diseases are health care workers from an accidental needle stick by contaminated needles. Any object or surface contaminated with blood, serum or secretions has the potential to transmit infection. The viruses carried by blood or body fluids can infect the body via punctures with sharp objects, through open areas of skin (cuts or scrapes), or through splashing onto mucous membranes such as eyes, mouth or nose.

Once contracted, these viruses have a variety of symptoms. HBV most often has no symptoms. Those persons who do develop symptoms often complain of fatigue, fever, nausea and jaundice 6-8 weeks after exposure. Although most infected people recover, about 1% can die of fulminate hepatitis. Infected individuals can be contagious for weeks or even life (chronic carriers) in 6-10% of adult cases. In addition to our workplace setting, these viruses can be contracted through any exposure to contaminated blood or body secretions in activities such as sex, IV drug use, birth and transfusion of contaminated blood (rare in the U.S.) Most contagious people do not have an obvious disease. Many persons experience flu-like or Mononucleosis-like symptoms (fever, fatigue, swollen glands) about six weeks after exposure to HIV/AIDS. The majority of persons infected will test positive at this point and most will test positive six months after infection. Infected people appear well during the early stages of HIV infection and it may take eight to ten years to develop into fatal AIDS. There is no cure for HIV/AIDS at this time, but early treatment can prolong the progression of symptoms. Many authorities now recommend post-exposure medical treatment for workers who may have been exposed to HIV.

None of these infections can be contracted through casual contact. The greatest risk comes from parenteral introduction of contaminated blood or blood products. Remember that although other body fluids such as tears, sweat, saliva, vomitus, feces, breast milk, and genital secretions do contain these viruses, they are present in low concentrations and are extremely unlikely to transmit HBV or HIV/AIDS. They can transmit other infections (colds, diarrhea) and employees should use universal precautions with these fluids when practical.

The risk of infection after occupational exposure is 7 – 30% for HBV, 3-4% for Hep C that progresses to cirrhosis or cancer, and minimal for HIV/AIDS.

Universal Precautions

All employees must utilize universal precautions. Engineering controls and work practices will be used to prevent or minimize exposure to blood borne pathogens. Specific engineering controls and work practice controls are listed below:

- a) Use auto-injectors when possible (epi pen, insulin, lancet)
- b) Gloves: Synthetic or latex examination gloves are required for all injections, blood testing, procedures where contamination is possible (wound care, clean-up of contaminated surfaces), handling of contaminated materials. Employees with open cuts or sores on their hands must wear gloves during patient contact for their own protection and the protection of the patient. Employees should not use petroleum based hand lotions as they may cause deterioration of latex gloves. Additionally, exposure to soaps and cleaning products may damage latex, so non-latex or utility gloves² should be used to clean spills. Gloves must be changed after each contact and removed in a way to minimize spattering and disposed of in the garbage. If blood covered, dispose of in the sharps container or red biohazard bags. All employees should wash their hands immediately after removing gloves. All high-risk employees must be trained on how to don and remove gloves. Utility gloves should be used to clean up areas possibly contaminated with blood or low risk fluids such as urine, feces, and vomitus. Utility gloves must be cleaned and disinfected after each use and discarded if cracked, worn or deteriorated.
- c) Hand washing: Hand washing is the single most effective means of preventing the transmission of infectious diseases. Gloves do not provide complete protection and frequently have microscopic leaks. Employees are expected to wash hands between contact with potentially contaminated objects (including patients) or surfaces, after medication administration, before and after eating, drinking, or using the bathroom. Sinks with soap are located in the Nurses Office, bathrooms, custodial area, and cafeteria.
- d) Labels: Biohazard labels must be present on all sharps containers and any other area likely to contain potentially infectious materials.

Methods of Implementation

Employees at risk for occupational exposure receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting Lynn Steinbrick, Director of Nursing Services. Upon request, a copy will be provided at no charge within 15 days of the request. The ECP is available to employees via Employee public folders. Lynn Steinbrick MSN, RN, Director of Nursing Services is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

This organization identifies the need for changes in engineering control and work practices through a review of OSHA records, employee interviews and committee activities and/or updates via the OSHA office in Bridgeport. We review new procedures or products by careful evaluation by staff that will be using said equipment. All nurses and other employees at risk of occupational exposure are involved in this process.

Training

Darien Public Schools shall ensure that all employees with occupational exposure participate in a training program which is provided at no cost to the employee and during working hours. This training shall be provided within 90 days of hire and at least annually thereafter. Additional training may be required when changes are made in procedures that effect occupational exposure. The additional training may be limited just to the new information. The training shall:

- Be appropriate in content and educational level, literacy, and language
- Provide a copy of OSHA standard
- Give general explanation of epidemiology and symptoms of blood borne disease
- An explanation of the modes of transmission of blood borne disease
- An explanation of the ECP
- An explanation of appropriate methods to recognizing tasks and other activities that may involve exposure
- An explanation of the use and limitations of methods that will prevent or reduce exposure including engineering controls, work practices, PPE
- Provide information on PPE and the basis for selection
- Provide information on the HBV including efficacy, safety, method of administration, and benefits
- Review procedure for when an incident occurs, including who to contact, forms to fill out, incident reporting and follow up
- Teach labeling system

Employees will demonstrate proficiency in standard practices and techniques specific to their job description.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training is provided by Lynn Steinbrick, MSN, RN, Director of Nursing Services, or a supervisor as designated through this ECP, in the appropriate use of PPE

The types of PPE are:

Gloves
Needle boxes
Biohazard Bags
Gowns
Masks
Germicidal Solution

All employees using PPE must observe the following procedures:

- a. Wash hands immediately or as soon as feasible after removing PPE
- b. Remove PPE after it becomes contaminated and before leaving the work area
- c. Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated or if their ability to function as a barrier is compromised.
- d. Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard if they show signs of cracking, peeling, tearing, puncturing or deterioration.
- e. Never wash disposable gloves for reuse.
- f. Wear appropriate face and eye protection when splashes, sprays, spatters or droplets of blood pose a hazard to eye, nose or mouth.
- g. Remove immediately or as soon as feasible any garment contaminated by blood in such a way as to avoid contact with the outer surface.

Proper Handling and Clean Up

- a. All sharps and syringes should be disposed of in the sharps container. Do not bend, recap, or attempt to remove needles as this is the most common cause of accidental needle sticks. Place blood soaked gloves, materials or non-sharps in a biohazard bag.

- b. Items exposed to urine, feces, etc. may be placed in the garbage unless obvious amounts of blood are seen. When in doubt, place in sharps container or biohazard bag.
- c. When sharps containers are $\frac{3}{4}$ full or at the end of the school year, they should be closed before moving and returned to Darien High School Office for pick up and decontamination.
- d. All areas possibly contaminated by blood or body fluids should be cleaned immediately with a germicidal solution. Gloves must be worn and disposable cleaning materials (paper towels) should be used. First, the spill should be contained by placing a paper towel over the area. Next, the area should be washed with germicidal solution and paper towels. Contaminated towels should be placed in red biohazard bags. Blood soaked utility gloves should be washed with germicide and/or disposed of in red biohazard bag. Disposable gloves should be discarded in a red biohazard bag. Hands are to be washed with soap.
- e. In the case of contaminated broken glass and similar sharp objects, employees should wear gloves and use brushes or forceps to remove contaminated pieces. Sharps should be disposed of in sharps container. Instruments used for clean-up are cleaned with germicidal solution or disposed of. Wash hands after removing gloves.
- f. If the employees clothing becomes soiled with blood or other potentially infectious materials, the garments will be placed in a biohazard bag. Decontamination of clothes laundered at home in hot (160 degrees) water with one cup of bleach.

Labels

The following labeling method is used by this organization:

Biohazard label marks any area, container or specimen that is potentially hazardous.

Chemical Hazard labels are used for all chemical hazards. See Hazardous Materials Policy. Material Safety Data Sheets are available through the custodial staff.

The Darien Public School System has contracted with Occupational Health Services of Norwalk Hospital to provide Blood borne Pathogen Exposure Treatment and Prevention Services for the District.

Hepatitis-B Vaccinations (Preventive)

Employees may be at risk for occupational exposure to blood or body fluids. Hepatitis-B virus can be transmitted through blood or body fluids and can cause serious liver disease. Employees who wish to protect themselves may receive a standard series of three Hepatitis-B vaccinations. This service is now being offered to all Darien Public School employees at no cost at Occupational Health Services of Norwalk Hospital.

Hepatitis B Vaccine

- a. HBV vaccine is safe, effective, has minimal reactions and will be provided free of charge to all employees not previously vaccinated, employees who do not have proof of immunity or do not have medical contraindications to HBV immunization.

Employees who are employed in direct health care positions are required to present proof of Hepatitis B immunity. (This group includes school nurses)

If employee is unable to provide proof of Hepatitis B immunity or unsure of his/her immunity the employee can elect to have a Hepatitis-B surface antibody titre performed at no cost at Occupational Health Services of Norwalk Hospital.

Specific questions regarding risks and benefits may be directed to the Director of Health Services, Occupational Health Services of Norwalk Hospital or their own Primary Care Physician.

- b. Eligible employees who elect not to receive the vaccine will be asked to sign a “Declination” form, required by law, and work at their own risk. Employees who decline the vaccine may receive it on request, free of charge at any time.
- c. Employees should inform Director of Health Services of their HBV vaccination status who will record it in the employee’s health record.

Post Exposure Evaluation and Follow-up

Should a blood borne pathogen exposure occur, the employee should report to the School Nurse. Following the initial first aide, the following activities will be performed:

- a. Document the routes of exposure and how the exposure occurred.
- b. Identify and document the source individual unless prohibited by state or federal law.
- c. Subject to state and federal law, obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV and HBV infectivity; document that the source individual’s test results were conveyed to the employee’s health care provider. If the source individual is already known to be positive, new testing need not be performed.
- d. Subject to state and federal law, assure that the employee is provided with the source individual’s test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual
- e. The Darien Public School System has contracted with Occupational Health Services of Norwalk Hospital to provide Blood borne Pathogen Exposure Treatment. After obtaining consent from the employee, Occupational Health Services of Norwalk will test the blood sample for HIV, HCV and HBV infectivity. If an employee elects to see

their personal Primary Care Physician, the physician will obtain the consent from the employee for testing.

The post exposure evaluation of blood and body fluid at Occupational Health Services of Norwalk Hospital involves careful documentation of the incident, including a clear description of the exposure, and identifying, if possible, the source of the exposure (donor). The post exposure treatment involves counseling, baseline blood tests, and potentially, immunizations, as well as screening of the donor. As a result, it is extremely important to promptly report the exposure to your school nurse, school principal and to seek care by calling Occupational Health Services.

To initiate post exposure care, the employee should call the clinic at 203-852-2417 and state that he/she may have been exposed to blood or body fluids. The Occupational Health Services medical staff will initially ask a few questions in order to determine your initial treatment and screening needs.

Occupational Health Services of Norwalk Hospital:
520 West Avenue Norwalk, CT 06850 Phone: 203-852-2417
Open weekdays 8:00AM- 4:30PM

If employee elects to go to his/her Primary Care Physician for post exposure evaluation and treatment, send a copy of the OSHA Blood Borne Pathogen Standard 29CFR 1910.1030 .

Blood samples should be performed as soon as possible. Blood samples are held for 90 days and the employee can request testing within that time if previously refused HIV testing.

- f. The Immediate Supervisor will notify the Director of Health Services and the Building Principal. The Director of Health will notify the Superintendent or Assistant Superintendent.

Administration of Post Exposure Evaluation and Follow Up

Lynn Steinbrick MSN, RN, Director of Nursing Services ensures that all School Nurses have a copy of OSHA's blood borne pathogen standard as well as a copy of this plan and a copy of the OSHA Standard. After an exposure incident, the Director of Medical Services shall evaluate the employee incident using the following:

- a. Consult with the School Nurse
- b. A description of the employee's job duties relevant to the exposure incident
- c. Routes of exposure
- d. If possible, results of the source individual's blood test results
- e. Relevant employee medical record including vaccination status

Lynn Steinbrick MSN, RN, Director of Nursing Services shall provide the employee with a copy of the written opinion within 15 days after completion of the evaluation.

Procedure for Evaluating Circumstances Surrounding an Exposure Incident

Director of Health Services will review the circumstances of all exposure incidents to determine:

- a. Engineering controls in use at time
- b. Work practices followed
- c. Description of device used
- d. PPE or clothing that was used at the time
- e. Location of incident
- f. Procedure being performed when incident occurs
- g. Employee training

If it is determined that revisions need to be made, the Director of Nursing Services will ensure that appropriate changes are made to the ECP. Changes may include an evaluation of safer devices, adding employees for specific situations, or any solution that makes this a safer environment for employees.

Training Records

A training record includes:

- Dates of training sessions
- Contents or a summary of training sessions
- The name and qualifications of persons conducting the training
- The names and job titles of all persons attending the training

Employee training records are provided upon request to the employee or employee's authorized representative within 15 working days. Such requests should be addressed to Lynn Steinbrick MSN, RN, Director of Nursing Services.

Medical Records

Medical records are maintained for all employees with risk of occupational exposure in accordance with 29 CFR 19100.20 "Access to Employees Exposure and Medical Records." Confidential records shall be maintained by the school district. These files are kept for the duration of the employee's employment plus 30 years. They will be provided to employees within 15 working days of a request for review.

OSHA record keeping and exposure incident form are evaluated to determine if the case meets OSHA's record keeping requirements

Definitions

Blood Borne Pathogen: pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to hepatitis B virus (HBV), and human immunodeficiency virus (HIV).

Contaminated: the presence or reasonable anticipated presence of blood or other potentially infectious materials on an item or surface.

Decontamination: the use of physical or chemical means to remove, inactivate or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

Engineering Controls: controls (i.e.: sharps disposal containers, self-sheathing needles) that isolate or remove the blood borne pathogens hazard from the workplace.

Exposure incident: a specific eye, mouth, other mucous membrane, non-intact skin or potential contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Germicidal Solution: any cleaning solution used for surfaces that kills viruses and bacteria on contact.

Hand Washing Facilities: facilities providing an adequate supply of running potable water, soap, and single use towels or hot air drying machines.

Licensed Healthcare Professional: a person whose legally permitted scope of practice allows him or her to independently perform the activities required to give HBV, post-exposure evaluation and follow up.

Parenteral: piercing mucous membranes or the skin through such events as needle sticks, human bites, cuts, or abrasions.

Potentially Infectious Materials: human body fluids including amniotic fluid, blood, cerebrospinal fluid, pericardial fluid, peritoneal fluid, pleural fluid, saliva, semen, synovial fluid, vaginal secretions, unfixed tissues or any body fluid visibly contaminated in blood, and all body fluid in situations where it is impossible to differentiate between body fluids.

Personal Protective Equipment ("PPE"): specialized clothing or equipment worn by employee for protection against a hazard.

Regulated Waste: liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps.

Sharps: needles, auto injectors, lancets, or broken glass.

Source Individual: any individual whose blood or other potentially infectious material may be a source of occupational exposure to the employee.

Universal Precautions: an approach to infection control. All blood and body fluids are treated as if known to be infectious.

Work Practice Controls: controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

HEPATITIS B VACCINATION CONSENT/DECLINE FORM

Employee Name: _____ Date of Hire: _____

Title/Position: _____ School _____

Phone: W: _____ H: _____ Email: _____

Home Address: _____

Because of the nature of your job, school employees may be at risk for occupational exposure to blood or body fluids. Hepatitis B virus can be transmitted through blood or body fluids and can cause serious liver disease. Employees who wish to protect themselves from Hepatitis B may receive a standard series of three Hepatitis B vaccinations.

I understand that my job puts me at risk of occupational exposure to blood or body fluids, which thereby puts me at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated against Hepatitis B at no charge to myself. At this time I choose the following:

_____ I am **requesting to receive** the Hepatitis B Vaccine series of **3 vaccinations** to be given over the course of **6 months**.

_____ I am **declining** the vaccine because **I have had the Hepatitis B Vaccine already**.

_____ I am **declining** the vaccine because **I have been tested for Hepatitis B immunity and I am immune* to Hepatitis B virus**.

**If you are unable to provide proof of immunity or are unsure of your immune status do you want a Hepatitis B surface antibody titre performed at no cost to you? Yes____ No____*

_____ I am **declining** the vaccine because **I do not wish to receive it**.

NOTE TO EMPLOYEE WHO DECLINES TO RECEIVE THE HEPATITIS B VACCINE: 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. I have been given the opportunity to be vaccinated with Hepatitis B Vaccine, at no charge to myself. However, I decline the Hepatitis B Vaccine 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 occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B Vaccine, I can receive the vaccination series at no charge to me. I and my successors and assigns hereby release and hold harmless Darien Public Schools, the municipality, and its agents and employees from claims, damages and/or liabilities incurred as a result of my failure to receive the Hepatitis B Vaccine.

EMPLOYEE NAME PRINTED: _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____

The Darien Public School System has contracted with Occupational Health Services of Norwalk Hospital to provide Blood borne Pathogens Exposure Treatment and Prevention Services. If you have elected to receive the Hepatitis B Vaccine Series or to have a Hepatitis B surface antibody titre drawn to verify immunity, **you can arrange to receive these services at no cost by calling the Occupational Health Services of Norwalk Hospital at 203-852-2417 to schedule an appointment. Please return a copy of this form to Lynn Steinbrick, RN, Director of Nursing Services at Darien High School. Please also bring a copy of this form with you to your first vaccination appointment.**

CONFIDENTIAL

OSHA Exposure Incident Form

Date of Report _____

Name: _____

Title _____

Date of Exposure _____ Time of Exposure _____

Details of Duty Being Performed When Exposed (include where, how exposure occurred, if related to sharp device, the name and brand of device) _____

Details of Exposure (include type and amount of fluid or material, type of exposure, condition of area exposed) If percutaneous include depth of injury and whether or not fluid was injected _____

Details of Source (if a person, known medical history; if a fluid brand name, generic name) _____

Exposed Person's Hepatitis B Vaccine status Vaccinated Not Vaccinated

First Aide Delivered YES _____ NO _____

Follow up with: Occupational Health Clinic:

Address:

Phone Number:

Report Completed by _____ Date _____

Sec. 19a-582. Informed consent for testing. Exceptions. (a) Except as required pursuant to section 19a-586 or by federal or state law, no person shall order the performance of an HIV-related test without first receiving written informed consent or oral informed consent which has been documented in the medical record, of the subject of the test or of a person authorized to consent to health care for such individual. The consent of a parent or guardian shall not be a prerequisite to testing of a minor. The laboratory shall report the test result to the person who orders the performance of the test. Whenever practicable written consent shall be obtained. A person ordering the performance of an HIV-related test shall certify that informed consent has been received prior to ordering testing by a licensed laboratory. No laboratory shall perform an HIV-related test without a written certification that such consent has been obtained, or without written certification that testing without consent is being ordered pursuant to one of the exceptions in subsection (e) of this section. The Department of Public Health shall develop recommended forms for health care providers for purposes of this section. Such forms shall satisfy the requirement for a written consent form but shall not fully satisfy the requirement for the explanation pursuant to subsections (b) and (c) of this section. Any form used pursuant to this section and all information conveyed pursuant to subsections (c) and (d) of this section shall be written or conveyed in a clear and coherent manner using plain language as described in section 42-152. A person ordering the performance of an HIV-related test shall not be held liable if a good faith effort is made to convey the explanation required pursuant to subsections (b), (c) and (d) of this section. The department shall develop guidelines for meeting the requirements of subsections (b), (c) and (d) of this section.

(b) Informed consent to an HIV-related test shall include a statement provided to the subject of the test or provided to a person authorized to consent to health care for the subject which includes at least the following: (1) An explanation of the test, including its purpose, the meaning of its results, and the benefits of early diagnosis and medical intervention; (2) acknowledgment that consent to an HIV test is not a precondition to receiving health care but that refusal to consent may, in some circumstances, affect the provider's ability to diagnose and treat the illness; (3) an explanation of the procedures to be followed, including that the test is voluntary, and a statement advising the subject on the availability of anonymous testing; and (4) an explanation of the confidentiality protections afforded confidential HIV-related information including the circumstances under which and classes of persons to whom disclosure of such information may be required, authorized or permitted by law. Such explanation shall specifically acknowledge that known partners of the protected individual may be warned of their potential risk of infection without identifying the protected individual and that the law permits the recording of HIV and AIDS-related information in medical charts and records. Informed consent shall be obtained without undue inducement or any element of compulsion, fraud, deceit, duress or other form of constraint or coercion.

(c) Prior to obtaining informed consent, a person ordering the performance of an HIV-related test shall provide the subject of an HIV-related test, or to a person authorized to consent to health care for the subject, an explanation of the nature of AIDS and HIV-related illness and information about behaviors known to pose risks for transmission of HIV infection.

(d) At the time of communicating the test result to the subject of the test, a person ordering the performance of an HIV-related test shall provide the subject of the test or the person authorized to consent to health care for the subject with counseling or referrals for counseling: (1) For

coping with the emotional consequences of learning the result; (2) regarding the discrimination problems that disclosure of the result could cause; (3) for behavior change to prevent transmission or contraction of HIV infection; (4) to inform such person of available medical treatments; (5) to work towards the goal of involving a minor's parents or legal guardian in the decision to seek and in the ongoing provision of medical treatment; (6) regarding the need of the test subject to notify his partners and, as appropriate, provide assistance or referrals for assistance in notifying partners; except that if the subject of the test is a minor who was tested without the consent of his parents or guardian, such counseling shall be provided to such minor at the time of communicating such test result to such minor. A health care provider or health facility shall not withhold test results from the protected individual. The protected individual may refuse to receive his test result but the person ordering the performance of the test shall encourage him to receive the result and to adopt behavior changes that will allow him to protect himself and others from infection.

(e) The provisions of this section shall not apply to the performance of an HIV-related test:

(1) By licensed medical personnel when the subject is unable to grant or withhold consent and no other person is available who is authorized to consent to health care for the individual and the test results are needed for diagnostic purposes to provide appropriate urgent care, except that in such cases the counseling, referrals and notification of test results described in subsection (d) of this section shall be provided as soon as practical;

(2) By a health care provider or health facility in relation to the procuring, processing, distributing or use of a human body or a human body part, including organs, tissues, eyes, bones, arteries, blood, semen, or other body fluids, for use in medical research or therapy, or for transplantation to individuals, provided if the test results are communicated to the subject, the counseling, referrals and notification of test results described in subsection (d) of this section shall be provided;

(3) For the purpose of research if the testing is performed in a manner by which the identity of the test subject is not known and is unable to be retrieved by the researcher;

(4) On a deceased person when such test is conducted to determine the cause or circumstances of death or for epidemiological purposes;

(5) In cases where a health care provider or other person, including volunteer emergency medical services, fire and public safety personnel, in the course of his occupational duties has had a significant exposure, provided the following criteria are met: (A) The worker is able to document significant exposure during performance of his occupation, (B) the worker completes an incident report within forty-eight hours of exposure identifying the parties to the exposure, witnesses, time, place and nature of the event, (C) the worker submits to a baseline HIV test within seventy-two hours of the exposure and is negative on that test, (D) the patient's or person's physician or, if the patient or person does not have a personal physician or if the patient's or person's physician is unavailable, another physician or health care provider has approached the patient or person and sought voluntary consent and the patient or person has refused to consent to testing, except in an exposure where the patient or person is deceased, (E) an exposure evaluation group determines that the criteria specified in subparagraphs (A), (B), (C), (D) and (F) of this subdivision are met and that the worker has a significant exposure to the blood of a patient or person and the patient or person, or the patient's or person's legal guardian, refuses to grant

informed consent for an HIV test. If the patient or person is under the care or custody of the health facility, correctional facility or other institution and a sample of the patient's blood is available, said blood shall be tested. If no sample of blood is available, and the patient is under the care or custody of a health facility, correctional facility or other institution, the patient shall have a blood sample drawn at the health facility, correctional facility or other institution and tested. No member of the exposure evaluation group who determines that a worker has sustained a significant exposure and authorized the HIV testing of a patient or other person, nor the health facility, correctional facility or other institution, nor any person in a health facility or other institution who relies in good faith on the group's determination and performs that test shall have any liability as a result of his action carried out pursuant to this section, unless such person acted in bad faith. If the patient or person is not under the care or custody of a health facility, correctional facility or other institution and a physician not directly involved in the exposure certifies in writing that the criteria specified in subparagraphs (A), (B), (C), (D) and (F) of this subdivision are met and that a significant exposure has occurred, the worker may seek a court order for testing pursuant to subdivision (8) of this subsection, (F) the worker would be able to take meaningful immediate action, if results are known, which could not otherwise be taken, as defined in regulations adopted pursuant to section 19a-589, (G) the fact that an HIV test was given as a result of an accidental exposure and the results of that test shall not appear in a patient's or person's medical record unless such test result is relevant to the medical care the person is receiving at that time in a health facility or correctional facility or other institution, (H) the counseling described in subsection (d) of this section shall be provided but the patient or person may choose not to be informed about the result of the test, and (I) the cost of the HIV test shall be borne by the employer of the potentially exposed worker;

(6) In facilities operated by the Department of Correction if the facility physician determines that testing is needed for diagnostic purposes, to determine the need for treatment or medical care specific to an HIV-related illness, including prophylactic treatment of HIV infection to prevent further progression of disease, provided no reasonable alternative exists that will achieve the same goal;

(7) In facilities operated by the Department of Correction if the facility physician and chief administrator of the facility determine that the behavior of the inmate poses a significant risk of transmission to another inmate or has resulted in a significant exposure of another inmate of the facility and no reasonable alternative exists that will achieve the same goal. No involuntary testing shall take place pursuant to subdivisions (6) and (7) of this subsection until reasonable effort has been made to secure informed consent. When testing without consent takes place pursuant to subdivisions (6) and (7) of this subsection, the counseling referrals and notification of test results described in subsection (d) of this section shall, nonetheless be provided;

(8) Under a court order which is issued in compliance with the following provisions: (A) No court of this state shall issue such order unless the court finds a clear and imminent danger to the public health or the health of a person and that the person has demonstrated a compelling need for the HIV-related test result which cannot be accommodated by other means. In assessing compelling need, the court shall weigh the need for a test result against the privacy interests of the test subject and the public interest which may be disserved by involuntary testing, (B) pleadings pertaining to the request for an involuntary test shall substitute a pseudonym for the true name of the subject to be tested. The disclosure to the parties of the subject's true name shall

be communicated confidentially, in documents not filed with the court, (C) before granting any such order, the court shall provide the individual on whom a test result is being sought with notice and a reasonable opportunity to participate in the proceeding if he is not already a party, (D) court proceedings as to involuntary testing shall be conducted in camera unless the subject of the test agrees to a hearing in open court or unless the court determines that a public hearing is necessary to the public interest and the proper administration of justice;

(9) When the test is conducted by any life or health insurer or health care center for purposes of assessing a person's fitness for insurance coverage offered by such insurer or health care center; or

(10) When the test is subsequent to a prior confirmed test and the subsequent test is part of a series of repeated testing for the purposes of medical monitoring and treatment, provided (A) the patient has previously given informed consent and has been counseled concerning medical treatments and behavioral changes necessary to reduce HIV transmission, as required by this section, (B) the patient, after consultation with the health care provider, has declined reiteration of the specific informed consent, counseling and education requirements of this section, and (C) a notation to that effect has been entered into the patient's medical record.

(f) Except as provided in subsection (e) of this section, informed consent as described in this section shall be obtained for each HIV test, or in the case where a sequence of tests is required to confirm an initial positive result, for each sequence of tests.