



8.1.1 The University of Texas System Policy and Guidelines

Chapter 8 - Health & Safety	Original Effective Date: June 2000
Section: Bloodborne Pathogens Policy	Date Last Reviewed: April 2023
Responsible Entity: Vice President for Facilities and Capital Planning	Date Last Revised: April 2023

I. Purpose

The purpose of this policy is to provide guidance in complying with statutes concerning bloodborne pathogens including human immunodeficiency virus (HIV), Hepatitis B virus (HBV), and Hepatitis C virus (HCV). In addition, the medical, educational, legal, administrative, and ethical issues related to specific situation involving persons with HIV or HBV in the following areas are addressed: administrative policies; residence life; health education; testing for HIV, HBV, HCV infection; confidentiality of information related to persons with AIDS, HIV, HBV, or HCV infection; and patient care.

II. Scope

This policy is applicable to students, faculty, and employees of UT Health San Antonio (UTHSA) and shall be made available to students, faculty, and staff members of UTHSA by its inclusion in the student, faculty, and personnel guides if practicable, or by any other method.

III. Policy

A. Admission to Schools

The existence of a bloodborne pathogen infection should not be considered in admissions decision unless current scientific information indicates required academic activities will likely expose other to risk of transmission.

B. Residential Housing

Residential housing staff will not exclude bloodborne pathogen-infected students from UTHSA housing and will not inform other students that a person with HIV or bloodborne viral Hepatitis infection lives in UTHSA housing.

8.1.1 The University of Texas System Policy and Guidelines

C. Employment

The existence of bloodborne pathogen infection will not be used to determine suitability for employment by UTHSA or The University of Texas System Administration unless the position requires performance of exposure-prone procedures as identified by the Expert Review Panel.

D. Class Attendance

A student with a bloodborne pathogen infection should be allowed to attend all classes without restrictions, as long as the student is physically and mentally able to participate, perform assigned work, and poses no health risk to others.

E. Healthcare workers and Students Assigned to Work Within Clinical Settings (Healthcare workers)

Current information from investigations of bloodborne pathogen transmission from healthcare workers to patients indicates that when healthcare workers adhere to recommended infection-control procedures the risk of transmitting HBV from an infected healthcare worker to a patient is small, and the risk of transmitting HIV is likely to be even smaller; however, the likelihood of exposure of the patient to a healthcare worker's blood is greater for certain invasive procedures designated as exposure-prone.

Performance of exposure-prone procedures presents a recognized risk of percutaneous injury to the healthcare worker, and if such an injury occurs, the healthcare worker's blood is likely to contact the patient's body cavity, subcutaneous tissues, and/or mucous membranes. To minimize the risk of HIV or HBV transmission from an infected healthcare worker to a patient, the following measures will be followed:

1. All healthcare workers must adhere to universal infection control (standard blood and body fluid) precautions, including the appropriate use of hand washing, protective barriers, and care in the use and disposal of needles and other sharp instruments. Healthcare workers who have exudative (oozing) lesions or weeping dermatitis (oozing inflammation of the skin) must refrain from all direct patient care and from handling patient-care equipment and devices used in performing invasive procedures until the condition resolves. Healthcare workers will also comply with current guidelines for disinfection and sterilization of reusable devices used in the invasive procedures. UTHSA shall establish procedures for monitoring compliance with universal precautions.
2. Currently available data provide no basis for recommendations to restrict the practice of healthcare workers infected with HIV or HBV who perform invasive procedures not identified as exposure-prone, provided the infected healthcare workers practice recommended surgical or dental techniques and comply with universal infection control precautions and current recommendations for sterilization/disinfection.

3. Exposure-prone procedures will be identified at UTHSA by the Expert Review Panel.
4. Healthcare workers who perform exposure-prone procedures should know their bloodborne pathogen status. Those infected with HBV also should know their HBeAg status. All healthcare workers providing direct patient care should have a complete series of Hepatitis B vaccine prior to the start of direct patient care or complete the series as rapidly as is medically feasible, or should be able to show serologic confirmation of immunity to Hepatitis B virus. The Hepatitis B vaccination is only contraindicated for a small population of healthcare workers.
5. A healthcare worker who is infected with a bloodborne pathogen may not perform, or engage in activities that might require him or her to perform, exposure-prone procedures unless the Expert Review Panel has counseled the healthcare worker and has prescribed the circumstances under which such procedures may be performed. Continued performance of such procedures must include notifying a prospective patient or person legally authorized to consent for an incompetent patient that the healthcare worker is infected with a bloodborne pathogen and obtaining consent to perform a procedure before the patient undergoes an exposure-prone procedure. Such notification is not required in a medical emergency when there is insufficient time to locate another healthcare worker to perform the exposure-prone procedure and to obtain consent without endangering the patient's health.
6. A healthcare worker infected with a bloodborne pathogen who performs invasive, but not exposure-prone procedures as identified by the Expert Review Panel, shall not have his or her practice restricted solely on the basis of bloodborne pathogen infection provided he or she adheres to the universal precautions for infection control.
7. The actions and recommendations of the Expert Review Panel shall be reported to the President and to the appropriate Executive Vice Chancellor and shall be presented to the System Review Panel. Panels may seek assistance from The University of Texas System Administration or a University of Texas health institution.

To permit the continued use of the talents, knowledge, and skills of a healthcare worker whose practice is modified due to infection with a bloodborne pathogen, the worker should: 1) be offered opportunities to continue appropriate patient care activities, if practicable; 2) receive career counseling and job retraining; or, 3) to the extent reasonable and practicable, be counseled to enter an alternative curriculum, if the healthcare worker is a student.
8. A healthcare worker whose practice is modified because of HBV infection may request periodic redeterminations by the Expert Review Panel based upon change in the worker's HBeAg status due to resolution of infection or as a result of treatment.

8.1.1 The University of Texas System Policy and Guidelines

9. All healthcare workers should be advised that failure to comply with the above will subject them to disciplinary procedures by their licensing entities, as well as by UTHSA.

F. Access to Facilities

A person with HIV or HBV infection should not be denied access to any UTHSA facility because of HIV or HBV infection.

G. Testing for HIV and HBV Infection

1. Mandatory Testing

No programs for mandatory HIV or HBV testing of employees, students, or patients will be undertaken without their consent unless authorized or required by law, court order, or as specified below.

- a. A patient may be required to undergo HIV testing if the patient is scheduled for a medical procedure that the Texas Board of Health has determined may expose health care personnel to AIDS or HIV infection if there is sufficient time to receive the test results before the procedure is conducted.
- b. A person may be required to undergo HIV, HBV, and HCV testing to screen blood, blood products, body fluids, organs, or tissues to determine suitability for donation.

2. Voluntary Testing for HIV and Counseling

UTHSA and student health centers should offer or refer students, faculty, and staff member for confidential or anonymous HIV counseling and testing services. All testing conducted by UTHSA will include counseling before and after the test. Unless required by law, test results should be revealed to the person tested only when the opportunity is provided for immediate, individual, face-to-face counseling about:

- a. the meaning of the test results;
- b. the possible need for additional testing;
- c. the measures to prevent the transmission of HIV;
- d. the availability of appropriate healthcare services, including mental health care, and appropriate social and support services in the geographic area of the person's residence;
- e. the benefits of partner notification; and,
- f. the availability of partner notification programs. If a person with a positive HIV test result requests that his/her partner(s) be made aware of the possibility of exposure through a partner notification program, the post-test counselor will

8.1.1 The University of Texas System Policy and Guidelines

have the HIV-infected person sign a statement requesting assistance of a partner notification program. This statement will be made a permanent part of the person's medical record. A representative of UTHSA or Student Health Center will then request the local health department to contact the partner(s) identified by the HIV-infected person.

3. Partner Notification

A health care professional who knows a patient is HIV positive and who has knowledge of possible transmission of the virus to a third party will notify a partner notification program established by the Texas Department of State Health Services (DHS).

4. Informed Consent for HIV Testing

Unless otherwise authorized or required by law, no HIV test should be performed without informed consent of the person to be tested. Consent will be written on a separate form, or the medical record will document that the test has been explained and consent has been obtained. The consent form will state that post-test counseling will be offered or the medical record will note that the patient has been informed that post-test counseling will be offered.

5. Reporting of Test Results

Bloodborne pathogen test results will be reported in compliance with all applicable statutory requirements, including the [Communicable Disease Prevention and Control Act, Texas Health and Safety Code §81.001](#), and Texas Department of State Health Services, Bloodborne Pathogen Control, Exposure Control Plan, [25 TAC §96.202](#).

6. Conditions of HIV Testing of Employees at Institution's Expense

Employees will be informed that they may request HIV testing and counseling at the institution's expense, if: 1) the employee documents possible exposure to HIV while performing duties of employment; and, 2) the employee was exposed to HIV in a manner that is capable of transmitting the infection as determined by guidelines developed in accordance with statements of the DSHS and Centers for Disease Control (CDC).

7. Qualifying for Workers' Compensation Benefits

State law requires that an employee who bases a workers' compensation claim on a work related exposure to HIV must provide a written statement of the date and circumstances of the exposure and document that within ten (10) days after the exposure, the employee had a test result that indicated absence of HIV infection. An employee who may have been exposed to HIV while performing duties of employment may not be required to be tested, but refusal to be tested may jeopardize Workers Compensation benefits.

8. Testing Following Potential Exposure to HIV or HBV

UTHSA has developed guidelines and protocols for employees and students who have been exposed to material that has a potential for transmitting a bloodborne pathogen as a result of employment or educational assignments. Testing of employees or students exposed to such material should be done within ten (10) days after exposure and should be repeated after one (1) month. Testing for HIV also should be completed after three (3) and six (6) months. These guidelines should follow DSHS, U.S. Public Health Service, and CDC guidelines.

- a. In cases of exposure of an employee or student to another individual's ("individual" in this paragraph) blood or body fluid, UTHSA, at the institution's expense, may test that individual for a bloodborne pathogen infection with or without the individual's consent, provided that the test is performed under approved institutional guidelines and procedures in the institutional Handbook of Operating Procedures that provide criteria for testing and that respect the rights of the person being tested. This includes post-test counseling as specified above. If an HIV test is done without the individual's consent, the guidelines must ensure that any identifying information concerning the individual's test will be destroyed as soon as the testing is complete and the person who may have been exposed is notified of the result. Test results will be reported in compliance with all applicable statutory requirements, as specified above.
- b. A University of Texas System law enforcement officer may request DSHS or a health authority duly authorized pursuant to the Local Public Health Reorganization Act, Tex. Health & Safety Code Ann., Chapter 121 (Vernon 1992), to order testing of another person who may have exposed the law enforcement officer to a reportable disease, including HIV infection. The request for such testing may be made only if the law enforcement officer experienced the exposure in the course of employment, if the law enforcement officer believes the exposure places the law enforcement officer at risk of the reportable disease, and the law enforcement officer presents to DSHS or the health authority a sworn affidavit that delineates the reasons for the request.

9. Confidentiality of Records

Except where release is required or authorized by law, information concerning the HIV status of students, employees, or patients and any portion of the medical record will be kept confidential and will not be released without written consent. HIV status in personnel files and Workers Compensation files is to remain confidential and have the confidentiality status of medical records.

H. Education and Safety Precautions for healthcare workers

UTHSA has developed guidelines for healthcare workers and students in the health profession concerning prevention of transmission of HIV and HBV and concerning

8.1.1 The University of Texas System Policy and Guidelines

healthcare workers who have HIV and HBV infection. All healthcare workers shall be provided instruction on universal infection control (standard blood and body fluid) precautions. Each healthcare worker who is involved in direct patient care should complete an educational course about HIV and HBV infection based on the model education program and work place guidelines developed by the DSHS and the guidelines of this policy.

Education:

1. New Employee and New Faculty Orientation

UTHSA should provide each employee with information about methods of transmission and prevention of bloodborne pathogen infection in the occupational environment. The information should be provided to the new employee during orientation.

2. Information on Prevention Provided to Students

1) UTHSA should routinely offer student programs based on the model HIV education and prevention program developed by the DSHS and tailored to the students' cultural, educational, language, and developmental needs; 2) The Student Health Center should provide information on prevention of HIV infection including: a) the value of abstinence and long-term mutual monogamy, b) information on the efficacy and use of condoms, and, c) state laws relating to the transmission of HIV and to conduct that may result in such transmission; and, 3) The employee educational pamphlet will be available to students on request.

3. Exposure Control Plan

UTHSA has adopted policies for the safe receipt, use, storage, and disposal of potentially infectious materials. UTHSA Exposure Control Plan contains detailed safety information related to bloodborne pathogens, including educational programs.

4. Education of Students Entering Health Professions

Those areas offering medical, dental, nursing, health professions, counseling, and social work degree programs should include within the program curricula information about 1) methods of transmission and methods of prevention of HIV and HBV infection, including universal infection control precautions; 2) federal and state laws, rules, and regulations concerning HIV infection and AIDS; and, 3) the physical, emotional, and psychological stress associated with the care of patients with terminal illnesses.

I. Unemployment Compensation Benefits

UTHSA will inform employees via employee and faculty guides or other appropriate methods that state law provides that an individual will be disqualified for unemployment compensation benefits:

1. if the Texas Workforce Commission (TWC) finds that the employee left work voluntarily rather than provide services included within the course and scope of employment to an individual infected with a communicable disease, including HIV.

8.1.1 The University of Texas System Policy and Guidelines

This disqualification applies if the employer provided facilities, equipment, training, and supplies necessary to take reasonable precautions against infection; or

2. if the TWC finds that the employee has been discharged from employment based on a refusal to provide services included within the course and scope of employment to an individual infected with a communicable disease, including HIV. This disqualification applies if the employer provided facilities, equipment, training, and supplies necessary to take reasonable precautions against infection.

J. Health Benefits

No student or employee will be denied benefits or provided reduced benefits under a health plan offered through The University of Texas System on the basis of a positive HIV Test result.

IV. Definitions

When used in this document, the following words have the meaning set forth below unless a different meaning is required by context.

Bloodborne Pathogen – Pathogenic microorganisms that are present in human blood, and can cause disease in humans. These pathogens include, but are not limited to agents such as, human immunodeficiency virus (HIV) Hepatitis B virus (HBV), Hepatitis C virus (HCV), syphilis, and Plasmodium malariae.

Expert Review Panel – A panel appointed by the President of UT Health San Antonio to review instances of HIV or HBV infection, under which a healthcare worker who is infected with a bloodborne pathogen and might include:

- a. Healthcare worker's personal physician(s);
- b. An infectious disease specialist with expertise in the epidemiology of HIV and HBV transmission;
- c. A health professional with expertise in the procedures performed by the affected Health Care Worker;
- d. A member of UTHSA's Infection Policy and Education Committee, preferably a hospital epidemiologist; and,
- e. An occupational health specialist.

Exposure-Prone Procedure – A procedure involving the contact of a healthcare worker's finger with a needle tip in a body cavity or the simultaneous presence of the healthcare worker's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined area of the body. Such procedures pose a recognized risk of injury to the healthcare worker that is likely to result in the healthcare worker's blood contacting the patient's body cavity, subcutaneous tissues, or mucous membranes.

HBeAg – That portion of the Hepatitis B virus, whose presence in the blood of a person correlates with higher levels of circulating virus and therefore with greater infectivity of that person's blood; the presence of HBeAg in blood can be detected by appropriate testing.

Healthcare Worker – A person who provides direct patient health care services pursuant to

8.1.1 The University of Texas System Policy and Guidelines

authorization of a license, certificate, or registration, or in the course of a training or education program.

Infection Policy and Education Committee – A UTHSA committee appointed to oversee the development and implementation of educational programs related to bloodborne pathogens, and to advise the administration on policies regarding bloodborne pathogens. The Committee will include, as a minimum, representation from the faculty, the student body, and administrative areas such as, housing services, health services, counseling services, and food services

Invasive Procedure – Surgical entry into tissues, cavities, or organs; repair of major traumatic injuries; cardiac catheterization and angiographic procedures; a vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur; or the manipulation, cutting, or removal of an oral or perioral tissues, including tooth structure, during which bleeding occurs or the potential for bleeding exists.

System Review Panel – A panel responsible for reviewing the actions of the Expert Review Panel to assure uniform and consistent compliance with these guidelines and applicable statutes and regulations. The panel shall be composed of an expert in bloodborne infections (including HIV and HBV) from each health component institution appointed by the President and representatives from The University of Texas System Office of Health Affairs, and Office of General Counsel.

V. Related References

There are no related documents associated with this Policy.

VI. Review and Approval History

- A. The approving authority of this policy is the University Executive Committee.
- B. The review frequency cycle is set for three years following the last review date, a time period that is not mandated by regulatory, accreditation, or other authority.

Effective Date	Action Taken	Approved By	Date Approved
06/2000	Policy Origination		06/2000
09/2005	Policy Review		09/2005
06/2021	Policy Update/New Template		06/2021
04/2023	Discretionary Edit		04/2023