December 1, 2016

Pleasant Valley Community School District

Exposure Control Plan for Bloodborne Pathogens

Pleasant Valley Community School District

Exposure Control Plan

Exposure Control Plan

POLICY

The Pleasant Valley Community School District is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 *CFR* 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The policy of this school district is that employees shall adhere to Universal Precautions. Universal Precautions is an approach to infection control. According to this concept, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens. The exposure control plan offers guidelines for employees to prevent exposure and for follow-up action should exposure occur.

A copy of this plan shall be maintained in each principal's office and each school health office. The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
    - Universal precautions
    - Engineering and work practice controls
    - Personal protective equipment
    - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure

Incidents

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

■ The district personnel office is responsible for implementation of the ECP. The district nurses will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

■ Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

■ The district school nurses will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The maintenance department will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

■ The district personnel office will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.

■ The district staff development committee will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

Definitions

Definitions. For purposes of this section, the following shall apply:

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means 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 means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne 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 means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means 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.

Handwashing Facilities means a facility providing an adequate supply of running potable water, soap, and single-use towels or air-drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Needleless systems means a device that does not use needles for:

(1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;

(2) The administration of medication or fluids; or

(3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials means

(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

(3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Regulated Waste means 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; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Sharps with engineered sharps injury protections means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

EMPLOYEE EXPOSURE DETERMINATION

This job classification list was determined according to the potential exposure and subsequent transmission risk of certain bloodborne pathogens that employees might come in contact with in the course of their work. These pathogens, which can transmit certain diseases, may be present in blood and other body fluids such as saliva, semen, and vaginal secretions as well as other secretions.

Bloodborne pathogens can enter and infect the human body through openings in the skin including cuts, nicks, abrasions, dermatitis, or acne. Infection can also result from punctures or cuts caused by sharp contaminated objects such as needles, broken glass, exposed ends of dental wires or any other contaminated object that can puncture or cut skin. Infection can also gain access to the body through mucous membranes of the eyes, nose, and mouth when these areas are touched with contaminated hands or implements. The HBV is particularly dangerous since it can survive on dried surfaces at room temperature for at least one (1) week.

The following is a list of job classifications at our establishment in which employees have been identified as having occupational risk to bloodborne pathogens.

Daily Risk of Exposure

Nurses/Health Assistants
Athletic Trainers/Coaches/Athletic Director
Security
Special Education Teachers/Assistants
Physical Education Teachers/Assistants
Playground Supervisors
Custodians

Occasional Risk of Exposure

Administrators
Classroom Teachers
Secretaries
Educational Assistants
Food Service Workers
Maintenance Workers
Bus Drivers
Bus Aides
Students: who work in programs with young children

The following is a list of tasks and procedures in which the employees identified above may reasonably anticipate occupational exposure to blood and other potentially infectious materials (OPIM):

- Responding to injury or administering first aid;
- Responding to illness;
- Performing certain personal and health care procedures;
- Cleaning up blood or other potentially infectious materials

Methods of Implementation and Control

Universal Precautions

All employees will utilize universal precautions.

Universal precautions shall be observed to minimize contact with blood or other potentially infectious materials.

Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting a district school nurse or district personnel office. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The district school nurses are responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering and Work Practice Controls

Engineering and work practice controls shall be used to prevent or minimize employee exposure. The specific engineering controls and work practice controls used are listed below:

- Gloves: Employees should wear protective gloves appropriate for risk status.
- Handwashing: Employees should wash hands immediately or as soon as possible after removal of gloves or other PPE and after contact with blood or other potentially infectious materials. If hand washing facilities are not immediately available, employees should use antiseptic hand cleaner or towelettes, and then wash hands with soap and water as soon as feasible.
- Procedures: All procedures involving blood or other infectious materials should be performed in such a manner as to minimize splashing, spraining, splattering and generation of droplets.
- Hazardous Materials: Any container for storage, transport or shipping of potentially infectious material should be sealed and labeled or color coded.

  If outside contamination of the primary container occurs, it should be placed within a second container which prevents leakage during handling/processing, storage, transport or shipping. The second container should be labeled with a biohazard sign. If the specimen could puncture the primary container, it should be placed in a puncture resistant second container meeting the characteristics as just stated.
- Equipment: Equipment which may become contaminated with blood or other potentially infectious material should be decontaminated unless decontamination is not feasible.

  Contaminated equipment should be enclosed in a red biohazard bag or have attached a biohazard label stating which portions remain contaminated.

It is the responsibility of the school district safety officer or his/her designated charge person (whoever handles the contaminated equipment) to notify all employees potentially handling the equipment, the servicing representative and/or manufacturer prior to releasing the contaminated equipment for shipping and/or decontamination.

- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.

Sharps disposal containers are inspected and maintained or replaced by district school nurses every year or whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering controls and work practices through the review of OSHA Standards, employee interviews, review of Incident reports.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the staff development office and the district nurses. The types of PPE available to employees are as follows:

Gloves
Face protection
Protective clothing

PPE is located in the school health office and may be obtained through the building nurse or through department managers.

All employees using PPE must observe the following precautions:

Wash hands immediately or as soon as feasible after removing gloves or other PPE.

Remove PPE after it becomes contaminated and before leaving the work area.

Used PPE may be disposed in labeled containers which can be sealed and are constructed to hold the contents and prevent leakage of fluids during handling, storage, transport or shipping. If outside contamination of the regulated waste container occurs, it should be placed in a second container meeting the same requirements as the original container.

Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.

Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.

Never wash or decontaminate disposable gloves for reuse.

Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.

Protective clothing: Appropriate protective clothing should be worn in occupational exposure situations. The type and characteristics of the clothing will depend upon the task and degree of exposure anticipated.

Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

Housekeeping

- Cleaning and Disinfection: All equipment and environmental working surfaces should be properly cleaned and decontaminated after contact with blood or other potentially infectious materials.

- Refuse containers: All bins, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regular basis and cleaned and decontaminated immediately or as soon as possible upon visible contamination.

- Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section "Labels"), and closed prior to removal to prevent spillage or protrusion of contents during handling. If outside contamination of the regulated waste container occurs, it should be placed in a second container meeting the same requirements as the original container.

- Contaminated sharps are discarded immediately or as soon as possible in OSHA approved sharp disposal containers. Used needles should not be cut, bent, broken or reinserted into original sheath.

- OSHA-approved containers for sharps should be easily accessible in areas where employees routinely have the greatest potential exposure for contamination by sharps. These containers should be sealed and replaced when they are 75% full to decrease exposure by forcing contaminated objects into the container.

Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

Laundry

Laundering will be performed by Pleasant Valley Maintenance department at Pleasant Valley High School. The following laundering requirements must be met:

- handle contaminated laundry as little as possible, with minimal agitation

- place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use either red bags or bags marked with the biohazard symbol for this purpose.

- employees who have contact with contaminated laundry will wear protective gloves and other appropriate personal protective equipment.

Labels and Signs

- Warning labels should be affixed to containers of regulated waste containing blood or other potentially infectious material and other containers used to store, transport or ship blood or other potentially infectious materials.

- Labels should include the **BIOHAZARD** symbol and be fluorescent orange or orange red with lettering or symbols in a contrasting color.

  Labels should be attached to the biohazard container by string, wire, adhesive or other method to prevent loss or unintentional removal.

  Red biohazard bags or containers may be substituted for labels, and they should be stored in a regulated area for pickup and disposal.


BIOHAZARD

HEPATITIS B VACCINATION

The district staff development committee will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept the district administration center.

Vaccination will be provided by school nurses in the employee's home school. Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact the building nurse and principal in the building where the exposure took place. An immediately available confidential medical evaluation and follow-up will be conducted by Genesis Occupational Health (4017 Devils Glen Road, Suite 101, Bettendorf, IA 52722). Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the district nurses will complete an Employee Report of BBP Exposure Form and the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local 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 HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed 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.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The district personnel office ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard. The district nurses and personnel office ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual's blood test
- relevant employee medical records, including vaccination status

The district personnel office provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The district nurses and personnel office will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand)
- protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident
- procedure being performed when the incident occurred
- employee's training

The school nurse will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.
If revisions to this ECP are necessary the district nurses will ensure that appropriate changes are made.

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by the district personnel office and nurses.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the OSHA bloodborne pathogen Standard
- an explanation of our ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility
- an opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this district are available at administration center and each school.

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at the district administration office. The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training
- the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to district personnel office.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 *CFR* 1910.1020, "Access to Employee Exposure and Medical Records."

The district personnel office is responsible for maintenance of the required medical records. A copy of the completed Physician Written Opinion form will be placed in the employee's medical file to be maintained during the period of employment. Another copy will be kept with the employee medical files in a separate folder designated ***30 year retention***. This file will be maintained indefinitely. These confidential records are kept in the district administration center location for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the district personnel office.

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the district personnel office.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log.
All incidences must include at least:

- date of the injury
- type and brand of the device involved (syringe, suture needle)
- department or work area where the incident occurred
- explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

HEPATITIS B VACCINE DECLINATION *draft* **(MANDATORY)**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline 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 occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: (Employee Name)_____ Date:_____

Pleasant Valley Community School District
Employee Report of BBP Exposure Form

Employee Name:

Date of Exposure Incident: _____ Time of Incident:_____

Employee vaccinated against Hepatitis B infection: Yes:_____ No:_____

Dates of HBV: 1._____ 2._____ 3. _____

Name of Healthcare Provider: Genesis Occupational Health (563-421-0640)

Work duties at time of exposure:_____

_____

Description how exposure occurred:_____

_____

The route of exposure was:

Needle stick with contaminated needle to :_____(part of body)

Piercing of skin with contaminated sharp to:_____

Splashing/spraying of blood or other potentially infectious material to :_____

_____

Type and brand of device involved (needle, lancet): _____

Personal protective equipment being used:_____

Name of Source_____

Source blood testing requested: Yes_____ No_____

What actions may be taken to prevent this type of exposure:_____
_____
_____
_____

_____ _____ _____

Signature of Building Nurse Date Signature of Building Principal

Exposure Control Internal Annual Audit

OSHA 1910.1030

Check when completed:

	The Exposure Control Plan is reviewed and updated at least annually
	Proper protective equipment and controls are used in all occupational exposure situations
	Proper protective equipment and controls are in a location where they can be accessed quickly(gloves, sharps containers, color coded disposal bags)
	The appropriate amount of protective equipment and controls are on location
	When an exposure incident occurs, the proper exposure incident forms are completed and affected employees' medical records contain the required information
	The number of Exposure Incident Forms match the number of entries on the Sharps Injury Log
	Training records are on file for existing and new employees
	Audit completed by: Date audit completed:

GENESIS Occupational Health

Blood Borne Pathogens Program

Healthcare Provider Manual

BLOOD BORNE PATHOGENS EXPOSURE

I.

1. Employee immediately notifies supervisor/manager.
2. Supervisor/manager contacts Genesis Occupational Health at 324-0696 or 764-0684 to report information regarding exposure. Information needed include:
   - Name of Exposed, Time of Exposure, Name of Source.
3. Employee is sent to Genesis Occupational Health for treatment or to an after hours facility.

II.

GOH determines that it is not a significant exposure. No further follow-up is needed.

III.

GOH determines that it is a significant exposure. **Source is known**. It is employer responsibility to furnish GOH name and location of source.

GOH counsels exposed employee and gets permission for testing.
GOH works with appropriate health care provider to counsel source and gets permission for testing.

Test source for HIV, HbsAG, Anti-HCV.
Test exposed for HIV, AntiHBs (if previously immunized), Anti-HCV.

If source is positive for HIV, Hepatitis B, or C, GOH will initiate CDC recommended PEP as is appropriate for exposed employee.

Follow up medical management of exposed employee will be provided by GOH or Dr. Katz.

GOH will send a copy of the Written Medical Opinion to the employer.

IV.

GOH determines that it is a significant exposure. **Source is unknown or refuses testing**.

If source is unknown or refuses testing: treat as a positive exposure.

GOH will send a copy of the Written Medical Opinion to the employer.

5

Information about Hepatitis B Vaccine

The Disease

Hepatitis is a general term and means an inflammation of the liver. This can be caused by many disease processes. Hepatitis B is a viral infection caused by Hepatitis B virus (HBV), transmitted primarily through blood and blood products, although viral antigen has been demonstrated in tears, urine, semen, saliva, breast milk and vaginal secretions. Infection occurs most often following inoculation of HBV in infected body fluids, mucosal membranes, or breaks in the skin. The incubation period may vary from six weeks to six months. The disease causes death in 1-2% of patients. Most people with Hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis. HBV also appears to be a causative factor in the development of liver cancer. Thus, immunization against Hepatitis B may prevent acute hepatitis and also reduce sickness and death from chronic active hepatitis, cirrhosis, and liver cancer.

The Vaccine

The Hepatitis B vaccine is prepared from a yeast culture and is free of association with blood or blood products.

A high percentage of healthy people who receive two doses of vaccine and a booster achieve high levels of protection against Hepatitis B. Persons with immune-system abnormalities, such as dialysis patients, have less response to the vaccine, but over half of those receiving it do develop antibodies.

Full immunization requires 3 doses of vaccine over a 6-month period, although some persons may not develop immunity even after 3 doses. There is no evidence that the vaccine has ever caused Hepatitis B or has it been known to transmit acquired immune deficiency syndrome (AIDS). However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization. The duration of immunity is unknown at this time.

Hepatitis B vaccine will not prevent hepatitis caused by other agents, such as Hepatitis A virus, Hepatitis C virus or other viruses known to infect the liver.

Possible Vaccine Side Effects

The incidence of side effects is very low. No serious side effects have been reported with the vaccine. A few persons experience tenderness and redness at the site of the injection. Low-grade fever may occur. Rash, nausea, joint pain and mild fatigue have also been reported. It is possible that any vaccination may confer some risk for development of Gullian-Barre. This has not been reported with Hepatitis B vaccine. However, the possibility exists that more serious side effects may be identified with more extensive use.

If you have any questions about Hepatitis B or the Hepatitis B vaccine, please ask.

Genesis Occupational Health,2016. *Blood Borne Pathogens Program, Health care Provider Manual.*

Hepatitis B Vaccination Consent

Employee's Name (Please Print)_____

I have read the information about Hepatitis B and the Hepatitis B vaccine, which is on the reverse side of this page. I have had an opportunity to ask questions of a qualified nurse or physician and understand the benefits and risks of Hepatitis B vaccination. I understand that I must have 3 doses of the vaccine to obtain immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience side effects from that vaccine.

Vaccine Contraindications:

- The Hepatitis B vaccine is prepared from yeast culture and should not be taken if allergic to yeast or thimersol.

People with any of the following conditions must consult their treating physician to determine if vaccination can be given safely:

- Serious, active infection
- Hemodialysis
- Women who are pregnant, trying to become pregnant, or are currently breast feeding.
- If receiving medications or treatment that lowers the body's resistance to infection
- Immune deficiency
- Heart or lung conditions
- Any bleeding disorder that prevents receiving an intramuscular shot

_____ _____

Employee Signature Date Signed

_____ _____

Witness Date Signed

Date

	Vaccinated	**Lot No**	**Site**	**Administered By**
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Declination of Hepatitis B Vaccine

Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me; however, I decline 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 occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature:_____ Date:_____

_____ _____

Signature of Witness

(Building Administrator)

Date

Sharps Injury Log

Pleasant Valley Community School District Year _____

date	Type and brand of device involved (needle, lancet)	Work area where incident occurred	Brief description of how the incident occured

TRAINING RECORD

Facility Site:_____

Training Date	Employee Name/#	Employee Signature	Instructor's Name/Initials