

**WASHINGTON WEST SUPERVISORY UNION
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN
JANUARY 25, 2011**

I. INTRODUCTION

The intent of the Occupational Safety and Health Administration (OSHA) standard is to eliminate or minimize occupational exposure to Hepatitis B virus (HBV), which causes hepatitis B, a serious liver disease, Human Immunodeficiency Virus (HIV), which causes Acquired Immunodeficiency Syndrome (AIDS), and other bloodborne pathogens. Based on a review of the information in the rulemaking record, OSHA has made a determination that employees face a significant health risk as the result of occupational exposure to blood and other potentially infectious materials because they may contain pathogens. OSHA further concludes that this exposure can be minimized or eliminated using a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, Hepatitis B vaccination, signs and labels, and other provisions. The standard includes scope and application, definitions, exposure control, methods of compliance, Hepatitis B vaccination and post-exposure evaluation and follow-up, communication of hazards to employees, record keeping, and effective dates. Not included are the Research Laboratories and Production Facilities portion of the standard which are not expected to be applicable in schools. This summary is not a substitute for the OSHA standard and for further clarification, refer to the OSHA standard, Federal Register, Volume 56, Number 235, Friday, December 6, 1991, pages 64004-64182.

II. SCOPE AND APPLICATION

The federal law applies to all occupational exposure to blood and other potentially infectious materials.

III. DEFINITIONS

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 on an item or surface.

Contaminated Sharps – means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken capillary tubes, lancets, 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.

Director – means the Director of the National Institute for Occupational Safety and

Health, U.S. Department of Health and Human Services, designated representative, or regulatory agency.

Engineering Controls – means controls (e.g. sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident – means a specific eye, mouth, or 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.

Hand Washing Facilities – means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

HBV – means hepatitis B virus.

HIV – means human immunodeficiency virus.

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 from a human (living or dead); and (3) HIV containing cell or tissue cultures. Universal precautions (UP) pertain to blood and other potentially infectious materials (OPIM) containing blood. These precautions do not apply to other body fluids and wastes (OPFW) such as saliva, sputum, feces, tears, nasal secretions, vomitus and urine unless blood is visible in the material; however, these OPFW can be sources of other infections and should be handled as if they are infectious.

Parenteral – means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions, ear and nose piercing.

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, 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 that are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

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.

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.

IV. SCHOOL DISTRICT EXPOSURE CONTROL

A. Exposure control plan

The Washington West Supervisory Union establishes this written exposure control plan to eliminate or minimize district occupational exposure to bloodborne pathogens and to meet the requirements of the Occupational Safety and Health Administration, 29 Code of Federal Regulations. (CPR), Part 1910.1030. The district exposure control plan includes: exposure determination, schedule and method of compliance, provision for plan copies to be accessible and available upon request, and the review and updating of the plan.

B. Exposure determination

The school district and each building have identified the following classifications of employees who in the performance of their duties may have: 1) reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials such as blood, semen, vaginal secretions, internal

body fluids, and body fluids visibly contaminated with blood; and 2) reasonably anticipated contact with all body fluids in situations where it is difficult or impossible to differentiate between body fluids. The exposure determination shall be made without regard to the use of personal protective equipment.

The list of employees and tasks and procedures in this exposure plan includes: (use the following guide to list job classifications and tasks and procedures)

1. A list of job classifications in which district employees in those job classifications have occupational exposure (team members)*; and
2. A list of job classifications in which specific building employees have occupational exposure (individual building team members)*; and
3. A list of all tasks and procedures or groups of closely related tasks and procedures that are performed by employees in job classifications listed in which occupational exposure occurs*.

C. Schedule and method of compliance

The plans for methods of compliance (universal precautions, engineering and work practice controls, personal protective equipment, housekeeping), hepatitis B vaccination and

post-exposure evaluation and follow-up, communication of hazards to employees (labels, signs, information, and training), and record keeping follow.

D. Post-exposure evaluation and follow-up

Following a report of an exposure incident, the district shall make immediately available to the exposed employee, a confidential medical evaluation as specified in the standard. Follow-up of the incident shall include documentation of the route(s) of exposure, the circumstances surrounding exposure incidents, failures of control at the time of the exposure incident, and other elements as specified in the standard. It is recommended that employees who have an unexpected exposure and are not listed in the exposure determination follow the procedures outlined in the post-exposure plan.

E. Copies of the plan

A copy of the plan will be provided to all district employees and is available* for examination and copying by other persons upon request.

F. Plan review and update

The plan shall be reviewed and updated annually and whenever necessary to reflect new or modified tasks and procedures which effect occupational exposure and to reflect new or revised employee positions with occupational exposure.

V. METHODS OF COMPLIANCE

- A. General – Universal precautions are observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids are considered potentially infectious materials.
- B. Engineering and work practice controls
 1. Engineering and work practice controls are used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment is also used*.
 2. Engineering controls are examined and maintained or replaced on a regular schedule to ensure their effectiveness*.
 3. The district provides hand washing facilities which are readily accessible to employees*.
 4. When provision of hand washing facilities is not feasible, the district provides either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands are washed with soap and running water as soon as feasible*.
 5. The district ensures that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
 6. The district ensures that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

7. Contaminated needles and other contaminated sharps are not to be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited.
 8. Immediately or as soon as possible after use, contaminated reusable sharps are placed in appropriate containers until properly reprocessed. These containers are:
 - a. puncture resistant;
 - b. labeled or color-coded; and
 - c. leakproof on the sides and bottom.
 9. All procedures involving blood or other potentially infectious materials are performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
 10. Equipment which may become contaminated with blood or other potentially infectious materials is examined prior to servicing or shipping and is decontaminated as necessary*.
- C.

Personal protective equipment

1. Provision. When there is occupational exposure, the district provides, at no cost to the employee, appropriate personal protective equipment such as gloves*. Additional personal protective equipment may be necessary in some districts including, but not limited to, gowns or resuscitation devices. The personal protective equipment type and characteristics will depend upon the task and degree of exposure anticipated. "Appropriate" means the equipment does not permit blood or other potentially infectious materials to pass through under normal conditions of use.
2. Use. The district ensures that the employee uses appropriate personal protective equipment unless the district shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance, its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances are investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
3. Accessibility. The district ensures that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees*. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives are readily accessible to those employees who are allergic to the gloves normally provided.
4. Cleaning, Laundering, and Disposal. The district will clean, launder, and dispose of personal protective equipment at no cost to the employee*.
5. Repair and Replacement. The district will repair or replace personal protective equipment as needed to maintain its effectiveness at no cost to the employee.
6. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) is removed immediately or as soon as feasible.
7. All personal protective equipment is removed prior to leaving the work area.
8. When personal protective equipment is removed, it is placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
9. Gloves. Gloves are worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures; and when handling or touching contaminated items or surfaces.
 - a. Disposable (single use) gloves are replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
 - b. Disposable (single use) gloves are not washed or decontaminated for re-use.
 - c. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn,

punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

D. Housekeeping

1. General. The district ensures that the worksite is maintained in a clean and sanitary condition. Individual schools within the district will establish their own policies or procedures for general housekeeping.
2. All equipment and environmental and working surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials.
 - a. Contaminated surfaces are decontaminated with an appropriate disinfectant immediately or as soon as feasible when surfaces are contaminated.
 - b. Protective coverings, such as imperviously backed absorbent paper used to cover surfaces is removed and replaced as soon as feasible when contaminated.
 - c. All bins, pails, cans, and similar reusable receptacles which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials are inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
 - d. Broken glassware which may be contaminated is not to be picked up directly with the hands. It is cleaned up using mechanical means such as a brush and dustpan.
 - e. Reusable sharps contaminated with blood or other potentially infectious materials are not stored in a manner that requires employees to reach by hand into the containers.
3. Regulated Waste.
 - a. Contaminated Sharps Discarding and Containment.

- 1) Contaminated sharps are discarded immediately in containers that are:
 - a) closable;
 - b) puncture resistant;
 - c) leakproof on sides and bottom; and
 - d) labeled or color-coded.
 - 2) During use, containers for contaminated sharps are:
 - a) easily accessible to personnel and located as close as feasible to the immediate area where the sharps are used;*
 - b) maintained upright throughout use; and
 - c) replaced routinely and not allowed to overfill.
 - 3) When moving containers of contaminated sharps, the containers are:
 - a) closed immediately prior to removal to prevent spillage during handling;
 - b) placed in a secondary container if leakage is possible. The second container is: closable, constructed to contain all contents and prevent leakage during handling, and appropriately labeled or color-coded.
 - 4) Reusable containers are not opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of injury.
- b. Other Regulated Waste Containment.
- 1) Regulated waste is placed in containers which are:
 - a) closable;
 - b) constructed to contain all contents and prevent leakage during handling;
 - c) labeled or color-coded; and
 - d) closed prior to removal to prevent spillage of contents during handling.
 - 2) If outside contamination of the regulated waste container occurs, it is placed in a second container. The second container meets the above requirements b, 1), a)-d).
- c. Disposal of all regulated waste is in accordance with the applicable Vermont regulations.

4. Laundry*

- a. Contaminated laundry is handled as little as possible with a minimum of agitation.
 - 1) Contaminated laundry is bagged or containerized at the location where it was used and is not sorted or rinsed in the location of use.
 - 2) Contaminated laundry is placed and transported in bags or containers appropriately labeled or color-coded.
 - 3) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry is placed and transported in bags or containers which prevent soak-through and/or leakage to the exterior.
- b. The district ensures that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

VI. HEPATITIS B VACCINATION, POST-EXPOSURE EVALUATION AND FOLLOW-UP

A. General

- 1. The district provides the hepatitis B vaccine and vaccination series for all employees who are designated in the occupational exposure list (IV.B), and post-exposure evaluation and follow-up for all employees designated in the occupational list (IV.B) who have an exposure incident*.
- 2. The district ensures that all medical evaluations and procedures, including the hepatitis B vaccine and vaccination series, post-exposure evaluation, follow-up, and prophylaxis are:
 - a. made available at no cost to the employee;
 - b. made available to the employee at a reasonable time and place;
 - c. performed by or under the supervision of a licensed physician or by or under the supervision of another licensed health care professional; and

- d. provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.
3. The district ensures that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

B. Hepatitis B Vaccination

1. Hepatitis B vaccination is available after the employee has received the required training and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.
 2. The district will not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.
 3. If the employee initially declines hepatitis B vaccination, but at a later date, while still covered under the plan, decides to accept the vaccination, the district provides for the hepatitis B vaccination at that time.
 4. The district assures that employees who decline to accept hepatitis B vaccination offered by the district sign the following 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 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."
 5. If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) will be made available.
- C. Post-exposure Evaluation and Follow-up. Following a report of an exposure incident, the district will make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:
1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
 2. Identification and documentation of the source individual, unless the district can establish that identification is infeasible or prohibited by state or local law:

- a. The source individual's blood is tested as soon as feasible and after consent (parent, student or other) is obtained in order to determine HBV or HIV infectivity. If consent is not obtained, the district will establish that legal required consent cannot be obtained.
 - b. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
 - c. Results of the source individual's testing will be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual. Vermont law requires written consent to disclose results of HIV testing.
3. Collection and testing of blood for HBV and HIV serological status:
- a. The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained.
 - b. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serological testing, the sample will be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as feasible.
4. Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
5. Counseling; and
6. Evaluation of reported illnesses.
- D. Information Provided to the Health Care Professional.
1. The district ensures that the health care professional responsible for the employee's hepatitis B vaccination is provided a copy of this regulation.
 2. The district ensures that the health care professional evaluating an employee after an exposure incident is provided the following information:
 - a. A copy of the regulation;
 - b. A description of the exposed employee's duties as they relate to the exposure incident;
 - c. Documentation of the route(s) of exposure and circumstances under which exposure occurred;
 - d. Results of the source individual's blood testing, if available; and
 - e. All medical records relevant to the appropriate treatment of the employee including vaccination status which are the district's responsibility to maintain.

- E. Health Care Professional's Written Opinion. The district will obtain and provide the employee with a copy of the evaluation health care professional's written opinion within 15 days of the completion of the evaluation.
1. The health care professional's written opinion for hepatitis B vaccination is limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
 2. The health care professional's written opinion for post-exposure evaluation and follow-up is limited to the following information:
 - a. that the employee has been informed of the result of the evaluation; and
 - b. that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
 3. All other findings or diagnoses remain confidential and will not be included in the written report.

VII. COMMUNICATION OF HAZARDS TO EMPLOYEES

A. Labels and signs*.

1. Labels

- a. Warning labels are affixed to containers of regulated waste containing blood or other potentially infectious materials.
- b. Labels have the following legend:



Biohazard

BIOHAZARD

- c. Labels are fluorescent orange or orange-red and predominantly so, with lettering or symbols in a contrasting color.
- d. Labels are affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- e. Red bag or red containers may be substituted for labels.

B. Information and Training*.

1. The district requires employees with occupational exposure to participate in a training program which is provided at no cost to the employee and during working hours.
2. Training is provided as follows:

- a. At the time of initial assignment to tasks where occupational exposure may take place.
3. The district provides additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.
4. Materials are appropriate in content and vocabulary to educational level, literacy, and language of employees.
5. The training program contains at a minimum the following elements:
 - a. An accessible copy of the standard regulatory text and an explanation of its contents;
 - b. A general explanation of the epidemiology and symptoms of bloodborne diseases;
 - c. An explanation of the modes of transmission of bloodborne pathogens;
 - d. An explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan;
 - e. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
 - f. An explanation of the use and limitations of methods that prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
 - g. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment;
 - h. An explanation of the basis for selection of personal protective equipment;
 - i. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination are offered free of charge;
 - j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
 - k. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting an incident and the medical follow-up;
 - l. Information on the post-exposure evaluation and follow-up for the employee following an exposure incident;
 - m. An explanation of the signs and labels and/or color coding required; and
 - n. An opportunity for interactive questions and answers with the person conducting the training session.

6. The person conducting the training is knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the school.

VIII. RECORDKEEPING

A. Medical Records.

1. The district maintains an accurate record of each employee with occupational exposure*.
2. This record includes:
 - a. The name and social security number of the employee;
 - b. A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required;
 - c. A copy of all results of examinations, medical testing, and follow-up procedures as required;
 - d. The district's copy of the health professional's written opinion as required;
and
 - e. A copy of the information provided to the health care professional as required

3. Confidentiality. The district ensures that employee required medical records are:
 - a. Kept confidential; and
 - b. Are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required.
4. The district maintains the required records for at least the duration of employment plus 30 years.

B. Training Records.

1. Training records include the following information:
 - a. The dates of the training sessions;
 - b. The contents or a summary of the training sessions;
 - c. The names and qualifications of persons conducting the training; and
 - d. The names and job titles of all persons attending the training sessions.
2. Training records are maintained for 3 years from the date on which the training occurred.

C. Availability.

1. All required records are available upon request to the regulatory agency for examination and copying.
2. Employee training records are provided upon request for examination and copying to employees, to employee representatives, and to the regulatory agency.
3. Employee medical records required by this paragraph are provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, and to the regulatory agency.

D. Transfer of Records.

1. The district transfers employee records regarding the standard to comply with the requirements.

2. If the district ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the district will notify the regulatory agency at least three months prior to their disposal and transmit them, if required by the regulatory agency to do so, within that three month period.

Date of Preparation: _____

Date Effective: _____

Review Dates: _____

*List specific information according to school including, but not limited to: plan, location, or individual responsible. The information may be contained in an appendix.

APPENDIX

**TASKS AND PROCEDURES RELATED TO OCCUPATIONAL
EXPOSURE TO BLOODBORNE PATHOGENS**

<u>Job Classification</u>	<u>Task/Procedure</u>
School Nurse	First aid Clean up blood or body fluid spill
Secretary	First aid Clean up blood or body fluid spill
Principal	First aid Clean up blood or body fluid spill
Physical Education Teacher	Teaching responsibilities puts at higher risk for bloody injuries

UNIVERSAL PRECAUTIONS

for School Staff and Independent Contractors
Bloodborne Pathogens Significant Contagious Disease

None of these are Modes of
Transmission of Bloodborne Pathogens

Research shows that the risk of getting a significant contagious disease in a school setting is extremely small. However, school staff and contracted personnel in the school need to decrease the possibility of exposure to bloodborne pathogens.

Significant contagious disease (SCD) includes cytomegalovirus (CMV), hepatitis B virus (HBV), and human immunodeficiency virus (HIV) infections. The local board of health or the state health officer may determine that other diseases are significant contagious diseases.

“Universal precautions” means protecting oneself from exposure to blood or body fluids through the use of latex gloves, masks, or eye goggles; cleaning blood and body fluid spills with soap and bleach solution and water; and disinfecting and incinerating or decontaminating infected waste before disposing in a sanitary landfill.

North Dakota Administrative Rules, Sections 33-06-05.1-01, 33-06-05.1-02, 33-06-05.1-03

Sharing Restrooms

Bathroom Fixtures

Drinking Fountains

Hugging

Eating with Carriers

Mosquitoes

Working & Studying with Carriers

Playing with Carriers

Swimming Pools

Shaking Hands

Eating Food Prepared by Carriers

Modes of Transmission

“The two common methods of spreading HIV are having sex with an infected individual and contaminated needles to inject drugs.” (Surgeon General’s Report to the American Public on HIV Infection and AIDS)

**WASHINGTON WEST SUPERVISORY UNION
HEPATITIS B CONSENT/REFUSAL FORM**

The Disease

Hepatitis B is a viral infection caused by hepatitis B virus (HBV) which 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 may be a causative factor in the development of liver cancer. Immunization against the hepatitis B virus can prevent acute hepatic and its complications.

The Vaccine

Hepatitis B vaccine is produced from yeast cells. It has been extensively tested for safety and effectiveness in large scale clinical trials. Approximately 90% of healthy people who receive two doses of vaccine and a third dose as a booster achieve high levels of surface antibody (anti-HBs) and protection against hepatitis B virus. Hepatitis B vaccine is recommended for workers with potential for contact with blood or body fluids. Full immunization requires 3 doses of vaccine over a six-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. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization.

Dosage and Administration: The hepatitis B vaccine is given in three intramuscular doses in the deltoid muscle. Two initial doses are given one month apart, and the third dose is given six months after the first.

Possible Vaccine Side Effects: The incidence of side effects is very low. No serious side effects have been reported with the vaccine. Ten to twenty percent of persons experience tenderness and redness at the site of injection and low grade fever. Rarely rash, nausea, joint pain and mild fatigue have been reported. The possibility exists that other side effects may be identified with more extensive use.

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Employee Name (last, first, middle)

Social Security Number

Consent for Hepatitis Vaccination

I have knowledge of hepatitis B and the hepatitis B vaccination. 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 the vaccine. I give my consent to be vaccinated for hepatitis B.

Signature of Employee (consent for Hepatitis B vaccination)

Date

Signature of Witness

Date

Refusal of Hepatitis B Vaccination

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.

Signature of Employee (refusal of Hepatitis B vaccination)

Date

Signature of Witness

Date

I refuse because I believe I have (check one) started the series completed the series

Release for Hepatitis B Medical Information

I hereby authorize _____
(individual or organization holding hepatitis B records and address) to release to the

Hepatitis B vaccination and hepatitis B titer information, if known. I give my permission for this hepatitis B vaccination and related hepatitis B information to be released to _____ School District (individual and address)
_____ School District for required employee records.

I hereby authorize release of my hepatitis B status to the healthcare provider in the event of an exposure incident.

Signature of Employee

Date

Signature of Witness

Date

**WASHINGTON WEST SUPERVISORY UNION
POST-EXPOSURE EVALUATION**

Employee Name: _____ Social Security No. _____
Last, First, Middle

Job Title: _____

	Hepatitis B Vaccination Data	Lot Number	Site	Administered by
1				
2				
3				

Additional Hepatitis B status information:

Post-exposure incident: (Date, time, circumstances, route under which exposure occurred)

Identification and documentation of source individual:

Source blood testing consent:

Description of employee's duties as related to exposure incident:

Copy of information provided to healthcare professional evaluating an employee after exposure incident:

Attach a copy of all results of examinations, medical testing, follow-up procedures, and healthcare professional's written opinion.

Training Record: (date, time, instructor, location of training summary)