

**HEPATITIS B VACCINATION POLICY AND
POST EXPOSURE EVALUATION POLICY**

The hepatitis B vaccination is being provided for all employees who have occupational exposure to blood or other potentially infectious material.

If you have implemented the OSHA alternative for auxiliary/collateral provisions of first aid and have not provided pre-exposure vaccination, any first aid incident involving blood or OPIM will necessitate the provision of the hepatitis B vaccine within 24 hours.

The school district will make the hepatitis B vaccine available to all employees who have occupational exposure. It will be:

provided at no cost to the employee. The school district will not institute a reimbursement program, or require an employee to use healthcare insurance to pay for vaccination if there is any cost for insurance or procedure. In addition, the school district will not require the employee to enter into an “amortization contract” which requires employee to reimburse the school district for cost of the vaccine if employee leaves prior to a specified time. No “out-of-pocket” costs will be incurred by the employee.

made available to employee at a reasonable time and place.

performed by a licensed physician or licensed healthcare professional following appropriate healthcare professional procedures.

The district will provide the healthcare professional responsible for the employee’s vaccination with a copy of the regulation.

The hepatitis B vaccination will be made available to all employees who have occupational exposure.

A. Exemptions would include:

1. employee who has received vaccine series previously.
2. antibody testing has revealed that employee is immune.
3. medical reasons.

- B. The school district shall not require a prescreening program as a prerequisite for receiving the HBV vaccination. If the healthcare professional conducting the vaccination requires an antibody test prior to providing the vaccination, the employer shall pay for the procedure.
- C. An employee may decline the HBV vaccination, in which case the employee needs to sign a declination statement. The employee may, at a later date, request a vaccination. There may be other forms the school district will want to keep on file, i.e. permission forms.

Our district's occupational exposure hepatitis B vaccination procedure is as follows: all employees classified in high risk areas are offered the hepatitis B series at no cost. All other employees may choose to take the hepatitis B series at no cost.

POST EXPOSURE EVALUATION AND FOLLOW UP PROTOCOL

The district is responsible to evaluate an exposure incident (i.e. blood contact with mucous membranes, not-intact skin, or piercing the skin or mucous membrane by needle stick, cut, bite, etc.).

In the event of an exposure incident, it is imperative that the employee and district follow the appropriate protocol. Time is important in providing the most comprehensive and protective treatment. The exposure control officer will refer the exposed individual to the following clinic which has been informed of the appropriate procedures, or the employee may go to the healthcare professional of their choice.

District Healthcare Officer
District Superintendent

Any school district employee who has an exposure incident should follow the post-exposure protocol. The school district will be responsible for providing a confidential medical evaluation and follow-up after an exposure incident has been reported. The following protocol will be followed.

Exposed employee should:

1. Immediately wash exposed area or flush mucous membrane with running water, and
2. Contact the supervisor/exposure control officer.

Exposure control officer will:

1. Document the exposure incident along with routes of entry and circumstances of exposure (Exposure Incident Report Form BBP-006).
2. Identify and document source individual (unless prohibited by law). This is done to determine HBV or HIV status of the source.
3. The source individual's blood shall be tested as soon as feasible after consent is obtained. If consent is not obtained, document as such. When consent is not required by law, the source individual's blood shall be tested (if available) and results documented.
4. If source individual is already known to be infected, status testing will not be repeated.
5. After consent is obtained, results of the source individual's testing will be made available to the exposed employee by the healthcare professional. Employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
6. The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained.
7. If employee consents to baseline blood collection, but does not give consent for testing, samples will be held for 90 days. In this time period, the employee may decide to have blood sample tested.
8. Make available the post-exposure evaluation/treatment provided by healthcare professional, including counseling and evaluation of reported illness by healthcare professional.

**INFORMATION PROVIDED TO HEALTHCARE PROFESSIONAL FOR
EVALUATION OF AN EXPOSURE INCIDENT**

- A. Copy of 29 CFR 1910.1030 Occupational Exposure to Bloodborne Pathogens; Final Rule.
- B. Copy of the Exposure Incident Report.
- C. Testing consent/declination of source. If consent is obtained, results will be transmitted by the healthcare professional directly to the exposed employee.

- D. Testing consent/declination of exposed employee. Results will be transmitted directly to employee.
- E. Employee's medical records relevant to the incident (i.e. previous exposure or hepatitis B vaccination status).
- F. Healthcare professional's written opinion form (or use form provided by healthcare professional).

The school district will receive the healthcare professional's written opinion within 15 days of completion of evaluation.

- A. The healthcare professional's written opinion must contain:
 - 1. whether HBV vaccination is indicated for employee, and if employee has received such vaccination; and that
 - 2. the employee was informed of evaluation results and any medical conditions resulting from exposure.
 - 3. all other findings shall be confidential and maintained with the healthcare professional.

RECORDKEEPING

MEDICAL RECORDS shall be confidential and be in accordance with 29 CFR 1920.20. The district's legal advisor has reviewed the procedures and has provided additional input into the legal procedures/practices regarding source/employee consent and confidentiality laws. The medical records shall include the following:

- A. Name and social security number of employee.
- B. Employee's HBV vaccination status.
- C. If exposure incident occurs, archive:
 - results of exams, medical testing and follow-up procedures. (It is recommended that medical information outside of the written opinion be maintained with the healthcare professional.)
 - school district's copy of the healthcare professional's written opinion.

- copy of information provided to healthcare professional, including a description of the exposed employee's duties as they relate to exposure and circumstances under which exposure occurred and results of the source individuals blood test, if available.
- D. These records shall be kept confidential and not disclosed or reported without the employee's express written consent.
- E. School district shall maintain records for duration employment plus 30 years. If an outside agency maintains the district's records, the same requirements apply.

Upon request, the employer shall make employee records available under 29 CFR 1910.20 to the Assistant Secretary of Labor for the Occupation Safety and Health Administration and the Director of the National Institute for Occupation Safety & Health. Records are also to be made available to subject employee for examination and copying.

Transfer of records shall comply with 29 CFR 1910.20 (h). If the school district ceases to do business and there is no successor employer to receive and retain above records, the Director of the NIOSH shall be notified three months prior to their disposal. Further action may be taken at such time.

TRAINING RECORDS

Training records will be maintained for a period of three (3) years and will include name, occupation, name of person doing training (with qualifications) and a brief overview of contents.

REVISED POLICY
ADOPTION DATE: JULY 20, 1994
REVISION DATE: JUNE 13, 2012

UNIVERSAL PRECAUTIONS

All blood or other potentially infectious materials shall be handled as if contaminated by a bloodborne pathogen. Under circumstances in which differentiation between body fluid type is difficult or impossible, all body fluids shall be considered potentially infectious materials.

- Step 1. Put on disposable gloves (latex).
- Step 2. Use paper towels to absorb spill.
- Step 3. Place used towel in leak-proof plastic bag. (Extensive spills – use bag labeled with biohazard symbol.)
- Step 4. Flood area with bleach solution*, alcohol or a sanitary absorbent agent.
- Step 5. Clean area with paper towels, vacuum (dry agent only), or broom and dust pan.
- Step 6. Place used towel, vacuum cleaner bag or waste in a leak-proof bag.
- Step 7. Remove gloves – pull inside out.
- Step 8. Place gloves in bag and tie.
- Step 9. Wash hands with soap and water for at least 10 seconds.

*Bleach solution = 1 part bleach to 10 parts water. Solution effective for 24 hours only.