

**DEPARTMENT OF THE INTERIOR
BUREAU OF OCEAN ENERGY MANAGEMENT MANUAL**

TRANSMITTAL SHEET

Version No.: 001

Date: FEB 8 2016

SUBJECT: Administrative
Part 485: Safety and Occupational Health Program
Chapter 10: Bloodborne Pathogens Exposure Control Program

EXPLANATION OF MATERIAL TRANSMITTED:

This chapter provides policy and responsibilities for all employees who may handle, store, or dispose of infectious medical wastes or may be exposed to blood or other potentially infectious materials in the conduct of their job. This chapter replaces MMSM 485.10, Bloodborne Pathogens Program, dated September 16, 2009.



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Deputy Director

FILING INSTRUCTIONS:

REMOVE:

<u>Part</u>	<u>Chapter</u>	<u>Pages</u>	<u>Release</u>
485	10	19	328

INSERT:

<u>Part</u>	<u>Chapter</u>	<u>Pages</u>	<u>Version</u>
485	10	16	001

Department of the Interior
Bureau of Ocean Energy Management Manual

Effective Date: February 8, 2016

Version No.: 001

Series: Administrative

Part 485: Safety and Occupational Health Program

Chapter 10: Bloodborne Pathogens Exposure Control Program

Originating Office: Bureau of Safety and Environmental Enforcement (BSEE) Management Support Division (MSD), Office of Administration

1. Purpose. This chapter establishes Bureau of Ocean Energy Management (BOEM) policy and guidelines to protect the health and safety of all employees who can be reasonably expected to be exposed to blood or other potentially infectious materials as a result of their job duties.

2. Objective. To prevent or control employee exposure to blood or other potentially infectious materials in the conduct of their work, in compliance with the Occupational Safety and Health Administration (OSHA) 29 CFR 1910.1030.

3. Authorities and References.

A. Code of Federal Regulations (CFR) Title 29, Part 1910, Bloodborne Pathogens Standard (29 CFR 1910.1030).

B. 29 CFR 1904.8 Recording Criteria for Needlestick and Sharps Injuries.

C. 29 CFR 1910.1020 Access to Employee Exposure and Medical Records.

D. Updated Centers for Disease Control and Prevention (CDC) Recommendations for the Management of Hepatitis B Virus-Infected Health-Care Providers and Students, July 6, 2012.

4. Policy. It is BOEM policy to establish Exposure Control Plans to mitigate employee exposure to blood, bodily fluids, or other potentially infectious materials in the conduct of their work.

5. Definitions

A. **Biological Hazard** is any viable infectious agent that presents a risk, or a potential risk, to the well-being of humans.

B. **Bloodborne Pathogen (BBP)** is a pathogenic microorganism that is present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and the Human Immunodeficiency Virus (HIV).

C. **Contaminated** is the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

D. **Contaminated Laundry** is laundry which has been soiled with blood or other infectious materials or may contain contaminated sharps.

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

F. **Decontamination** is 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.

G. **Exposure Control Plan** is a plan compliant with Occupational Safety and Health Administration (OSHA) regulations that explains ways to minimize or eliminate exposure of humans to bloodborne pathogens.

H. **Exposure Incident** is 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, during an emergency response or through an accidental exposure.

I. **Occupational Exposure** is a 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.

J. **Other Potentially Infectious Materials (OPIM)** include (1) human body fluids including: 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 fluid; (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- and HBV- containing culture medium or other solutions; and blood organs or other tissues from experimental animals infected with HIV or HBV.

K. **Medical Wastes/Infectious Wastes** are all waste emanating from human or animal tissues, blood or blood products or fluids. This includes used first aid bandages, syringes, needles, sharps, material used in spill cleanup and contaminated Personal Protective Equipment (PPE) or clothing.

L. **Parenteral** is piercing mucous membranes of the skin barrier through such events as needle sticks, human bites, cuts or abrasions.

M. **Program Coordinator** is an individual appointed to supervise and administer the BBP programs in a BOEM occupied facility.

N. **Universal Precautions** are a system of infectious disease controls that assumes that every direct contact with body fluids is infectious and requires every employee exposed to be protected

as though such body fluids were infected with bloodborne pathogens. All infectious/medical material must be handled according to Universal Precautions (Appendix A).

6. Requirements.

A. Employee Exposure Determination. Determine which employees are at increased risk of occupational exposure to bloodborne pathogens.

B. Exposure Control Plan. Prepare and implement a written Exposure Control Plan (Appendix B) designed to eliminate or minimize employee exposure to blood or other potentially infectious materials. The plan will be accessible to employees. It must be reviewed and updated at least annually and whenever necessary to reflect changes in occupational exposure in the workplace. The review and update must include changes in technology and consideration of commercially available medical devices that can be used to eliminate or reduce exposure. The plan must describe specific procedures to control exposure and must include:

- (1) Employee Exposure Determination.
- (2) Program Responsibilities.
- (3) Compliance Methods: Universal Precautions, Engineering and Work Practice Controls
- (4) Personal Protection Equipment
- (5) Regulated (biohazard) Waste Management Procedures
- (6) Hepatitis B Vaccination and Declination, Exposure Incidents, Post-Exposure evaluations and Follow-up Policies and Procedures
- (7) Information and Training
- (8) Recordkeeping
- (9) Hazard Communication
- (10) Program Evaluation

C. Universal Precautions. Universal precautions must be observed to prevent contact with blood or OPIM. Universal precautions is the concept of bloodborne disease control which requires that all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

D. Engineering Controls. Where engineering controls will reduce employee exposure either by removing, eliminating or isolating the hazard, they must be used. Self-sheathing needles, puncture-resistant disposal containers for contaminated sharps, resuscitation bags and ventilation devices are examples of engineering controls.

E. Work Practice Controls. Safe work procedures will be established to reduce the risk of exposure.

F. Labeling. All containers of regulated waste or any container used to transport or store blood or other infectious material must be labeled with the biohazard symbol shown in Figure 6.F-1. Red bags or containers may be used instead of labeling. All first responders responding to first-aid accidents will ensure that their first-aid kits contain red bags or biohazard labels.



Figure 6.F-1

G. Personal Protective Equipment. PPE must be provided at no cost to all employees at risk of occupational exposure to bloodborne pathogens. Contaminated PPE must be removed prior to leaving the work area.

H. Hepatitis B vaccination. HBV vaccination must be made available to all employees who have occupational exposure to bloodborne pathogens within 10 working days of initial assignment and after appropriate training has been completed. Employees may decline HBV vaccination. If declined, the employee must sign a HBV Vaccination Information and Consent/Declination Form (Appendix C).

I. Post Exposure Incident Follow-Up. In the event that an employee is involved in an occupational exposure incident, the Bureau must make a confidential medical examination and follow-up consultation immediately available to the employee. Post exposure follow-up requirements and procedures are found in Appendix D.

J. Employee Training. All employees with the potential for occupational exposure to bloodborne pathogens must participate in a bloodborne pathogens training program. Initial training will be provided at the time of assignment. Annual refresher training will be provided for as long as occupational exposure exists.

Training will be conducted by persons knowledgeable in the subject matter, will provide an opportunity for interactive questions and answers, and will include the following:

- (1) A copy of 29 CFR 1910.1030.
- (2) Epidemiology and symptoms of bloodborne diseases.
- (3) Methods of transmission.
- (4) An explanation of the bureau's Exposure Control Plan and how to obtain a copy.
- (5) Recognition of tasks that present an exposure risk.
- (6) Use, selection, and limitations of protective measures.
- (7) Information on Hepatitis B vaccine.

- (8) Appropriate emergency actions.
- (9) Post exposure incident procedures, medical examination and follow-up.
- (10) Signs and labels.

K. Record-keeping.

- (1) Medical Records. A medical record will include: training records, liability declarations, immunization records, and exposure records including exposure evaluations. Medical records will be made available for employee review during normal work hours. Disclosure of this information without the employee's written consent is a violation of the Privacy Act. All employee records must be secured at all times and labeled "Confidential." Medical records will be kept for the duration of employment plus 30 years.
- (2) Training Records. Training records will include the employee's name and job title, topics covered, date, and the name and qualifications of the trainer. Training records must be maintained for a period of three years from the date the training occurred.

L. Waste Management. Regulated waste shall be placed in containers that are:

- (1) Closable.
- (2) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.
- (3) Labeled or color-coded.

Materials containing small amounts of blood, saliva or other secretions such as tainted gauze pads, sanitary napkins or facial tissues are not considered infectious waste. Disposal shall be in accordance with applicable local and state regulations.

7. Responsibilities.

A. Head of Bureau/ Designated Agency Safety and Health Official:

- (1) Approve the Bloodborne Pathogens Exposure Program Policy.
- (2) Ensure that the Bureau maintains an effective Bloodborne Pathogens Exposure Program Policy.
- (3) Ensure sufficient support and resources to implement the policy.

B. BSEE Safety and Occupational Health Manager (SOHM). BSEE provides oversight and direction for the BOEM BBP program under a reimbursable agreement. The BSEE SOHM:

- (1) Conducts reviews and evaluates the effectiveness of the BBP program as feasible, and modifies policy and procedures as applicable.
- (2) Provides assistance to BSEE Regional Safety Officer/Collateral Duty Safety Officers/Program Coordinators in development of BBP programs.

C. BSEE Regional Safety Officer/Collateral Duty Safety Officers/Program Coordinators:

- (1) Provide region-wide/local direction and oversight for the administration of an appropriate BBP, serving as the focal point for program development and implementation and provides technical advice to Program Coordinators.
- (2) Assist management and supervisors in implementation of the BBP program and training and education component.
- (3) Determine which personnel potentially have occupational exposure to BBP. Employees who may have occupational exposure to BBP include:
 - (a) Employees who receive training in first aid and CPR because they work in areas that are more than a 15-minute travel from a hospital, clinic, or ambulance service.
 - (b) Employees who volunteer as responders to provide First Aid, CPR, Automated External Defibrillator (AED) assistance in a medical emergency.
- (4) Develop an Exposure Control Plan at all locations where there is a potential for exposure to BBP.
- (5) Ensure that employees receive required training and that such training is documented.
- (6) Provide access for employees to vaccination and medical evaluation as required and maintain records as part of the employees' permanent records.

D. Employees

- (1) Participate in all required training.
- (2) Read and be familiar with the BOEM Exposure Control Plan.
- (3) Wear appropriate personal protective equipment and observe appropriate work practice controls, including universal precautions.
- (4) Sign consent of declination form for HBV vaccine.
- (5) Report all first aid incidents involving the presence of blood or OPIM to the Supervisor or Manager.

Appendix A

Universal Precautions

Since medical history and examination cannot reliably identify all patients infected with HIV or other bloodborne pathogens, care providers must consistently use blood and body-fluid precautions with all patients, including those in emergency care setting in which the risk of blood exposure is greater and the patient's infectious status is usually unknown. Centers for Disease Control and Prevention currently recommends the "universal blood and body-fluid precautions" approach or "universal precautions."

All workers will routinely use appropriate barrier precautions to prevent skin and mucous-membrane exposure when anticipating contact with any patient's blood or other body fluids. Personnel will wear gloves to touch patients' blood and body fluids, mucous membranes or broken skin; to handle items or surfaces soiled with blood or body fluids; and to perform venipuncture and other vascular access procedures. Personnel will wear masks and protective eyewear or face shields during procedures likely to generate blood droplets or other body fluids to prevent exposure to oral, nasal or optic mucous membranes. Personnel will wear gowns or aprons during procedures likely to generate blood splashes or other body fluids.

If contaminated with blood or other body fluids, personnel will immediately wash hands and other skin surfaces thoroughly. All persons will wash their hands after completing activities likely to expose them to BBPs and remove protective clothing before leaving the work area.

All health care workers will take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures or when cleaning used instruments, disposing of used needles and handling sharp instruments after procedures. To prevent needle-stick injuries, personnel will not directly recap needles by hand, purposely bend or break them, remove them from disposable syringes, or otherwise manipulate them. After using disposable syringes and needles, scalpel blades and other sharp items, personnel will dispose of them by placing them in puncture-resistant containers located as close to the use area as practical. Reusable needles will not be used.

Although research has not definitively implicated saliva in HIV transmission, it is prudent to use mouthpieces, resuscitation bags, or other ventilation devices instead of mouth-to-mouth resuscitation. These devices must be available for use in areas where the need for resuscitation is predictable.

Healthcare workers who have exuding lesions or weeping dermatitis will not provide any direct patient care or handle patient care equipment until the condition resolves.

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas with a reasonable likelihood of occupational exposure to BBPs.

Personnel shall not keep food and drinks in refrigerators, freezers, shelves, drug storage areas or cabinets, or on countertops or bench tops where blood or other potentially infectious materials are present.

Personnel shall perform all procedures involving blood or other potentially infectious materials in a manner that prevents droplets of these substances from splashing, spraying, splattering and generating.

Pregnant health care workers apparently do not face greater risk of contracting HIV infection than non-pregnant health care workers. However, if a health care worker develops HIV infection during pregnancy, the infant risks infection due to prenatal and perinatal transmission. Therefore, pregnant health care workers will thoroughly learn and strictly adhere to the universal precautions to minimize the risk of HIV transmission.

Appendix B

BOEM Bloodborne Pathogens Exposure Control Plan

BOEM is committed to providing a safe and healthful work environment for all employees. One step towards accomplishing this endeavor is the Bloodborne Pathogens Exposure Control plan (ECP) to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.30, "Occupational Exposure to Bloodborne Pathogens" and the Centers for Disease Control and Prevention (CDC) guidelines.

The ECP is a key document to assist (your location) in implementing and ensuring compliance with the Bloodborne Pathogens Standard, thereby protecting our employees. This ECP includes:

- Responsibilities and program evaluation requirements
- Determination of employee exposure
- Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Personal Protective equipment
 - Housekeeping
 - Regulated (biohazard) waste-handling procedures
 - Labeling
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Employee information and training
- Recordkeeping

1. Responsibilities

A. _____ is responsible for the implementation of the ECP and will maintain, review and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. _____ may be contacted at (123) 234-3456.

B. 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.

C. The following individuals will maintain and provide all necessary personal protective equipment (PPE), engineering controls (sharps containers), labels and red bags as required by the standard:

(1) _____ will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained. Contact location/phone number: (xxx) xxx-xxxx).

(2) _____ will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA and the National Institute for Occupational Safety and Health (NIOSH) representatives. Contact location/phone number: (xxx) xxx-xxxx.

2. Exposure Determination

All employees whose duties require them to be trained to use first aid have the potential for exposure to BBP in the course of their duties (e.g. Lay Responders, Inspectors, and all permanent employees assigned to work in a location where the nearest emergency medical treatment facilities require travel time in excess of 15 minutes).

3. Compliance Methods

A. Universal Precautions. Universal precautions should be used by all employees whenever the potential exists for exposure to bloodborne pathogens. Universal precautions are defined as 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. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials. These may involve standard work practices and the use of personal protective equipment (PPE), such as gloves, protective clothing, eye protection, and/or masks. Employees should adhere rigorously to the infection control precautions noted in this section to minimize the risk of exposure to blood and other body fluids.

B. Controls. The OSHA standard requires three forms of precautions or controls to minimize/reduce the exposure to BBP. These controls include:

(1) Engineering controls. Engineering controls offer the greatest risk reduction. Engineering controls are intended to prevent the hazard from occurring through design. The most common form of BBP engineering control is the sharps container. Other forms are self-sheathing needles and needleless systems. The potential for using these types of controls in BOEM is small, however sharp instruments such as scissors to cut away clothing and broken glass will be disposed of in a strong plastic container such as an empty bleach bottle when a sharps container is not readily available. The containers must be puncture resistant, leak proof on the sides and bottom, and properly labeled with a fluorescent orange or orange-red label, and lettering and symbols in a contrasting color. The container of sharps will be disposed of as regulated waste. The hazardous waste coordinator will prepare the waste for shipping.

(2) Work practices and/or procedures. Work practices are designed to minimize the possibility of a hazard through the use of specific procedures. Since this method of hazard control relies on individuals to correctly carry out the procedures, it is not considered as effective as engineering controls for managing a hazard. This is because humans make errors, may ignore or circumvent the procedures, or the procedures may not be written to cover all contingencies. Sharps such as razors, scissors, and broken glass will be immediately disposed of into a readily accessible sharps container.

(3) Personal Protective Equipment (PPE). PPE does not prevent the hazard from occurring, but provides protection to the worker if the hazard does occur. Generally PPE is used as a secondary or back-up means of hazard control. However, in the case of exposure to BBP, especially as the result of an emergency or unplanned event, engineering controls may not be available or practical, and PPE would be the primary means of control. Personal protective equipment includes, but is not limited to, non-latex disposable gloves, goggles/face shields, one-way resuscitation shields for CPR, and disposable aprons or smocks.

(a) PPE shall be supplied, cleaned, disposed of, repaired, or replaced by the Bureau. PPE will be chosen based on the anticipated exposure to blood or other potentially infectious materials (OPIM). Acceptable PPE for bloodborne pathogen exposure is that which prevents blood or OPIM from coming into contact with the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use.

(b) Disposable non-latex gloves will be worn whenever there is a reasonable expectation that the employee will have hand contact with blood, OPIM, non-intact skin, or mucous membranes. Disposable gloves will be kept on hand in various sizes.

(c) Readily available hand washing facilities are available for employees occupationally exposed to bloodborne pathogens. In remote locations where hand washing facilities are not feasible, employees shall be provided with an antiseptic cleanser and clean cloth/paper towels or with antiseptic towelettes. If an exposure occurs in a remote location, the hands should be washed with soap and running water as soon as possible.

(d) Employees will not eat, drink, smoke, or apply cosmetics in areas where there is a reasonable likelihood of exposure to blood or OPIM. Food and drink shall never be stored in refrigerators, freezers, or other areas used to store or process biological materials such as blood, OPIM, or any other hazardous materials.

(e) Proper housekeeping procedures require that decontamination of the contaminated areas be done using either a 1 to 10% bleach solution or a United States Environmental Protection Agency (USEPA) registered germicide.

(f) After removing gloves, and/or after contact with body fluids, hands and other skin surfaces must be washed immediately and thoroughly with soap or other disinfectant in hot water.

(g) Regulated medical waste is not normally generated by this organization. However, if/when it is generated, it shall be disposed of in accordance with all applicable Federal, State, and local requirements.

C. Waste Disposal Plan - Regulated medical waste is not normally generated by this organization, however if/when it is generated, regulated waste shall be disposed of in accordance with all applicable Federal, State, and local requirements. The following requirements must be met:

(1) Medical/infectious waste must be contained in double disposable red bags.

(2) Sharps (e.g. razor blades, broken glass, needles, etc.) must be contained for disposal in leak-proof, rigid, puncture resistant containers.

(3) Medical/Infectious waste must be segregated from other waste at the point of origin.

D. Hepatitis B (HBV) Vaccine. Employees who have been identified as having possible occupational exposure to bloodborne pathogens shall be offered the HBV vaccine.

(1) Employees will be provided with information concerning the positive benefits and potential side effects to make an informed decision about whether or not to be vaccinated.

(2) Employees who decide to be vaccinated will sign a written consent form before starting the HBV vaccination series (see Appendix C.). A written medical opinion will be obtained from the physician providing the vaccine prior to its administration to the employee. The consent form will become part of the employee's official occupational health record.

(3) Employees who do not wish to be vaccinated must sign a written declination form. The declination form will become part of the employee's official occupational health record. Declination of the vaccine does not preclude the employee from being vaccinated at a later date if the employee changes his or her mind.

(4) Employees whose primary jobs are unrelated to rendering first aid but who may be called upon to render first aid or medical assistance as a collateral duty are considered to have possible occupational exposure and are covered by all the protections under this standard. This facility has chosen to defer vaccinating these first aid responders until after their involvement in a first aid incident. The following conditions must be met to comply with the bloodborne pathogens standard:

(a) A reporting procedure must be instituted to report all first aid incidents involving the presence of human blood or OPIM by the end of the work shift during which the incident occurred. The report will describe the first aid incident, the names of all first aid providers who rendered assistance, and the time and date of the incident, regardless of whether or not PPE was used. The description must include a determination of whether or not an "exposure incident" (as defined by the standard) occurred, in addition to the presence of blood or other potentially infectious materials. This determination is necessary to ensure that the proper post-exposure evaluation, prophylaxis, and follow-up procedures required by paragraph 29 CFR 1910.1030(f) (3) are made available immediately if an "exposure incident"(as defined by the standard) occurs.

(b) The first aid training provided to the first aid responders must include the specifics of how to report a first aid incident. A report will be maintained that lists all such first aid incidents. The report will not include Privacy Act information such as social security numbers. This report will be readily available, upon request, to all employees and to OSHA Compliance Officers. Records in the Safety Management Information System (SMIS) meet this requirement.

(c) The full hepatitis vaccination series will be made available within 24 hours to all unvaccinated first aid responders who have rendered assistance in any situation involving human blood or OPIM, regardless of whether or not an actual exposure incident occurred.

E. Post-exposure Evaluation and Follow-up. When an employee experiences an exposure incident, it will be reported to his or her supervisor. The supervisor shall immediately make available a confidential medical evaluation and follow-up to the exposed employee, including at least the following elements:

(1) Documentation of the route of exposure and the circumstances under which the exposure incident occurred.

(2) Identification and documentation of the source individual, unless the supervisor can establish that identification is infeasible or prohibited by state or local law.

(3) If the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status does not need to be repeated.

(4) Results of the source individual's testing will be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(5) The blood of the exposed employee will be collected as soon as feasible and tested after consent is obtained.

(6) If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample will be preserved for at least 90 days. If the employee elects to have the baseline sample tested within 90 days of the exposure incident, testing will be done as soon as feasible.

(7) The employee will be provided with post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service; counseling; and will have reported illnesses evaluated.

Appendix C

Hepatitis B Vaccination

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

The vaccine will be provided within 10 working days of assignment, at a reasonable time and place, at no cost to the employee, and performed by or under the supervision of a licensed health care professional whose scope of practice allows him/her to independently perform those activities. All vaccinations must be administered according to the recommendations of the U.S. Public Health Service. The only exception to the 10 day period is if the employee has previously received the complete Hepatitis B vaccination series, antibody testing reveals that the employee is immune, or medical reasons prohibit the employee from taking the vaccine.

Any employee who chooses not to receive the Hepatitis B vaccination series must complete and sign the Declination Form provided in Appendix D. However, if this individual changes his/her mind at a later date, they will still be able to receive the HBV vaccination series.

If the vaccination series is interrupted after the first dose, the second dose should be administered as soon as possible. The second and third doses should be separated by at least two months. If only the third dose is delayed, it should be administered when convenient.

HEPATITIS B VACCINATION RECORD EMPLOYEE INFORMATION

Please Print

Name: _____
LAST FIRST MIDDLE LAST NAME (at birth)

MALE FEMALE

SOCIAL SECURITY NUMBER

PLACE OF BIRTH: _____
CITY STATE COUNTRY DATE OF BIRTH

AGENCY: _____ WORK LOCATION: _____
CITY STATE

PHONE #: _____

Patient Acknowledgement of Hepatitis B Information

Acceptance and receipt of the hepatitis B vaccine is acknowledgement that I have read the information about Hepatitis B and the Hepatitis B vaccine. I have had the opportunity to ask questions and understand the benefits and risks of this immunization. I understand that all 3 doses are required for the optimum immune response. However, as with all medical treatment, I also understand there is not guarantee that I will become immune or that I will not experience adverse side effects from the vaccine.

VACCINATION RECORD	DATE	HEALTH CARE PROVIDER SIGNATURE	SITE	DRUG MFR & LOT NUMBER	DATE EXP.
1 st Dose					
2 nd Dose - 1 month after 1 st					
3 rd Dose - 6 months after 1 st					
4 th Dose - (only if prescribed by healthcare provider)					
5 th Dose - (only if prescribed by healthcare provider)					

HEALTH CARE PROVIDER ADDRESS, PHONE & FAX:	(If vaccine provided for post-exposure follow-up) Mail or fax this form to:
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Appendix D

DECLINATION FORM

NO, I do not want HEPATITIS B VACCINATION

EMPLOYEE INFORMATION
Please Print

NAME: _____
LAST FIRST MIDDLE LAST NAME (at birth)

MALE FEMALE

SOCIAL SECURITY NUMBER

PLACE OF BIRTH: _____
CITY STATE COUNTRY DATE OF BIRTH

AGENCY: _____ WORK LOCATION: _____
CITY STATE

PHONE #: _____

HEPATITIS B VACCINATION DECLINATION

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 cost to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I may 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 cost to me.

EMPLOYEE SIGNATURE _____ DATE _____

THE NEXT THREE ITEMS ARE OPTIONAL:

- I have previously received hepatitis B vaccination(s)
(last shot completed 1, 2, 3 and date _____)
- I have already had hepatitis B disease (previously called serum hepatitis).

OTHER REASON: _____

(If Vaccine declined for post-exposure follow up)
Mail or fax this form to: