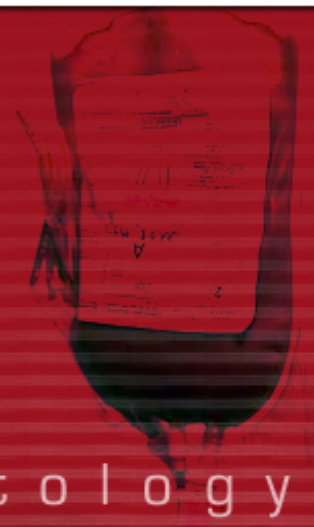
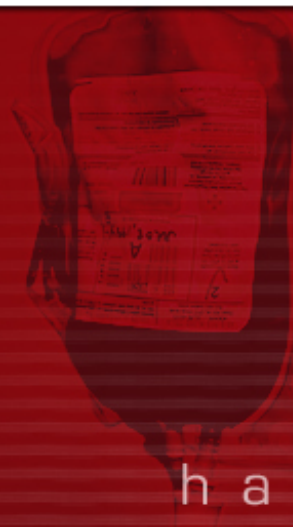


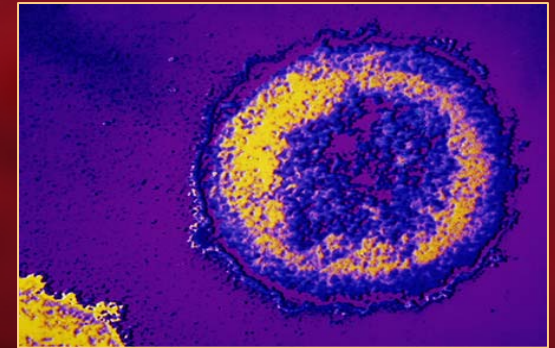
Bloodborne Pathogens



h a e m a t o l o g y

Bloodborne Pathogens

- Pathogenic microorganisms that are present in human blood and can cause disease in humans.
- Examples of bloodborne diseases:
 - Human Immunodeficiency Virus (HIV)
 - Hepatitis B
 - Hepatitis C
 - Malaria
 - Syphilis



Potentially Infectious Bodily Fluids

Blood

Semen
Vaginal secretions

- Cerebrospinal fluid
- Synovial fluid
- Pleural fluid

- Peritoneal fluid
- Pericardial fluid
- Amniotic fluid

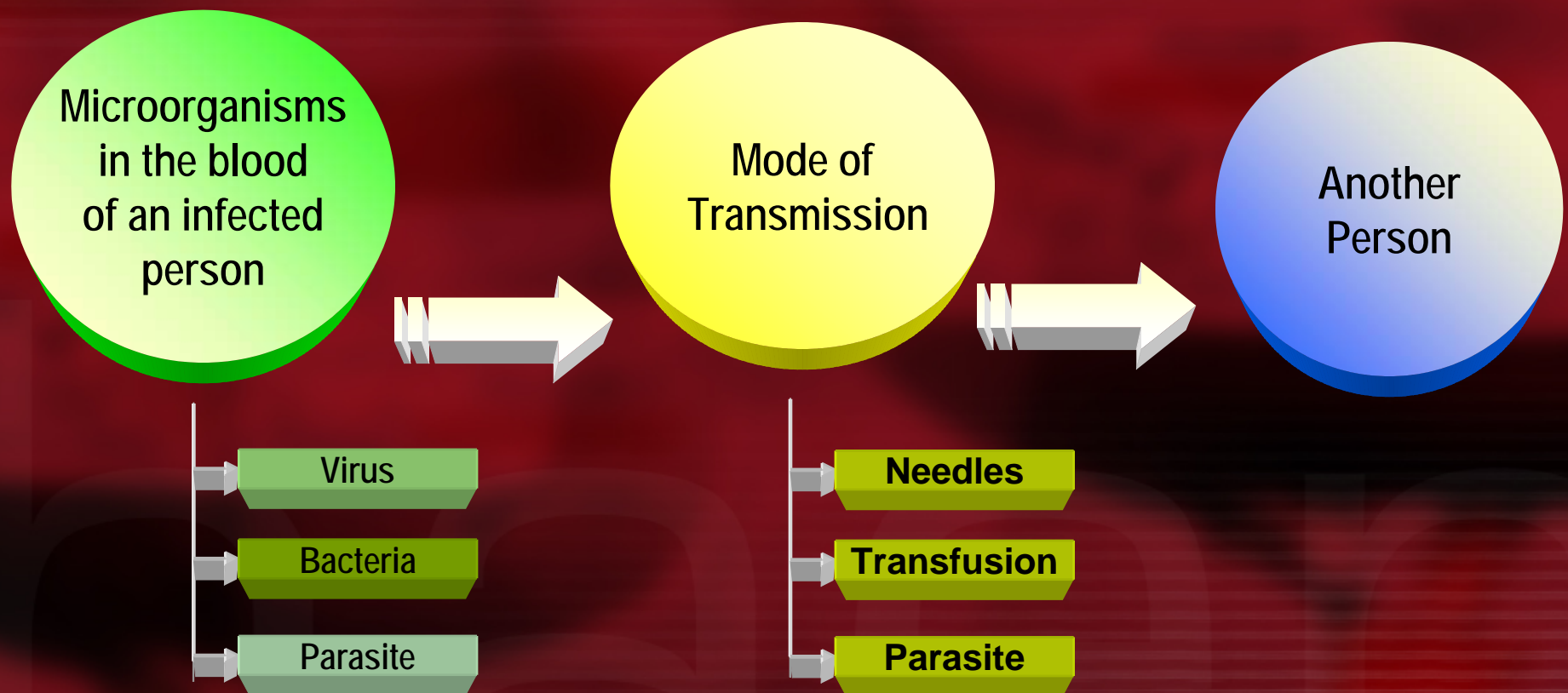
Any body fluid that is visibly contaminated with blood

Saliva from
dental procedures

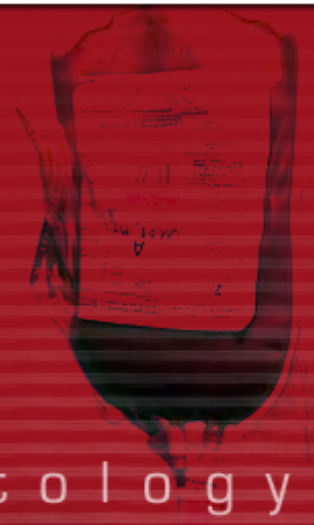
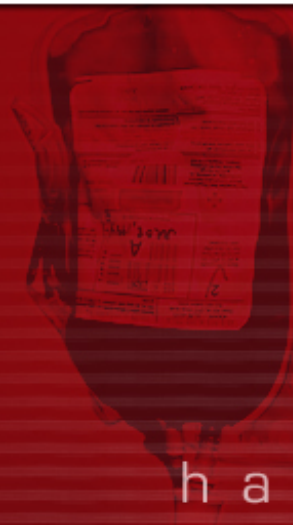
Skin, tissue
Cell cultures

Saliva, vomit, urine
laced with blood

How does exposure occur?

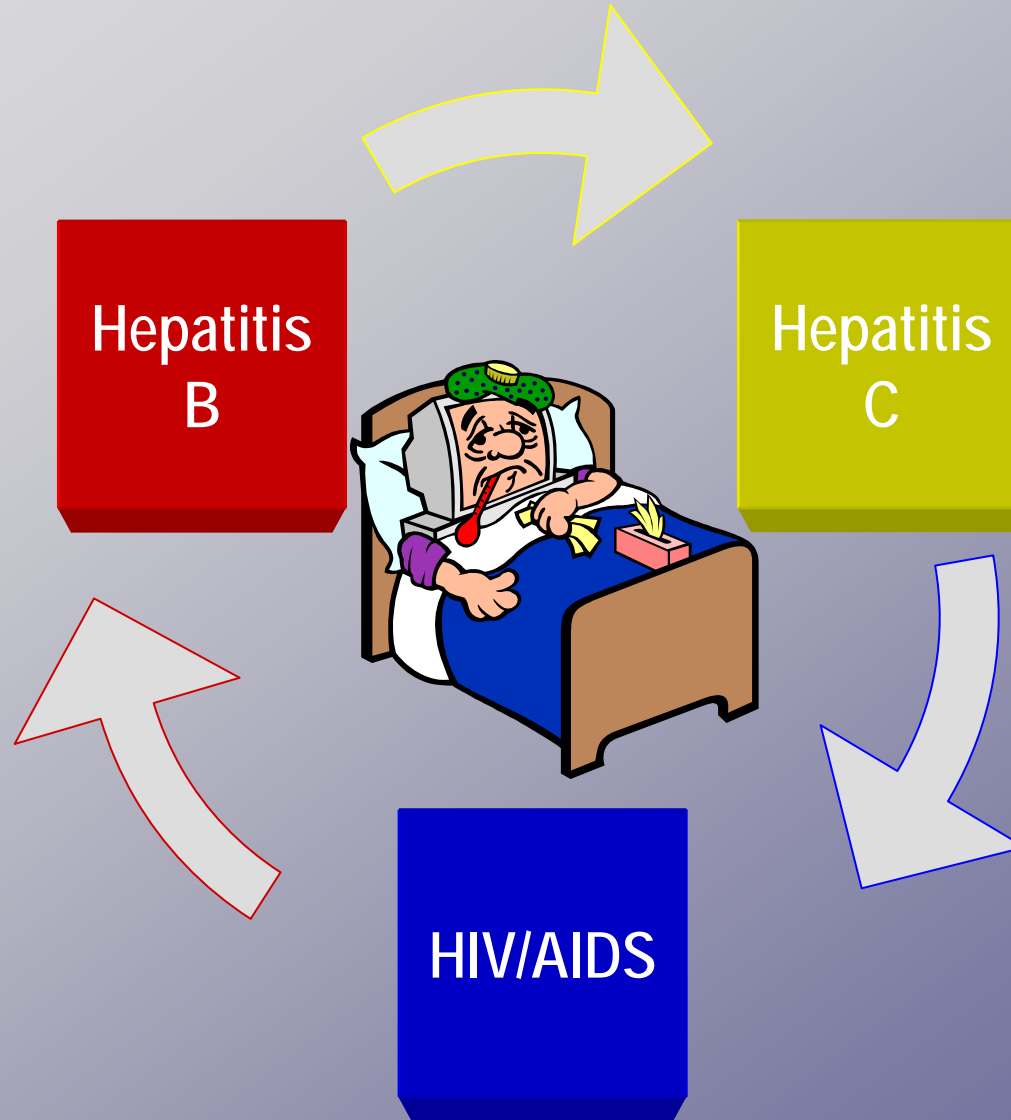


Bloodborne Pathogens Diseases



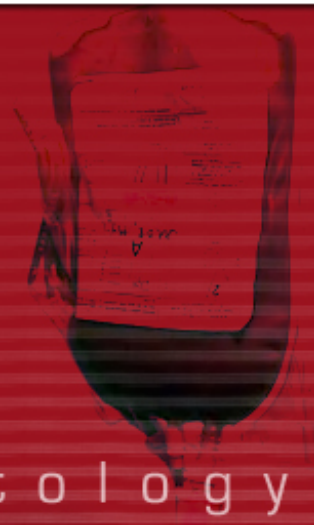
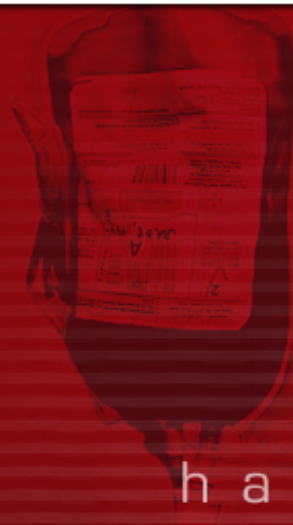
h a e m a t o l o g y

The Big Three



haematology

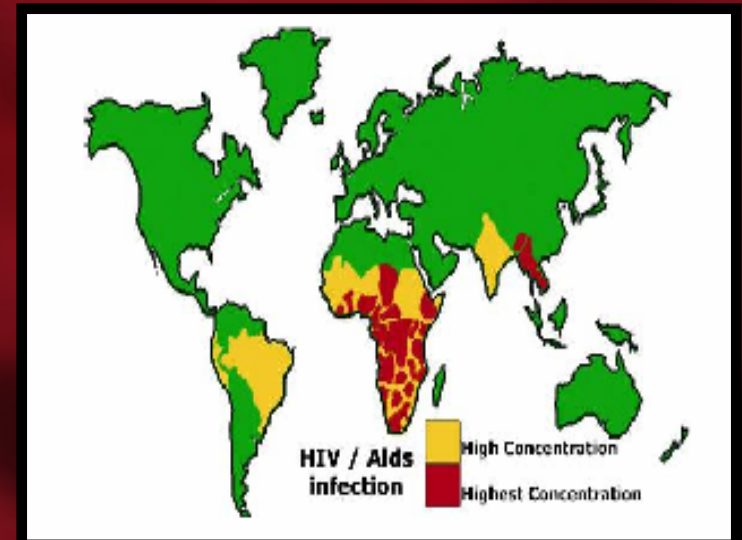
HIV/AIDS



haematology

Some of the alarming facts of the HIV/AIDS tragedy worldwide:

- Over 27 million AIDS-related deaths since 1980
- 42 million people are living with HIV/AIDS
- 3 million annual AIDS-related deaths
- Sub-Saharan Africa most affected
 - Fast growing rates in China, India, Indonesia, Russia, Western Europe and Central Asia
- 25 million children will be orphans by 2010 because of AIDS



National Library of Medicine, 2005

Some alarming facts of the HIV/AIDS tragedy in the USA

- 1 million people in USA have HIV/AIDS
- Approximately 11 of every 1,000 adults (ages 15 to 49) are HIV infected
- 24-27% undiagnosed and unaware of their HIV infection
- Women are the fastest growing group to be infected with HIV



Human Immunodeficiency Virus (HIV)

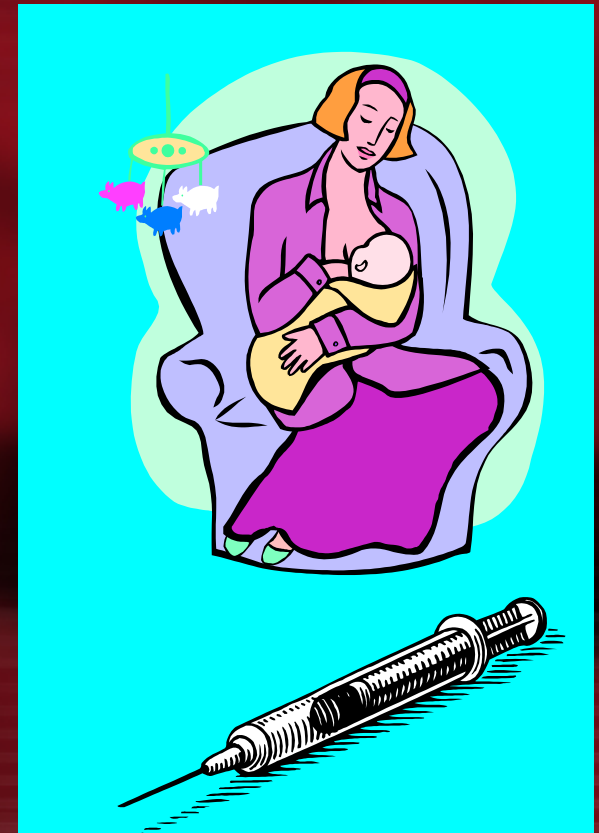
- HIV is the virus that leads to AIDS
- HIV depletes the immune system
- HIV does not survive well outside the body
- There is still no vaccine available



HIV Virus

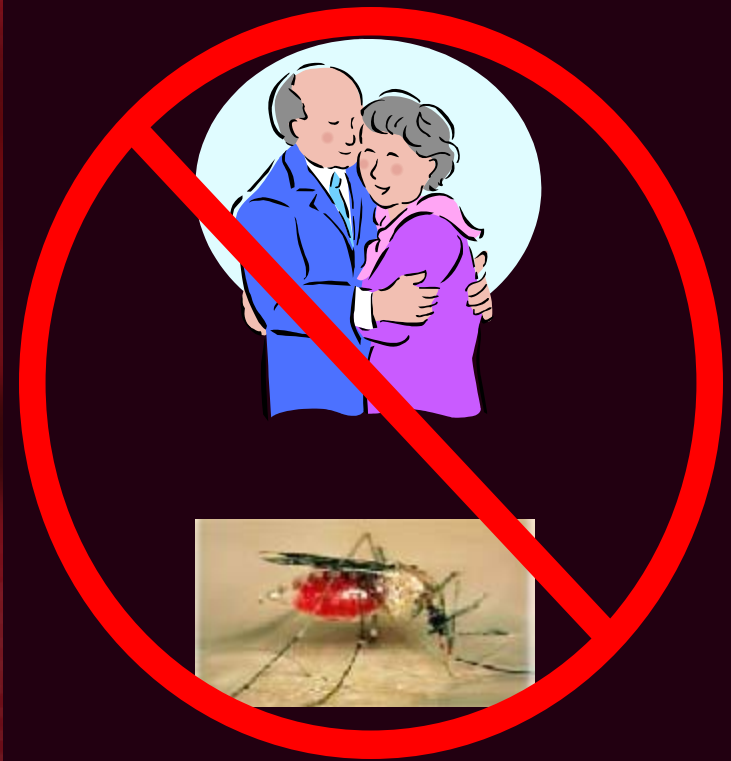
Transmission of HIV

- HIV is spread when infected blood, semen, vaginal fluids, or breast milk gets into the bloodstream of another person:
 - Sexual contact
 - Sharing needles
 - Pregnancy, childbirth and breastfeeding
 - Workplace exposure to blood and/or body fluids



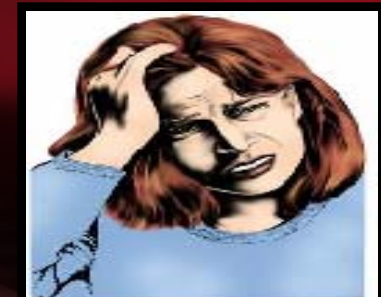
Transmission of HIV

- HIV is not spread through:
 - Casual contact
 - Saliva
 - Sweat
 - Spit
 - Tears
 - Air
 - Insects



Symptoms of HIV Infection

- May have some “flu-like” symptoms within a month after exposure
 - Fevers, chills, night sweats and rashes, sore muscles and joints, swollen lymph glands
- 7 – 10 years later symptoms appear
 - Skin rashes, fatigue, slight weight loss, night sweats, chronic diarrhea, thrush in the mouth
 - Symptoms last more than a few days and may continue for several weeks



Acquired Immunodeficiency Syndrome (AIDS)

Having an opportunistic infection

means

AIDS

<i>Acquired</i>	develops after contact with virus
<i>Immunodeficiency</i>	a weakening of the immune system
<i>Syndrome</i>	a group of symptoms that collectively indicate or characterize a disease

AIDS

- Development of opportunistic infections that do not usually infect people with a healthy immune system
- The signs and symptoms depend on the type of infection
 - Swollen lymph glands in the neck, underarm, and groin area
 - Recurrent fever
 - Persistent headaches and night sweats
 - Constant fatigue
 - Persistent diarrhea
- Without treatment, a person could die from a simple infection.



Most Common Opportunistic Infections

CMV Cytomegalovirus –(virus)
infection of eyes

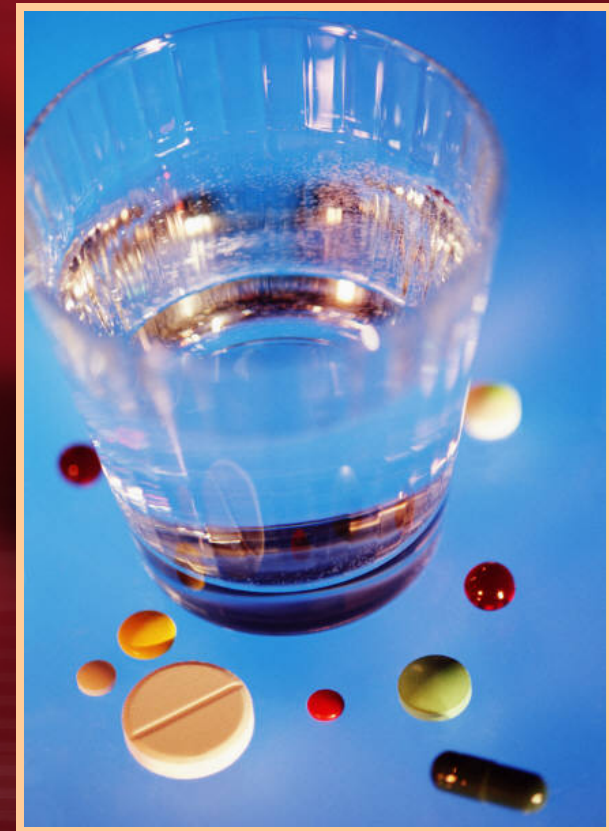
Kaposi's Sarcoma - KS
a skin cancer

Pneumocystis carinii pneumonia - PCP
a parasitic lung infection

Candida – (fungus)
Fungal infection that can cause thrush,
or infections of the throat or vagina

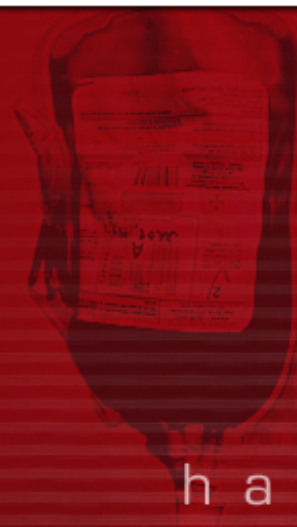
HIV- Treatment

- Treatment does not cure HIV infection
- Treatment delays the progression of AIDS and improves the quality of life



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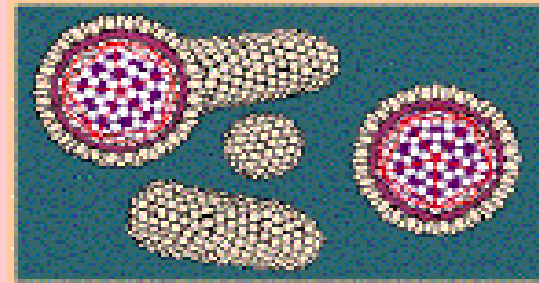
Hepatitis B



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Hepatitis B (HBV)

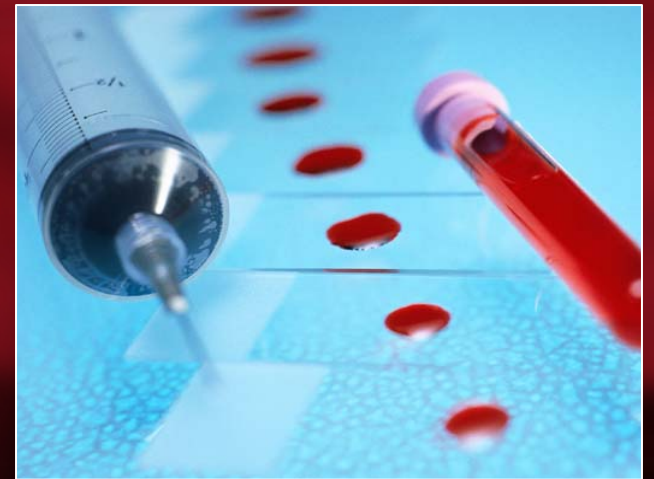
- A virus that infects the liver
- HBV can survive outside the body at room temperature for over 7 days
- HBV is more easily spread than HIV
- 90% of adults contracting the disease recover fully and develop immunity
- Up to 10% of adults contracting the disease become carriers



Courtesy, Linda Stannard, of the Department of Medical Microbiology, University of Cape Town

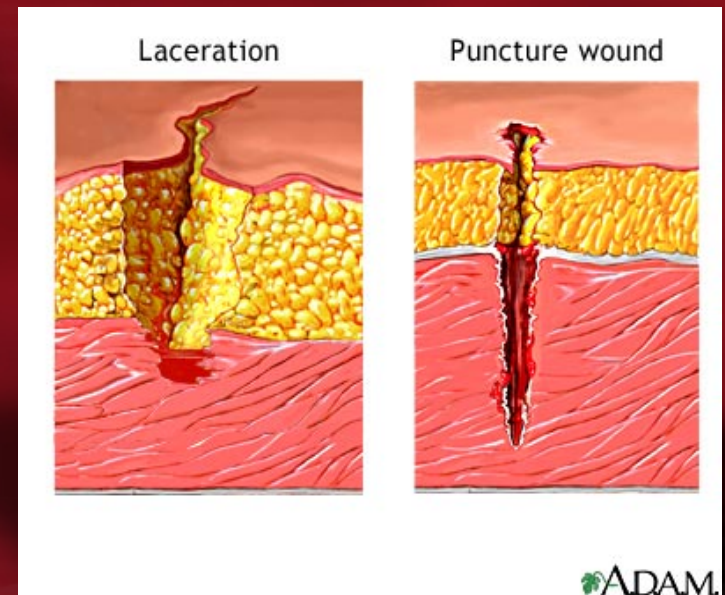
HBV Transmission

- Infected blood and body fluids
- In infected persons, HBV can be found in:
 - Blood
 - Body tissue
 - Saliva
 - Semen
 - Vaginal secretions
 - Urine
 - Breast milk



HBV Transmission in the Workplace

- Puncture wounds from sharps
- Contaminated body fluids entering:
 - An opening or break in the skin
 - Splashing into mucous membranes – eyes, nose, mouth

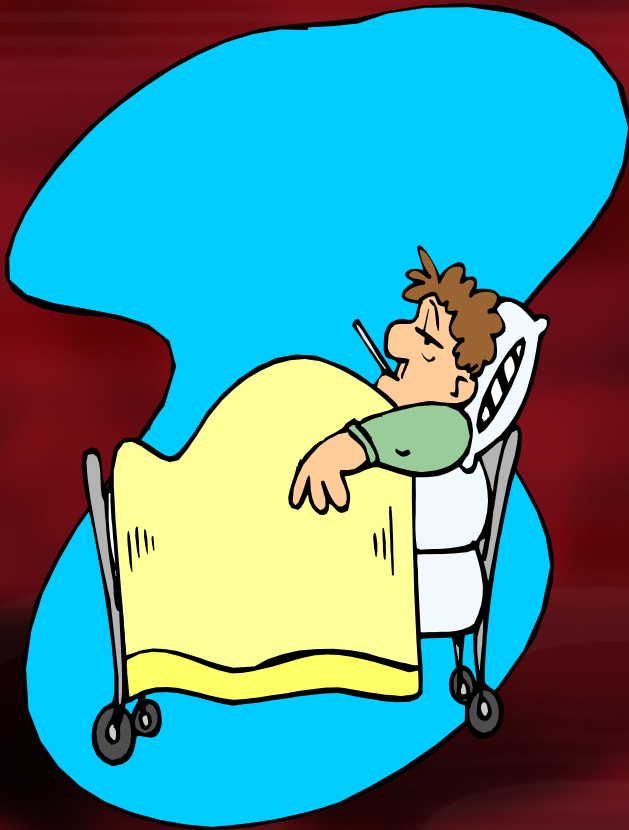


HBV Transmission Outside the Workplace

- Unprotected sex
- Intravenous drug use
- Blood transfusions



Symptoms of HBV Infection



- Flu-like illness
- Aches
- Fatigue
- Nausea
- Vomiting
- Loss of appetite
- Abdominal pain
- Occasional diarrhea
- Jaundice

Hepatitis B Vaccine

- A non-infectious, yeast-based vaccine
- Prepared from recombinant yeast cultures, not from human blood products
- No risk of developing HBV disease from the vaccine
- The vaccine has been proven to be 90%+ effective



ENERIX-B
Hepatitis B Vaccine

Manufactured by:
GlaxoSmithKline

Hepatitis B Vaccine

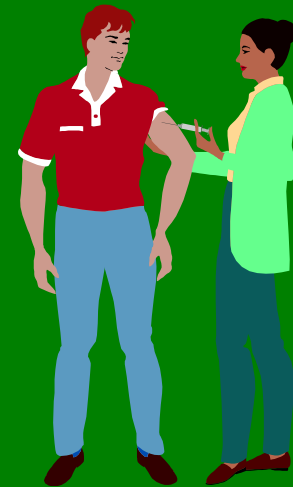
- **The vaccine is given in a three dose series**
 - Dose #1 – Initial dose
 - Dose #2 – 30 days after dose #1
 - Dose #3 – 4 months after dose #2
- **The vaccine is administered in the deltoid muscle in the upper arm**



All three vaccines are needed to provide immunity

Side Effects of the Hepatitis B Vaccine

- The vaccine is usually well tolerated.
- If side effects are experienced, contact:
 - Your medical provider
 - OOSH - (718) 935-2319
 - Vaccine Adverse Event Reporting System (VAERS) 800-822-7967 or <http://www.vaers.org>



COMMON SIDE EFFECTS

- Redness, soreness at the injection site
- Fatigue
- Headache
- Dizziness
- Fever

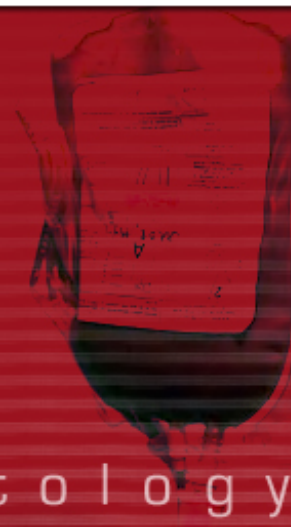
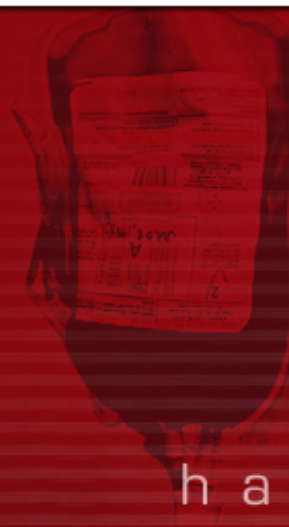
Do not take the vaccine if:



- You are allergic to yeast
- You are pregnant or planning to become pregnant within the year
- You are ill (cold, flu, or on medication) on your appointment date
- You are in doubt due to other medical issues, concerns or complications (see your Physician)

haematology

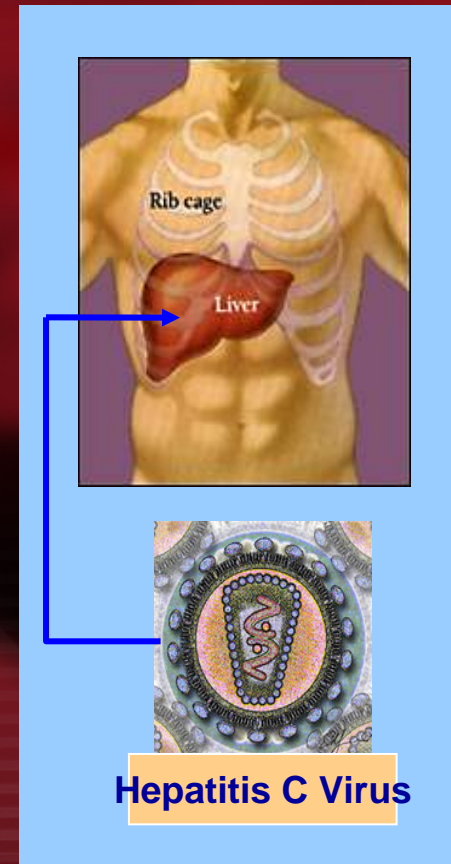
Hepatitis C (HCV)



haematology

General Facts About Hepatitis C

- HCV was identified in 1989
- One of the most common causes of chronic liver disease, cirrhosis and cancer
- ~ four million people affected in USA – with 180,000 new infections annually
- 8,000-10,000 HCV annual deaths in USA
- Globally ~ 170 million chronic infections



Hepatitis C Worldwide

Global Chronic Hepatitis C Infection (Millions)



Estimated Total Chronic HCV Infections Worldwide:
170 MILLION

Source: World Health Organization hepatitis C prevalence, 2000 and United Nations global population

Hepatitis C (HCV)

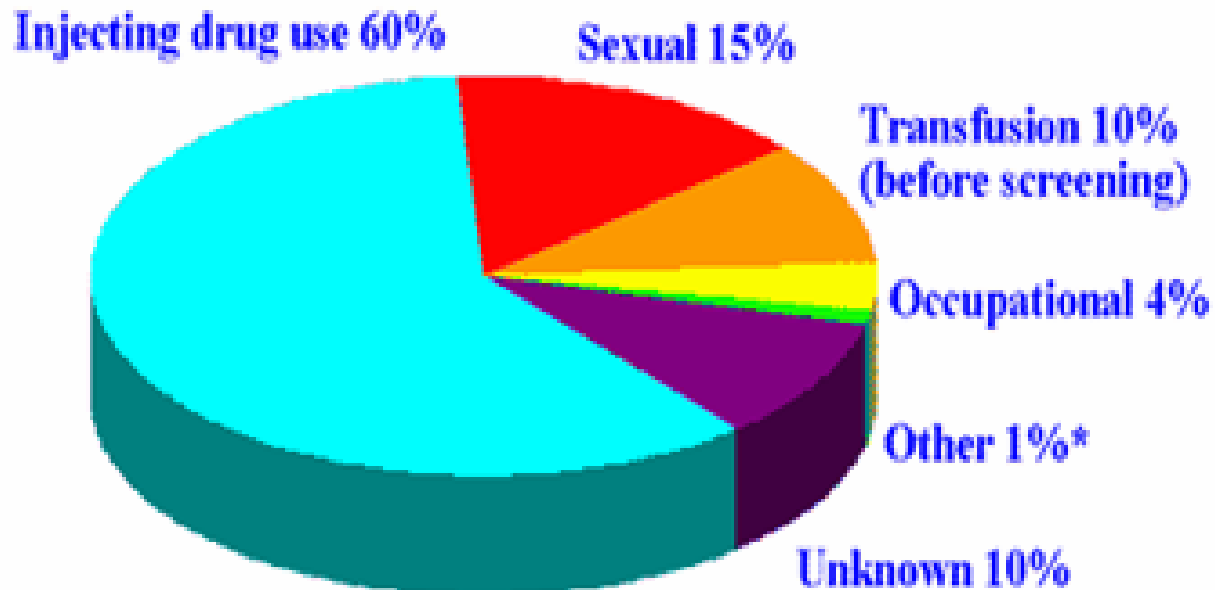
- Most commonly occurs in people who have:
 - received blood transfusions before 1992
 - shared needles
 - had tattoos
 - had body piercing
- Risk of sexual transmission appears to be small
- No evidence that it can be transmitted by casual contact, through foods, or by coughing or sneezing
- Transmission from mother to child appears to be uncommon



Hepatitis C (HCV)

- The virus is very robust.
- The virus can remain undetected in the body for years
- HCV may be identified after 5 - 8 weeks from exposure in approximately 60% of infected persons
- Most Hepatitis C infections (80-90%) become chronic and lead to liver disease and liver failure
- There is no vaccine for Hepatitis C

Sources of Infection for Persons with Hepatitis C - USA



* Nosocomial; iatrogenic; perinatal

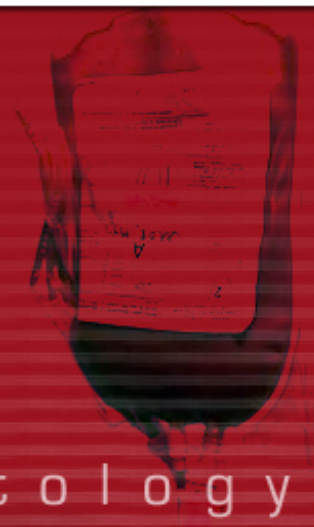
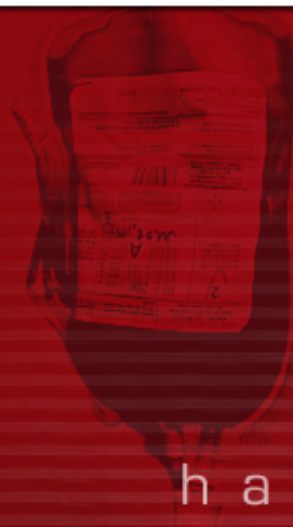
Source: Centers for Disease Control and Prevention

Symptoms of HCV

- Appetite loss
- Fatigue
- Nausea
- Vomiting
- Vague stomach pain
- Muscle and joint pain
- Jaundice
 - yellowing of skin
 - yellowing of the whites of the eyes
 - dark urine



Rationale for the Bloodborne Pathogens Standard



h a e m a t o l o g y

Bloodborne Pathogens Standard

- **Occupational Exposure to Bloodborne Pathogens**
 - **29 CFR 1910.1030**
- **Published December, 1991**
- **Effective March, 1992**



Rationale for the Bloodborne Pathogens Standard

- ~ 8,700 healthcare workers are infected with Hepatitis B each year.
- One milliliter of blood can contain over 100,000,000 infectious doses of Hepatitis B virus.
- OSHA estimates approximately 8 million health care workers and related industries have exposure to bloodborne pathogens
- ~ 65 cases of HIV infection due to occupational exposure occur each year



Bloodborne Pathogens Standard

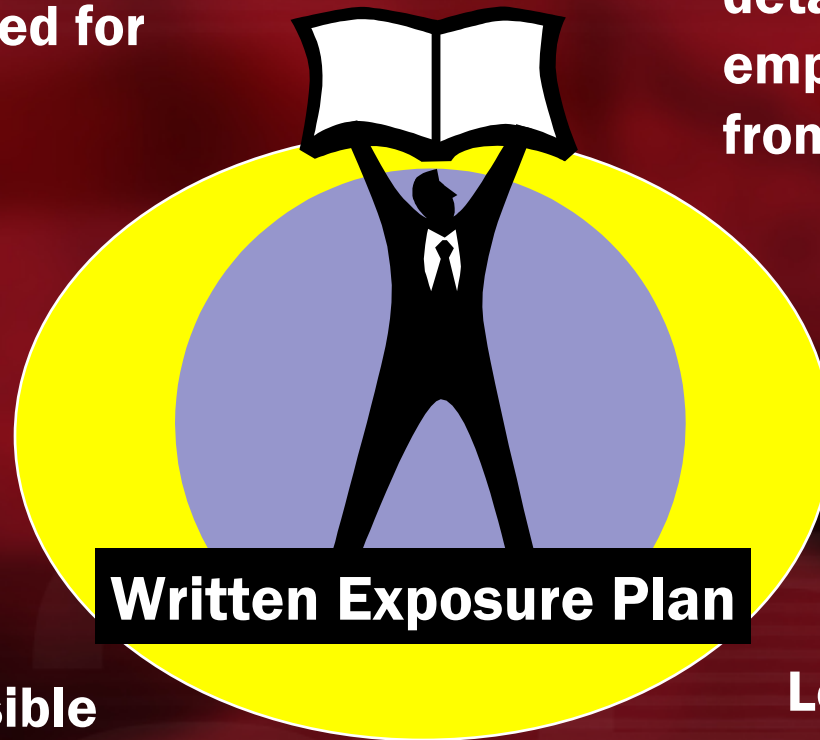


- The OSHA Bloodborne Pathogen Standard applies to all occupational exposure to blood or other potentially infectious materials. Example:
 - blood or body fluids splashed onto clothing or body
- Report any exposure incidents to your Safety Officer as soon as possible

Exposure Control Plan (ECP)

Contains all the documents needed for the program

A written plan which details how your employer will protect you from OPIM



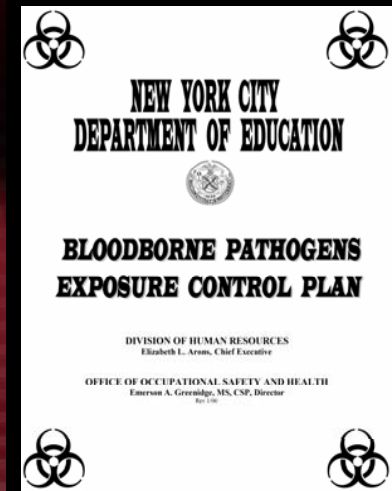
Written Exposure Plan

Is easily accessible to employees

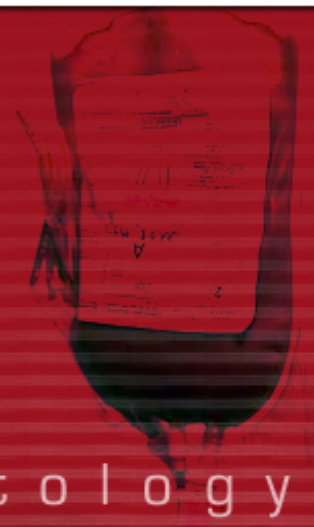
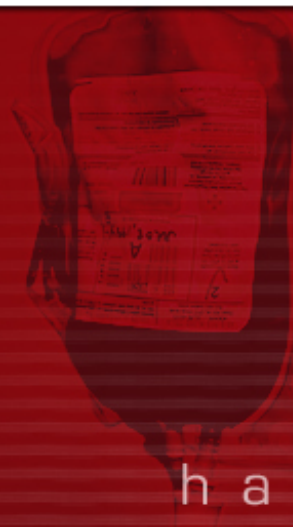
Located in the Principal's Office

Components of the NYCDOE Exposure Control Plan (ECP)

1. Exposure Control
2. Employee Exposure Determinations
3. Methods of Compliance
 - a. Universal Precautions
 - b. Engineering & Work Practice Controls
 - c. Personal Protective Equipment
 - d. Housekeeping
 - e. Labeling
4. Hepatitis B Vaccination
5. Post-exposure Evaluation and Follow-up
6. Communication of Hazards To Employees and Training
7. Recordkeeping



Employee Determination



h a e m a t o l o g y

Exposure Determination

- Each principal/custodian/supervisor who has employees with occupational exposure must prepare an exposure determination. This exposure determination must contain the following:
 - A list of all job classifications in which all employees in those job classifications have occupational exposure;
 - A list of job classifications in which some employees have occupational exposure.

Definitions: *Exposure Determination*

Exposure Determination

- Each principal/custodian and/or supervisor who has employees with occupational exposure must prepare an exposure determination:
 - A list of all job classifications in which **ALL** employees have occupational exposure
 - A list of job classifications in which **SOME** employees have occupational exposures
 - A list of all tasks and procedures or groups of related tasks and procedures which may have occupational exposure

This exposure determination shall be made without regard to the use of personal protective equipment

Definitions

Exposure Incident

- 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.

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

Who is Covered by the Standard?

- Any employee who could be “**reasonably anticipated**” to come into contact with blood or other potentially infectious materials while performing their assigned job duties
 - “Good Samaritan” acts such as assisting a co-worker with a nosebleed, would not be considered occupational exposure.

All Employees at Risk of Exposure

School Nurses	Security Guards
School Aides who work with the developmentally disabled	District 75 <ul style="list-style-type: none">• All District 75 employees
Lifeguards	Health Aides
	Custodial Cleaners

Some Employees at Risk of Exposure

Principals	Assistant Principals
Skilled Trades: Plumbers	Laboratory Teachers
Custodians	Designated CPR/First Aid Responders
Custodial employees	Physical Education Teachers
Occupational Therapists	Adaptive Physical Education Teachers

Occupational Exposure Employees

All at-risk employees

- a. will receive specialized training annually
- b. will be offered the Hepatitis B vaccination series
- c. will be provided with post-exposure evaluation and follow-up in the case of an exposure incident
- d. will be provided with personal protective equipment.

Employee Identification Form

- States that the employee is aware of exposure risks due to job tasks
- Should be distributed and filled out to those in the Occupational Exposure Group who would like to take the Hepatitis B Vaccine for the first time
- Should be filled out in its entirety and collected by the school's site administrator and forwarded to the Office of Occupational Safety and Health



Hepatitis B Vaccination Notification Form



THE NEW YORK CITY DEPARTMENT OF EDUCATION
 JOEL I. KLEIN, *Chancellor*
 DIVISION OF HUMAN RESOURCES
 OFFICE OF OCCUPATIONAL SAFETY AND HEALTH (OOSH)
 65 Court Street – Room 706
 Brooklyn, NY 11201

BLOODBORNE PATHOGENS EMPLOYEE HEPATITIS B VACCINATION NOTIFICATION FORM

The Bloodborne Pathogens Standard, cited as 29 CFR 1910.1030, requires that employers to identify employees who may have occupational exposure to blood and other potentially infectious body fluids. The standard requires this identification to be exposure specific and not title specific. In order to accomplish this, *all employees with occupational exposure and who would to the take the Hepatitis B Vaccine for the first time must complete this form.* This form must be fully completed and signed by the Principal. For additional information, contact the Office of Occupational Safety and Health at (718) 935-2319.

I understand that due to my occupational exposure to blood and other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection.

I am routinely responsible for the following tasks.
 Check (✓) all that apply.

- 1. First aid treatment and / rescue
- 2. Routine health care
- 3. Administering bathroom care, I.E.: changing diapers/sanitary napkins
- 4. Responding to physical/violent confrontations
- 5. Unclogging sewer systems
- 6. Cleaning up potentially infectious body fluids
- 7. Collecting and storing regulated medical waste
- 8. Other, be specific _____

I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself.
 Yes, I wish to be vaccinated against the Hepatitis B Virus.

DATE:	REGION #:	DISTRICT #:
FIRST NAME:	LAST NAME:	SOCIAL SECURITY #/FILE #:
JOB TITLE:	CONTACT NAME AND PHONE # (SPECIFY):	
SCHOOL CODE: (EX:123K)	WORK SITE NAME:	
WORK SITE ADDRESS: (STREET, CITY, STATE, ZIP CODE)		WORK SITE PHONE #:
SITE ADMINISTRATOR'S NAME:		PRINCIPAL'S NAME:

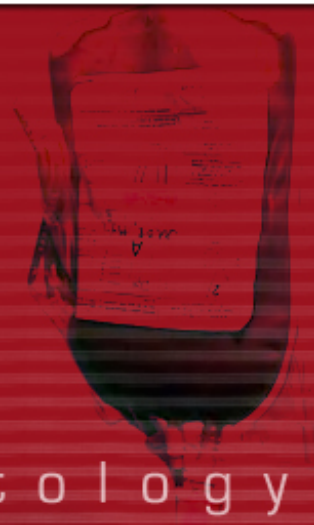
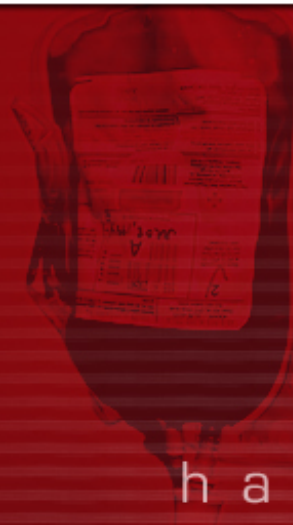
 Employee's Signature

 Principal's Signature

Site Administrators, please forward a copy to:

Office of Occupational Safety and Health (OOSH)
 65 Court Street, Room 706
 Brooklyn, NY 11201
 Phone: 718-935-2319
 Fax: 718-935-4682

Methods of Compliance



h a e m a t o l o g y

Employee Protection

```
graph TD; A[Employee Protection] --> B[Universal Precautions]; A --> C[Vaccines Where Possible]; A --> D[Training of Employees]; A --> E[Work Practice Controls]; A --> F[Engineering Controls]; A --> G[Personal Protective Equipment]; A --> H[Administrative Controls];
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Universal
Precautions

Vaccines
Where
Possible

Training
of
Employees

Administrative
Controls

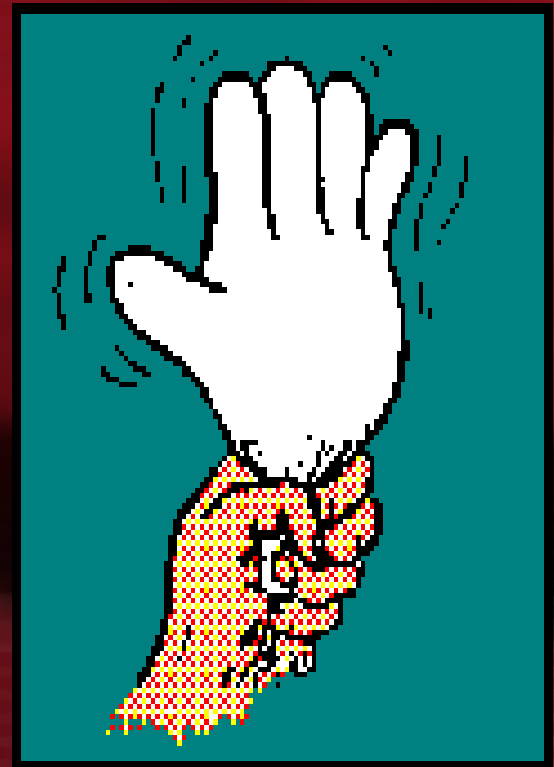
Work
Practice
Controls

Engineering
Controls

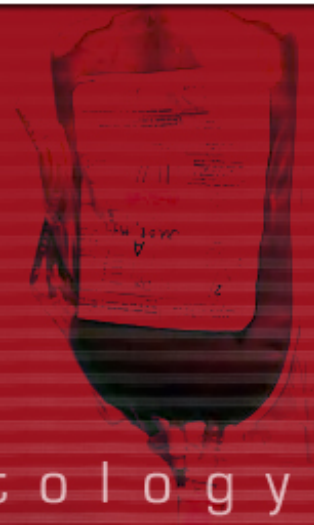
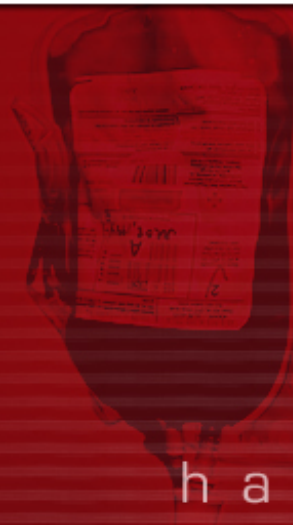
Personal
Protective
Equipment

Observe Universal Precautions

A practice whereas blood and other body fluids other than your own are treated as though they are infectious.



Engineering & Work Practice Controls



h a e m a t o l o g y

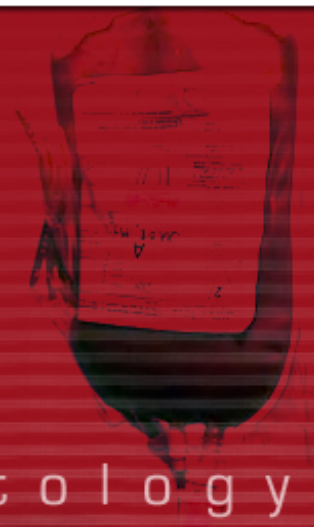
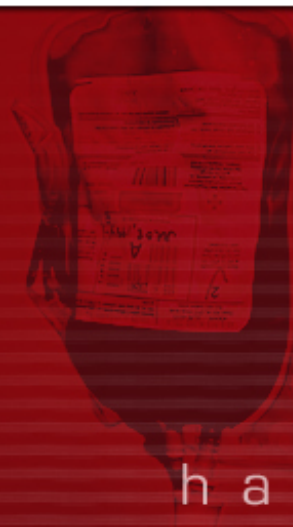
Engineering Controls

- These are methods to reduce employee exposure by either removing the hazard or isolating the hazard. Examples:
 - Sharps disposal containers
 - Self-sheathing needles
 - Safer medical devices
 - Needle less systems
 - Sharps with engineered sharps injury protections



- Contaminated needles and/or sharps must not be bent or recapped
- Contaminated sharps must be placed in appropriate containers as soon as possible after use.
- Readily available hand washing facilities

Hand Washing Technique



h a e m a t o l o g y

Wash Hands:

- When visibly soiled
- After using the washroom
- After removing gloves
- After blowing your nose
- After sneezing in your hands
- Before and after eating, handling food, drinking or smoking



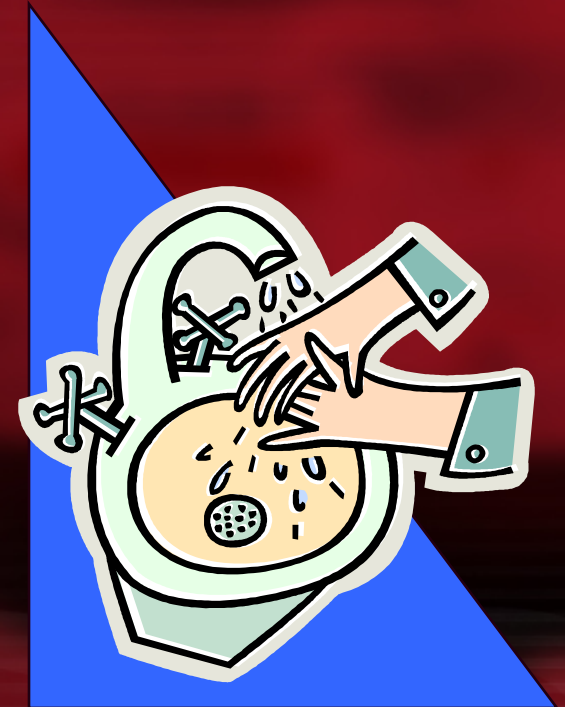
Wash Hands:

- Before and after assisting a child in using the toilet
- After diaper changes
- After contact with runny noses, vomit, or saliva
- Before feeding children
- After handling pets, animals or animal waste
- After handling garbage



Technique for Hand washing

- Remove rings and watches before washing
- If hands-free dispenser is not available, dispense paper towels before washing
- Hand should be positioned lower than the arms to avoid contamination



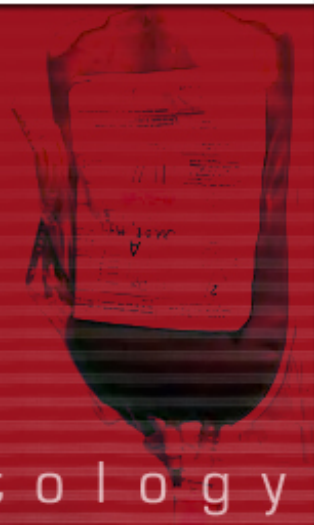
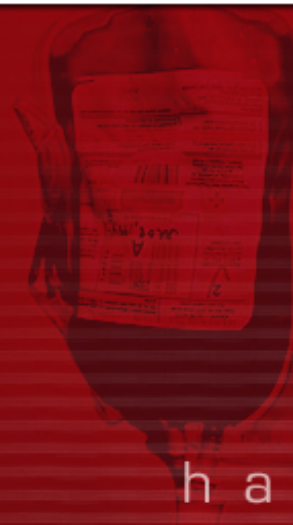
Hand washing Techniques



1. Use soap and running water
2. Rub your hands vigorously for 10 – 15 seconds
3. Wash all surfaces:
 - Backs of hands, wrists, between fingers and under nails
4. Rinse well
5. Dry hands with a disposable towel

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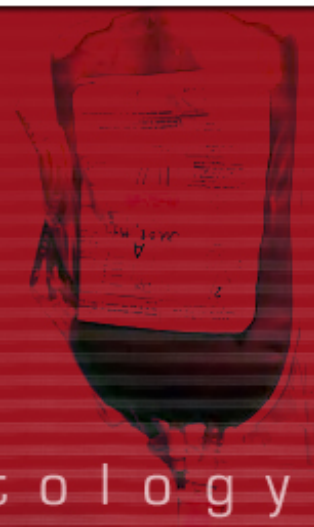
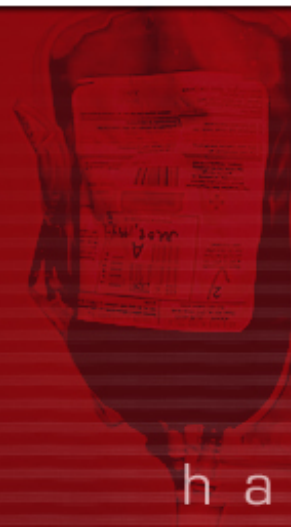
Engineering Controls



h a e m a t o l o g y

haematology

Work Practices



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Work Practice Controls

- Controls aimed at reducing or minimizing the employee's exposure to blood and body fluids



- Forbidding eating, drinking, smoking or applying cosmetics in areas of potential exposure
- Red bag waste must be immediately placed in a labeled container and stored in designated areas.

EXAMPLES

- Covering all open or weeping skin lesions
- Minimizing the splashing, splattering spraying or generation of droplets of blood or body fluids
- Wash hands and body parts after contact with blood and body fluids
- Decontaminating equipment and surfaces after contact with blood and body fluids





Housekeeping



Housekeeping

- A written schedule for cleaning and decontamination must be posted.
- Cleaning procedures must be based on:
 - The type of task being performed
 - The type of surface to be cleaned



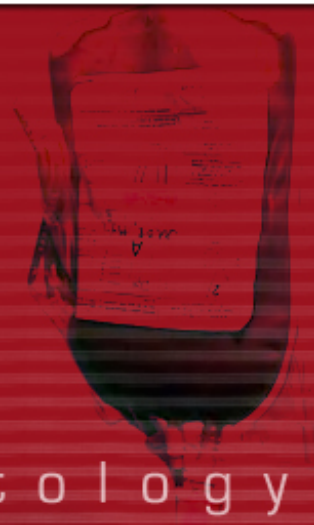
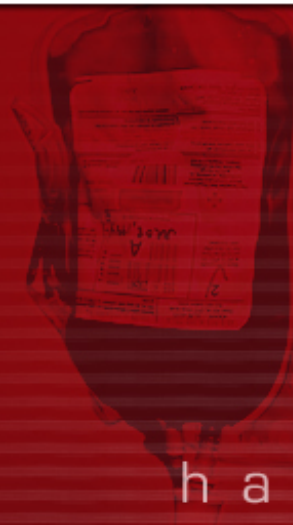
General Workplace Guidelines

- Never reach into contaminated sharps disposal containers
- Place regulated waste in closable and labeled or color-coded containers



- Use mechanical means
 - Brush and dust pan, tongs to pick up broken glassware
- Remove and replace protective coverings when contaminated
- Discard all regulated waste according to regulations

Decontamination Procedures



h a e m a t o l o g y

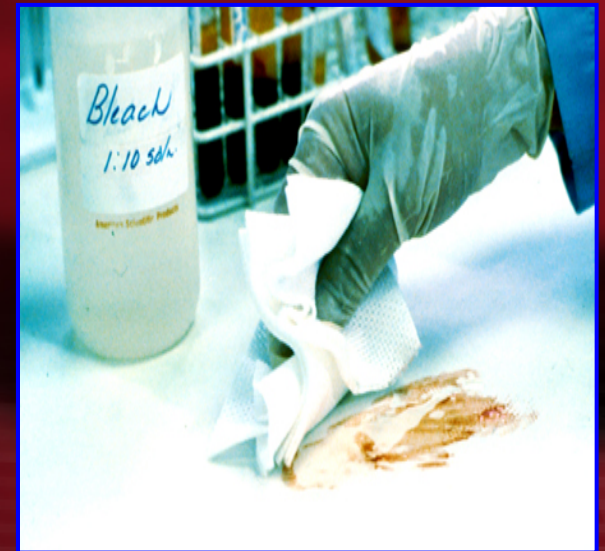
Decontamination

- All equipment and work surfaces must be cleaned and decontaminated with an EPA approved disinfectant after:
 - Contact with blood or OPIM
 - After completion of procedures and after any spills of blood or OPIM



Decontamination Procedures

- Use appropriate PPE
- Wipe small amounts of infectious material with paper towels
- Dispose of body fluids not visibly contaminated with blood in regular garbage



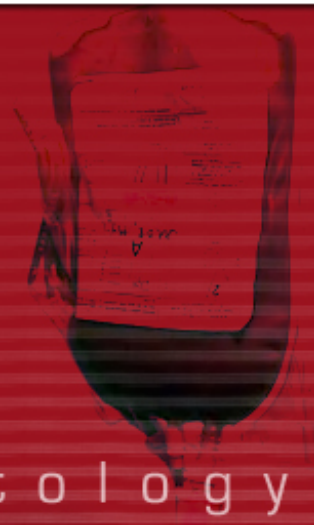
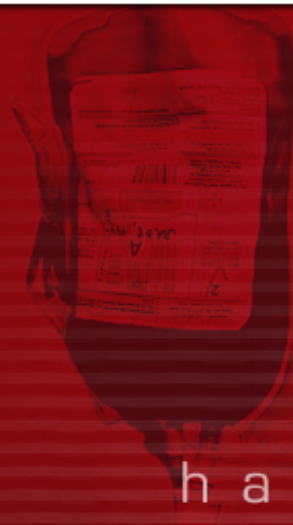
Decontamination Procedures

- Absorb gross bloody materials with absorbent materials and place in a tied, doubled red bag.
- Use an acceptable commercial disinfectant for surfaces not contaminated with blood
- Decontaminate mop, broom or dust pan in a bleach solution



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Medical Waste



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Regulated Medical Waste

- Liquid or semi-liquid blood or other potentially infectious materials. Soiled sharps and saturated materials are included



Regulated Medical Waste

- Red bags and sharps containers are provided for the collection of regulated medical waste.
- A sharps container, red bag, and storage box should be available in the Nurse's and/or Custodian's office.



Regulated Medical Waste

- Materials soiled and saturated with blood or other potentially infectious materials should be discarded here, unwashed and unsorted.



Requirements for Handling Laundry

- 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 red bags or bags marked with biohazard symbol for this purpose
- Wear appropriate PPE when handling and/or sorting contaminated laundry

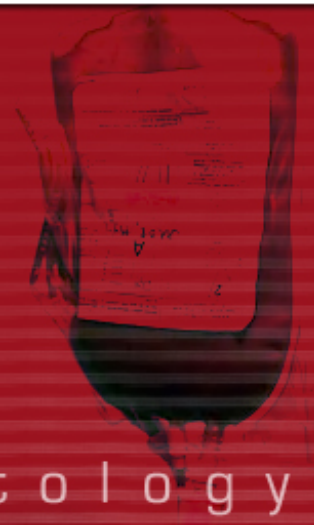
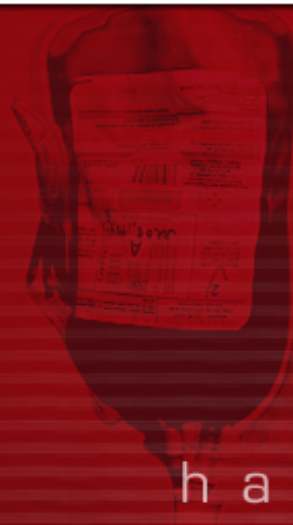


REMOVAL & REPLACEMENTS

The Nurse or Custodian should contact:

the Office of Occupational Safety and Health (OOSH) (718) 935-2319

Personal Protective Equipment



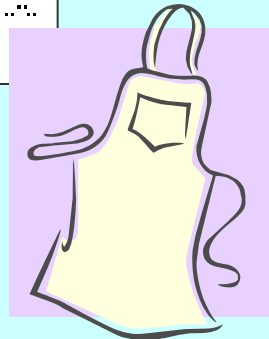
h a e m a t o l o g y

Personal Protective Equipment (PPE)

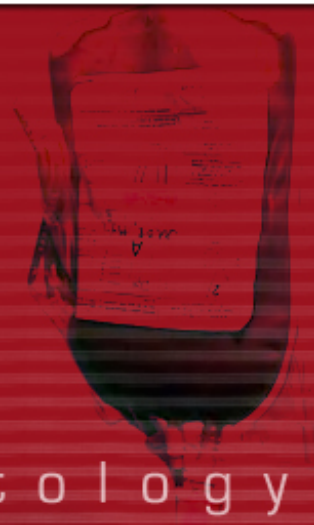
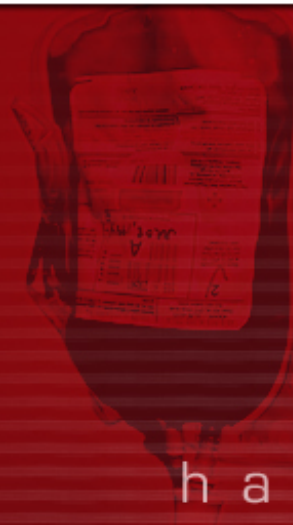
- PPE provides protection against exposure to infectious materials and must be routinely used when contact with blood or body fluids is anticipated.
- Selection of PPE is task oriented
- PPE is appropriate when under normal conditions it prevents blood and body fluids from reaching an employee's:
 - work clothes, street clothes, undergarments
 - skin, mouth, eyes, other mucus membranes

Examples of PPE

- Gloves
- Gowns, aprons, sleeves
- Laboratory coats
- Face shields or masks
- Eye protection
- Mouthpieces
- Resuscitation bags, Pocket masks
- Foot protection



Removing Contaminated Gloves



h a e m a t o l o g y

Removing Gloves



PINCH one glove back by the cuff until it comes off inside out. Discard or cup it in the palm of your gloved hand.

Removing Gloves



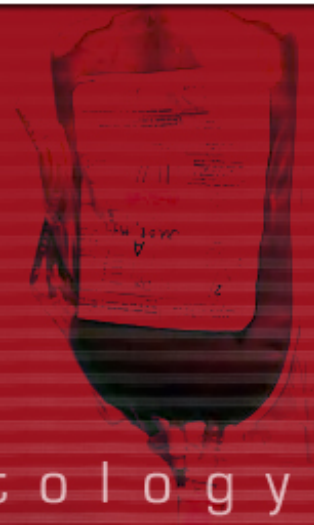
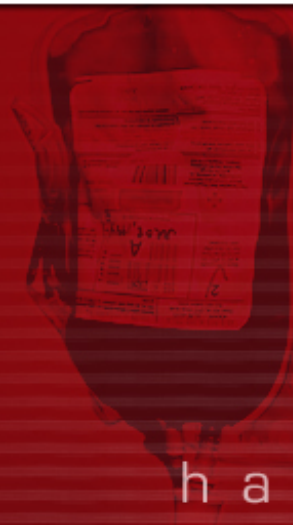
HOOK a finger of your bare hand inside the cuff of the remaining glove



PULL BACK so this glove also comes off inside-out with the first glove tucked inside it.

Wash hands!

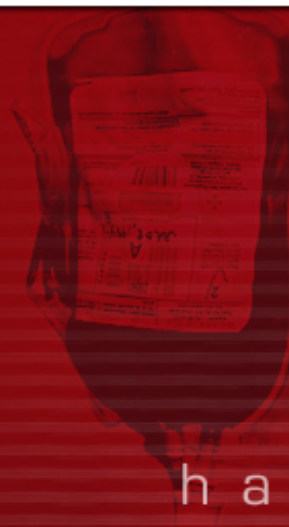
Communication of Hazards to Employees & Training



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Labeling and Signs



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Labeling

- Labels must be fluorescent orange or orange-red with the biohazard symbol or *biohazardous waste* lettering in a contrasting color
- Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment or disposal are exempt from the labeling requirements







Observe Universal Precautions

This poster must be located in a conspicuous location such as on a bulletin board

Universal (Standard) Precautions

- ❖ All employees must practice Universal or Standard Precautions. This is an approach to infection control that assumes that all blood and other potentially infectious materials are infectious.
- ❖ In the event an employee is contaminated with blood (e.g. bites, fights) he/she must contact the **Site Administrator** immediately to initiate a Post-Exposure Evaluation and Follow-up.

<p>GLOVES</p> 	 <p>HAND WASHING</p>
<p>REGULATED WASTE DISPOSAL</p> 	 <p>APPROPRIATE DISINFECTANT</p>

Each DOE site must make provision for disposable gloves, hand washing facilities, sharps and bio-hazardous waste disposal, spill containment and appropriate disinfectants.

Site Administrator: _____

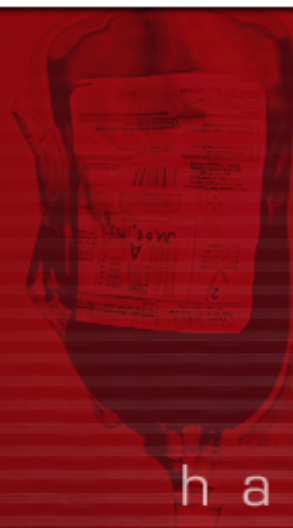
Room _____ Phone _____

Prepared by the New York City Department of Education – Division of Human Resources – Office of Occupational Safety and Health
65 Court Street, Room 706, Brooklyn, NY 11201 – (718) 935-2319
Emerson Greenidge, MS, CSP – Director

9/06

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Training



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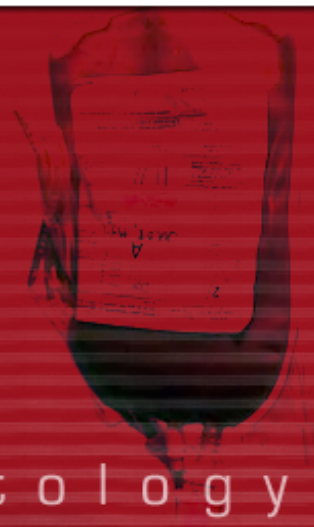
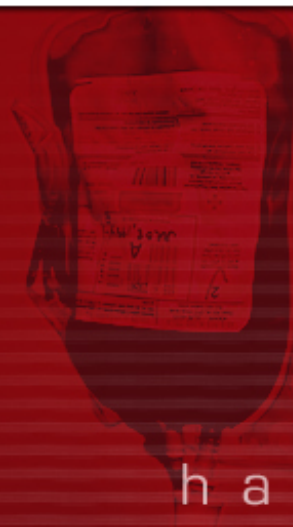
Training

- Must be done annually for returning employees and new hires
- Attendance sheet must be kept on file for 3 years
- All employees who are assigned to tasks where occupational exposure may take place must be provided with information and training at the time of initial assignment
- Training must include Q&A



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Vaccines



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Eligibility for the Hepatitis B Vaccine

- The vaccine is:
 - Free
 - Given on the employer's time
 - Administered on-site
- The vaccine will only be given to those:
 - Who have been trained
 - Completed a Vaccination Notification form or Vaccination Declination form




The vaccine is offered to:

Employees who have occupational exposure to bloodborne pathogens

Hepatitis B Vaccination Notification Form

- Ensures the employee is aware of job related exposure risks
- Completed by at-risk employees who wish to take the Hepatitis B vaccine for the first time
- Site Administrator collects completed forms


THE NEW YORK CITY DEPARTMENT OF EDUCATION
 JOEL I. KLEIN, *Chancellor*
 DIVISION OF HUMAN RESOURCES
 OFFICE OF OCCUPATIONAL SAFETY AND HEALTH (OOSH)
 65 Court Street – Room 700
 Brooklyn, NY 11201

BLOODBORNE PATHOGENS
EMPLOYEE HEPATITIS B VACCINATION NOTIFICATION FORM

The Bloodborne Pathogens Standard, cited as 29 CFR 1910.1030, requires that employers to identify employees who may have occupational exposure to blood and other potentially infectious body fluids. The standard requires this identification to be exposure specific and not title specific. In order to accomplish this, *all employees with occupational exposure and who would to take the Hepatitis B Vaccine for the first time must complete this form.* This form must be fully completed and signed by the Principal. For additional information, contact the Office of Occupational Safety and Health at (718) 935-2319.

I understand that due to my occupational exposure to blood and other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection.

I am routinely responsible for the following tasks.

Check (✓) all that apply.

1. First aid treatment and / rescue

2. Routine health care

3. Administering bathroom care, I.E.: changing diapers/sanitary napkins

4. Responding to physical/violent confrontations

5. Unclogging sewer systems

6. Cleaning up potentially infectious body fluids

7. Collecting and storing regulated medical waste

8. Other, be specific _____

I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself.

Yes, I wish to be vaccinated against the Hepatitis B Virus.

DATE:	REGION #:	DISTRICT #:
FIRST NAME:	LAST NAME:	SOCIAL SECURITY #/FILE #:
JOB TITLE:	CONTACT NAME AND PHONE # (SPECIFY):	
SCHOOL CODE: (EX:123K)	WORK SITE NAME:	
WORK SITE ADDRESS: (STREET, CITY, STATE, ZIP CODE)		WORK SITE PHONE #:
SITE ADMINISTRATOR'S NAME:		PRINCIPAL'S NAME:


Employee's Signature _____ Principal's Signature _____

Site Administrators, please forward a copy to: Office of Occupational Safety and Health (OOSH)
 65 Court Street, Room 700
 Brooklyn, NY 11201
 Phone: 718-935-2319
 Fax: 718-935-4892

OOSH Rev. 1/06

Hepatitis B Vaccine Declination Form

- States that the at-risk employee declines to take the vaccine at this time
- The employee may opt to take the vaccine at a later date
- Filled out by those in the Occupational Exposure Group
- This form is a medical record and must be kept on file



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 65 Court Street - Room 700
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EMPLOYEE HEPATITIS B VACCINATION DECLINATION FORM

Instructions: Complete this form and return to your Site Administrator only if you are in the Exposure Determination Group and do not want or need the Hepatitis B vaccine or have completed the three series. Form must be kept on file at the site for three years. If you declined the previous year and the form is on file, you are not required to fill out another form if you are declining again this year.

DATE:	REGION #:	DISTRICT #:
FIRST NAME:	LAST NAME:	SOCIAL SECURITY # /FILE #:
JOB TITLE:	SITE ADMINISTRATOR'S NAME:	
SCHOOL CODE: (EX:123K)	WORK SITE NAME:	
WORK SITE ADDRESS: (STREET, CITY, STATE, ZIP CODE)		WORK SITE PHONE #:

Regulations (Standards - 29 CFR)
Hepatitis B Vaccine Declination (Mandatory) - 1910.1030 App A

- **Part Number:** 1910
- **Part Title:** Occupational Safety and Health Standards
- **Subpart:** Z
- **Subpart Title:** Toxic and Hazardous Substances
- **Standard Number:** 1910.1030 App A
- **Title:** Hepatitis B Vaccine Declination (Mandatory)

PART I HEPATITIS B VACCINE 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 charge to myself. However, I decline the 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.

NO, I do not wish to be vaccinated against the Hepatitis B Virus at this time.

EMPLOYEE'S SIGNATURE _____ DATE _____

PART II IMMUNIZATION STATUS

Please check all that apply:

I have been previously immunized for Hepatitis B Virus (HBV) and do not require additional vaccination.

I have been tested for Hepatitis B Virus (HBV) and shown to be immune.

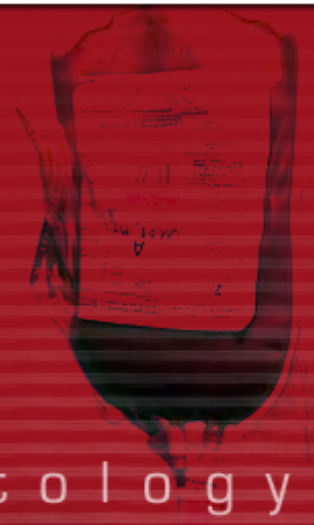
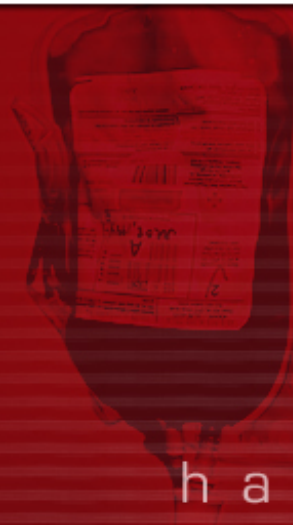
I decline the Hepatitis B (HBV) vaccine due to medical reasons or personal beliefs.

I plan to see my health care provider.

Please check my status.

PLEASE DO NOT FORWARD THIS FORM TO OOSH Rev. 1/06

Post Exposure & Follow Up Policy



h a e m a t o l o g y

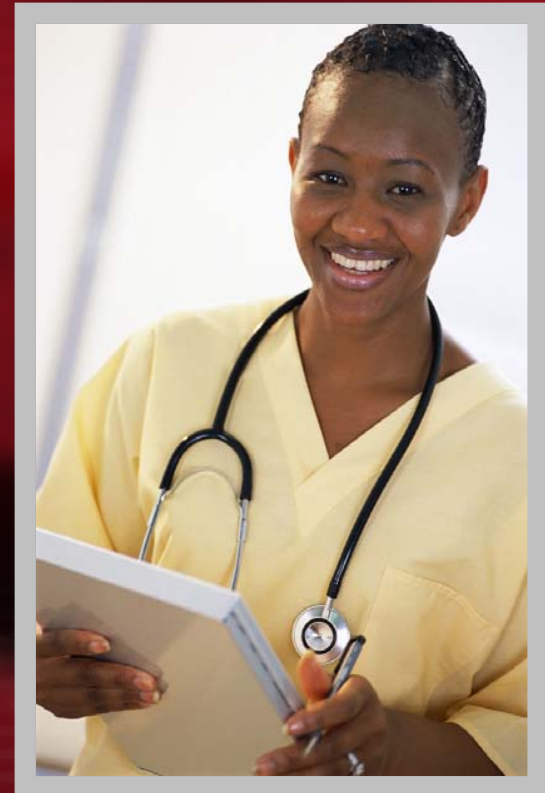
Post Exposure Procedure

- If you have been contaminated by blood, you may have been exposed to Hepatitis B, Hepatitis C, and/or HIV.
- Wash off the exposed area immediately.
- Report the incident to your Principal/Custodian/ Site Administrator in order to receive proper post-exposure evaluation and follow-up.



Post Exposure Follow-up Policy

- Employees must seek medical attention immediately.
- The doctor's visit is free of charge.
- The employee reserves the right to decline medical attention
 - the employee must provide the reason for the declination in writing
 - a record of this declination must be kept on file.

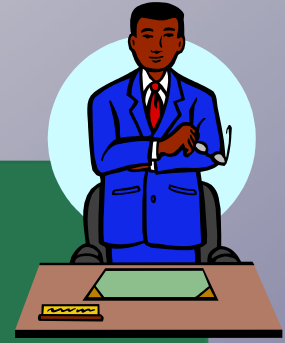


Exposure Incident Report

Part 1 *Employee*



Part II *Principal*



Principal signs report
Provides employee with copy of
regulations for physician

Part III *Health Care Counselor*



Provides post-exposure
counseling

Part IV *Physician*



Provides written report
to Principal in 15 days

Employee Exposure Incident Report



THE NEW YORK CITY DEPARTMENT OF EDUCATION
 JOEL I. KLEIN, *Chancellor*

DIVISION OF HUMAN RESOURCES
 OFFICE OF OCCUPATIONAL SAFETY & HEALTH (OOSH)
 65 Court Street—Room 706
 Brooklyn, New York 11201

CONFIDENTIAL

EMPLOYEE EXPOSURE INCIDENT REPORT

Use this form to document routes and circumstances of a Bloodborne Pathogens exposure incident. As stipulated by the Bloodborne Pathogens Standard, 29 CFR 1910.1030, this form and related documentation will be kept on file by the New York City Department of Education for the length of employment and 30 years. This form and related documentation will remain confidential. Personal identifying information will be released with your consent only.

PART I- TO BE FILLED OUT BY EXPOSED EMPLOYEE

ANSWER ALL QUESTIONS. BE SPECIFIC. PLEASE PRINT.	
RECORD NUMBER _____ <small>(BUILDING CODE #-YY-MM-DD/CASE #) EX: (123K-04-09-01/01)</small>	DATE COMPLETED: _____
EXPOSED EMPLOYEE NAME: _____	
DATE OF BIRTH: _____	SOCIAL SECURITY NUMBER: _____
HOME TELEPHONE: _____	OTHER CONTACT NUMBER: _____
WORK SITE NAME/ ADDRESS: _____	
WORK SITE DOE CODE # (EXAMPLE 555K): _____	WORK TELEPHONE: _____
EMPLOYEE HEPATITIS B VACCINATION STATUS:	
<input type="checkbox"/> DOSE #1	DATE: _____
<input type="checkbox"/> DOSE #2	DATE: _____
<input type="checkbox"/> DOSE #3	DATE: _____
<input type="checkbox"/> NONE	<input type="checkbox"/> DECLINED DATE: _____
DATE OF EXPOSURE: _____	TIME OF EXPOSURE: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
LOCATION OF INCIDENT _____	
NATURE OF INCIDENT: _____	
DESCRIBE TASK(S) IN PROCESS WHEN EXPOSURE OCCURRED: _____	

Post Exposure & Follow-up Policy

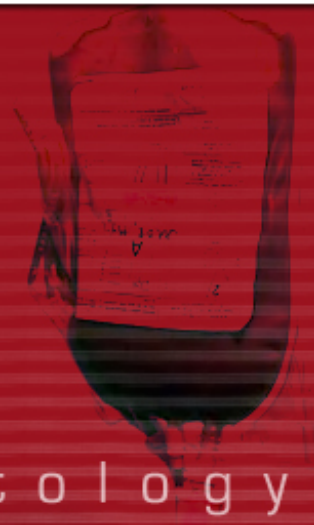
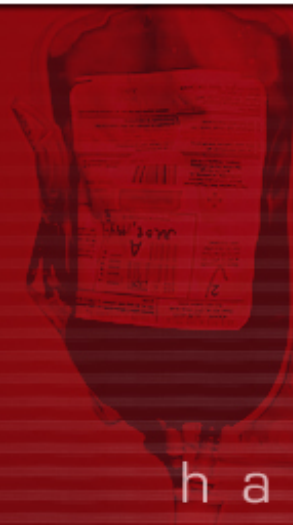
- The principal must keep an accurate record for each employee with occupational exposure
 - Exposure Incident Report Log
- The Principal must determine whether the case is recordable on the Log and Summary of Occupational Injury and Illnesses form (SH 900)
 - If the case is recordable, then it must be recorded as a privacy case, and the employee's name must be omitted from all OSHA forms.

Post Exposure Procedure & Follow-up Policy

- The NYCDOE will reimburse medical expenses incurred because of an exposure incident
 - Forms and supporting documentation must be submitted to the Medical Claims Bureau.
- Your Site Administrator will be able to assist you in filing the appropriate forms.

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Recordkeeping



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Recordkeeping Requirements

Medical Records

Duration of employment + 30 years

Training Records

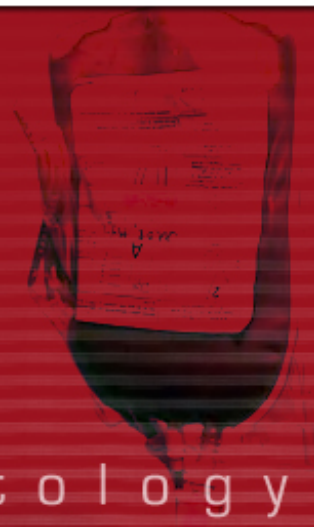
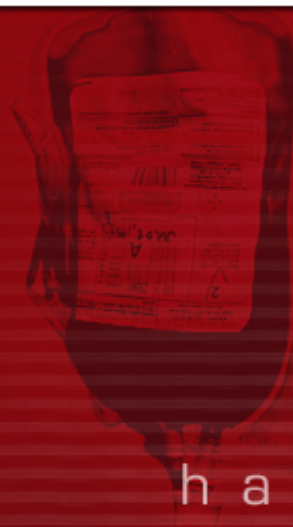
3 years

Sharps Injury Log

5 years

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The End



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