

Bloodborne Pathogens Standard 29 CFR 1910.1030



for Pedagogues and School Staff



Joel Klein
Chancellor



Bloodborne Pathogens Standard

CFR 1910.1030

The major intent of this regulation is to prevent the transmission of bloodborne diseases within potential exposed workplace occupations

Rationale for Training

You were selected to receive specialized training on bloodborne pathogens because your job tasks may place you at increased risk for exposure to blood and infectious body fluids.

Employees with increased risk require specialized training on:

1. The epidemiology, symptoms and common modes of transmission of bloodborne pathogens diseases;
2. The risks of certain job tasks;
3. The steps to be taken to reduce risks;
4. The steps to be taken after exposure to blood and infectious body fluids.

Agenda

- Bloodborne Pathogen diseases
 - HIV, HBV, HCV
- Identifying employees with increased risk
- Exposure Control Plan
- Methods of reducing exposure
 - Hepatitis B vaccines
 - Exposure incident procedures and post exposure plans
 - Communication of hazards
 - Accessing information

What are Bloodborne Pathogens?

Pathogenic micro-organisms that are present in human blood
and can cause disease in humans

HIV/AIDS

Malaria

Hepatitis B

Syphilis

Hepatitis C

Infectious Body Fluids

Blood



Potentially Infectious Bodily Fluids (OPIM)

Semen

Vaginal fluids

Peritoneal fluid

Abdominal

Cerebro-spinal fluid

Brain and spinal chord

Amniotic fluid

Pregnant uterus

Synovial fluid

Joints

Pleural fluid

Lung

Pericardial fluid

Heart

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 occupational exposure occur?

Bloodborne pathogens are spread when infected blood or body fluids contaminated with blood gets into the blood stream of an uninfected person



Microorganisms in the blood of an infected person



uninfected person

- Virus
- Bacteria
- Parasite

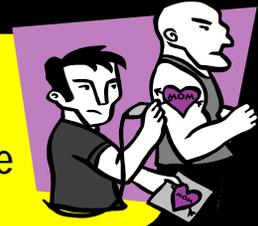
- Needles sticks
- Blood Transfusion
- Skin openings

Transmission Outside the Workplace

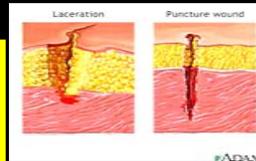
Blood transfusions before 1992



Got a tattoo with an unsterilized needle



Openings in the skin cuts, burns, nicks, sores



Unprotected sex



Splashes of bloody body fluids into the eyes, nose mouth



Pregnancy, childbirth, breastmilk



Drug users sharing needles



Sharing toothbrushes, razors or objects that can pierce the skin



Bloodborne Pathogens Transmission in the Workplace

Puncture wounds from sharp objects
which may be contaminated with blood

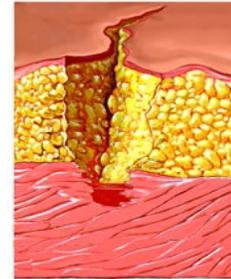


Splashes of contaminated blood/body fluids
into the mucus membranes:
eyes, nose, mouth

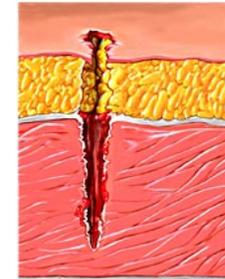


Openings in the skin

Laceration



Puncture wound



ADAM

BLOODBORNE PATHOGENS

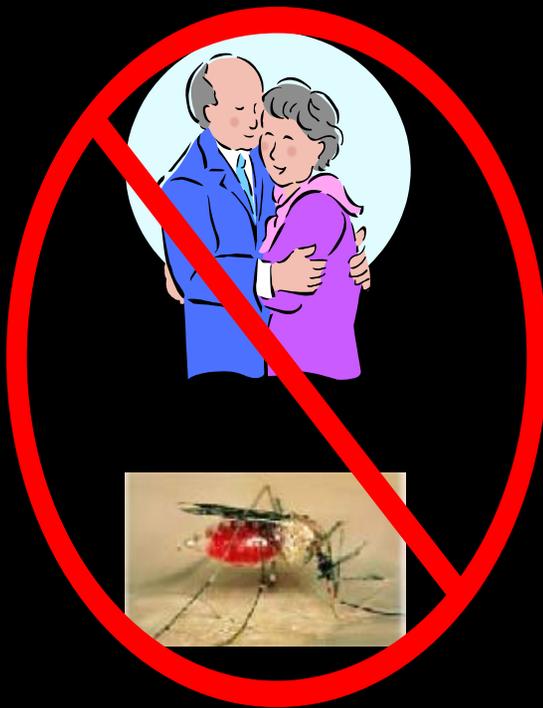
Potential Viral Entry Points

- Cuts
- Nicks
- Abrasions
- Burns
- Acne sores
- Dermatitis

Transmission of Bloodborne Pathogens

HIV, Hepatitis B & C are generally not spread through:

- Saliva
- Sweat
- Tears
- Air
- Insects



Casual contact:

- Sharing spoons, forks
- Hand shaking
- Kissing
- Coughing & sneezing
- Toilet seats
- Swimming pools
- Sharing telephones
- Drinking fountains

Special Risks for School Staff

SHARP OBJECTS

- Paper cutters
- Wire
- Trade Shop Tools
- Scalpels, needles
- Broken glass



OPENINGS IN THE SKIN

- Cuts
- Nicks
- Burns
- Abrasions
- Acne Sores



PHYSICAL INJURIES

- Bites



CHEMICAL EXPOSURE

- Chemicals can cause skin rashes



FIRST AID & CPR

DIRECT STUDENT CARE

- Mucus membrane exposure
- District 75 employees



GOOD SAMARITAN ACTS

- Helping an injured co-worker, or student



HIV/AIDS

- **Human Immunodeficiency Virus (HIV)**
- **Acquired Immunodeficiency Syndrome (AIDS)**

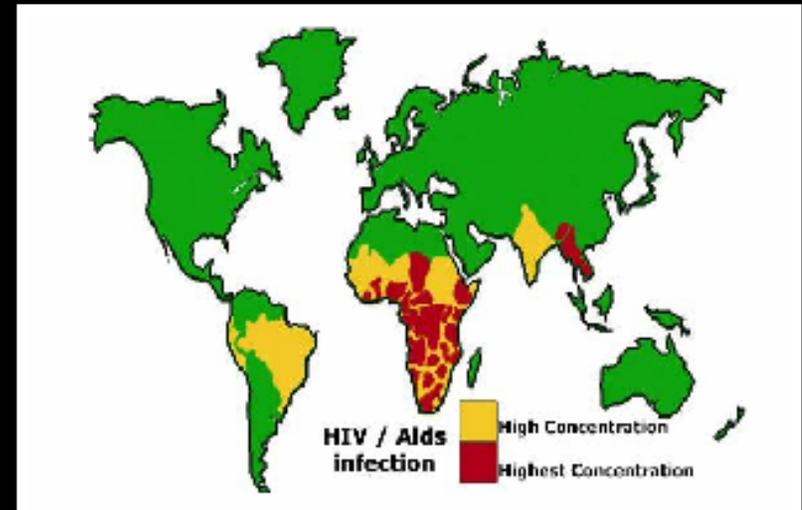
Worldwide facts on HIV/AIDS

Over 27 million AIDS-related deaths since 1980

42 million people are living with HIV/AIDS

3 million people die from AIDS-related deaths

25 million children will be orphans by 2010 because of AIDS



Sub-Saharan Africa most affected

Fast growing rates in:

- China
- India
- Indonesia
- Russia
- Western Europe
- Central Asia

HIV/AIDS in 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



Today in NYC.....

12 people will be diagnosed with AIDS

10 will be black or Hispanic

3 will be women

3 people will first learn they are HIV-positive
when they are already sick from AIDS

4 people will die from AIDS

3 will be black or Hispanic

- NYC remains the epicenter of HIV/AIDS epidemic in the US

- > 100,000 NYers are living with HIV

- Each year >1,000 people in NYC first find out they are HIV-positive when they are already sick with AIDS

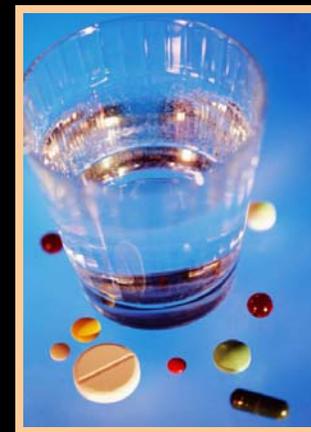


Human Immunodeficiency Virus (HIV)

- HIV affects the immunosystem and limits the ability of the body to fight off infections
- HIV is fragile and does not survive well outside the body
- There is no vaccine to prevent HIV infection



- Treatment does not cure HIV infection
- Drug or combination of drugs may delay the progression of AIDS and improve the quality of life



Symptoms of HIV Infection

“Flu-like” symptoms within a month after exposure:

- swollen lymph glands
- fevers, chills, night sweats
- rashes
- sore muscles and joints



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)

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

Symptoms of AIDS

▪ Swollen lymph glands in neck, underarm, and groin	▪ Recurrent fever	▪ Persistent headaches
▪ Night sweats	▪ Constant fatigue	▪ Persistent diarrhea
▪ Weight loss	▪ Trouble fighting off infections	▪ Memory loss
▪ Confusion	▪ Depression	

Most Common Opportunistic Infections

Fungal Infections

infection that can cause thrush, or infections of the throat or vagina. E.g. Candida

Parasitic lung infections

E.g. Pneumocystis carinii pneumonia (PCP)

Viral Infections

infection of eyes E.g. Cytomegalovirus (CMV)

Skin Cancer

E.g. Kaposi's Sarcoma - (KS)

Death is the result of infections like:

- Tuberculosis
- Unusual kinds of pneumonia
- Certain types of cancer

Hepatitis B

Hepatitis B

Hepatitis B is more easily spread than HIV

HBV can survive outside the body
at room temperature for over 7 days

90% of adults contracting the disease
recover fully and develop immunity

Up to 10% of adults contracting
the disease become carriers

Hepatitis B is a virus that
infects the liver



Epidemiology of HBV

Globally

- 350 million persons have chronic hepatitis B
- 620,000 hepatitis B related deaths each year

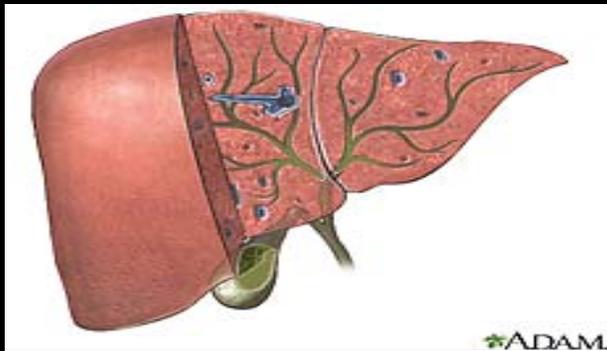
United States of America

800,000 to 1.4 million persons have chronic hepatitis B virus infection

Rates have been decreasing due to the administration of vaccines to newborns

Symptoms of HBV Infection

The incubation period is about 90 days after exposure



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

Symptoms typically last for several weeks but can persist for up to 6 months

Hepatitis B Vaccine

Made from yeast -
no blood products

ENGERIX-B
Hepatitis B Vaccine



Manufactured by:
GlaxoSmithKline

Can't get the disease
from the vaccine

90% effective

Provides
long-term immunity
Booster doses are
not recommended

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 – 5 months after dose #2



The vaccine is administered in the deltoid muscle in the upper arm

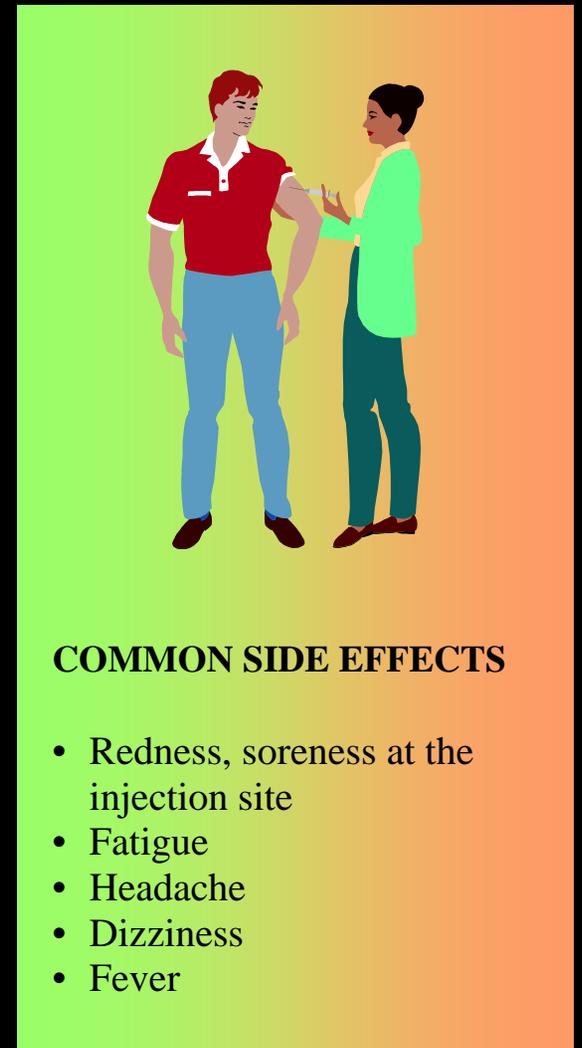


Dosage: 0, 1, 5 months

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

Talk to your doctor before taking the vaccine if:

You are allergic to yeast

You are pregnant or planning to become pregnant within a year

CAUTION

You are ill (cold, flu or on medication) on your appointment date

You have medical concerns (see your physician)

Hepatitis C (HCV)

Hepatitis C Facts

First identified in 1989

Causes 80 - 90% of chronic liver disease

Risk of sexual transmission is small

No vaccine available

Can be undetected in the body for 20 years

Blood test can identify the virus 6-8 weeks after exposure

Transmission from mother to child is small

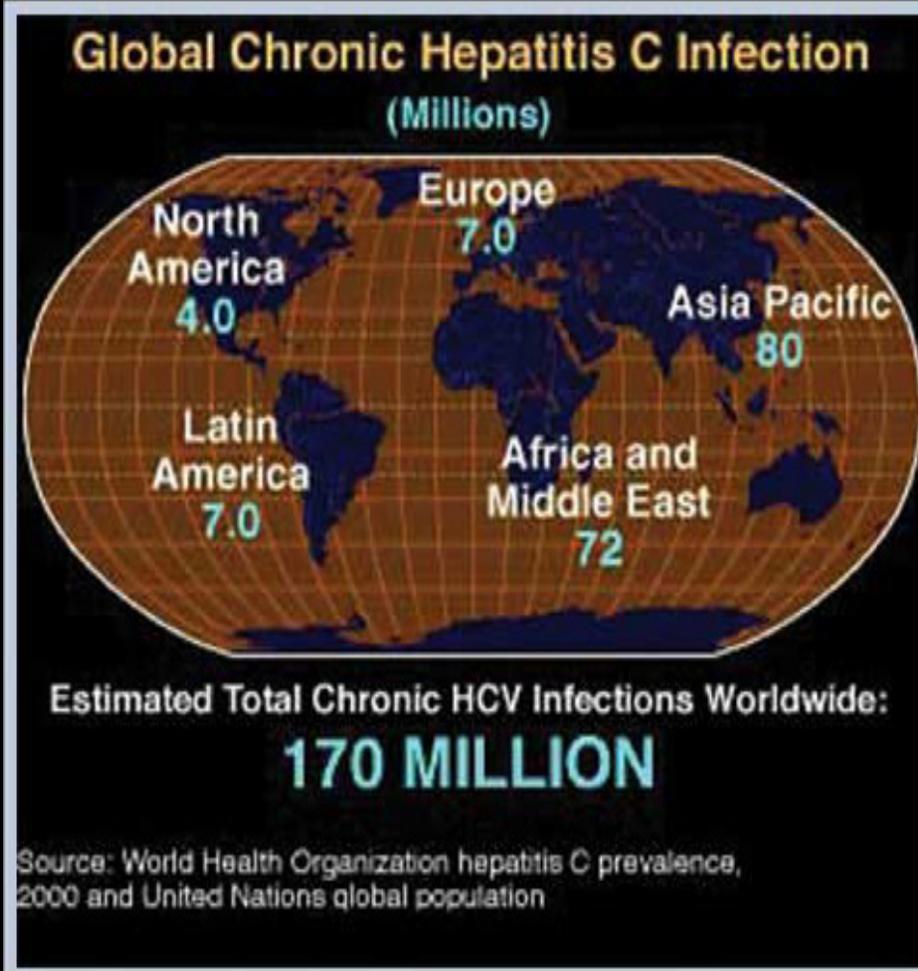


Associated with:

- Tattoo parlors
- Body piercing shops
- Sharing needles
- Blood transfusions before 1992

Epidemiology: Hepatitis C

Hepatitis C: Worldwide



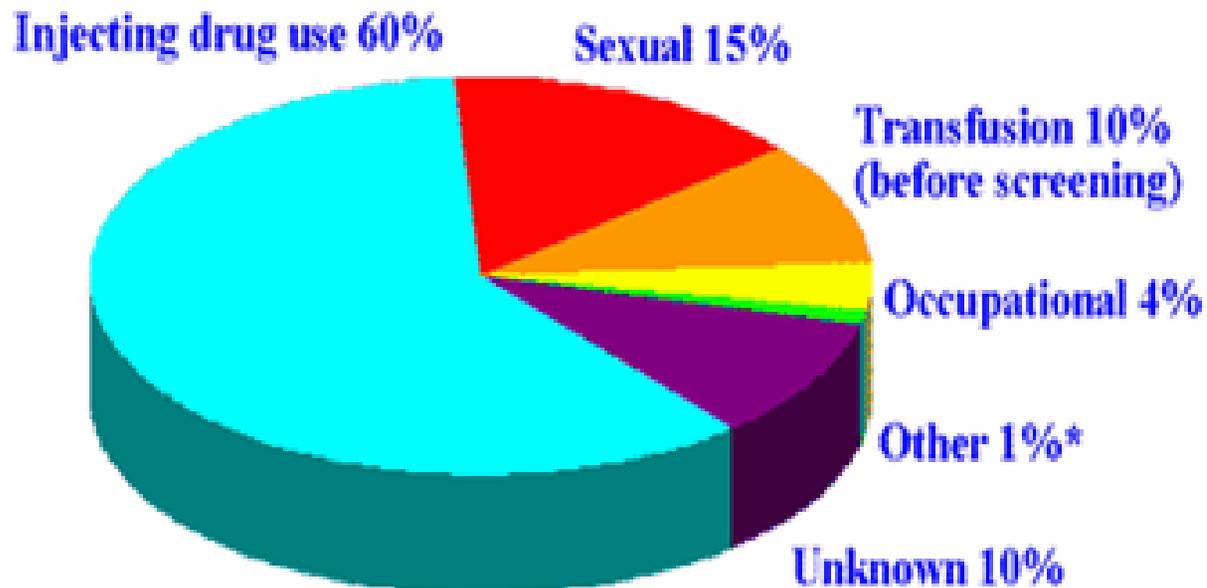
Hepatitis C: USA

4 million people in USA infected

180,000 new infections each year

8,000 – 10,000 deaths each year

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



Key Statistics on BBPs in the U.S.

PATHOGEN	POPULATION	RISK WITH* NEEDLE STICK	OTHER EXPOSURES RISK	INCUBATION PERIOD	VACCINE AVAILABILITY
<i>HBV</i>	1%-2%	6%-30%	<ol style="list-style-type: none"> 1. Possible through mucous membranes and non intact skin. 2. No known risk for intact skin 	2-6 months	Yes
<i>HIV</i>	0.5%	0.3%	<ol style="list-style-type: none"> 1. 0.1% after exposure of the eye, nose or mouth to HIV infected blood. 2. >0.1% for non-intact skin 	2-4 weeks	No
<i>HCV</i>	1.8%	1.8%	<ol style="list-style-type: none"> 1. Unknown risk after blood exposure to the eye, nose or mouth, but infection reported from blood splash to the eye and possibly from exposure to non-intact skin. 2. No known risk for intact skin 	6-7 weeks	No

*Tice, A.D.(2002). BBP Exposure and Recommendations for Management. *Journal of Infusion Nursing*, 25(6S), S34-S9.

Rationale for the Bloodborne Pathogens Standard

Bloodborne Pathogens Standard

Occupational Exposure to
Bloodborne Pathogens
29 CFR 1910.1030



Published: December 1991

Effective: March 1992



- 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 Requirements

Have an Exposure Control Plan

Universal Precautions

Determine employees at risk

Offer Hepatitis B vaccines

Train & provide Information to employees

Offer post-exposure evaluation and follow-up

Properly handle & dispose of regulated medical waste

Maintain worksite (Housekeeping)

Maintain records including Sharps injury log

Implement engineering and work controls

Provide Personal Protective Equipment

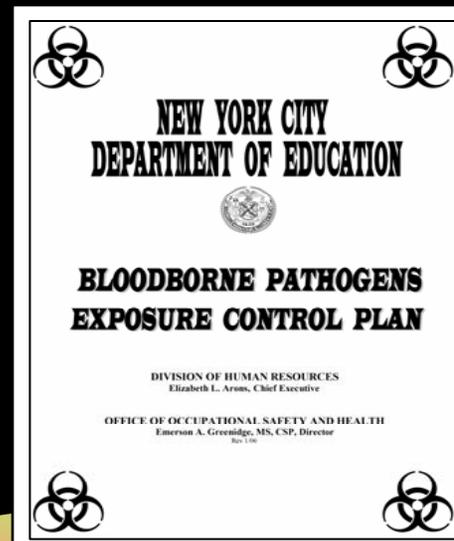
Exposure Control Plan (ECP)

Identifies the hazards of potential exposure

Identifies jobs that carries risks of exposure

Shows how to minimize exposure risks

Is easily accessible to employees



Written Exposure Plan

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

Located in the Main Office

Employee
Exposure Determination

Exposure Determination

- An employer with employees who have occupational exposure must prepare an exposure determination.

Determine who is exposed



How they are exposed

TASKS WITH EXPOSURES TO BBP'S

- Direct Student Care Services
 - First Aid
 - Administering Medications & Treatments
- Administration of Cardio Pulmonary Resuscitation (CPR)
- Cleaning and disinfection of medical equipment
- Disposal of sharps and infectious waste

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.

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.

ALL EMPLOYEES AT RISK OF EXPOSURE

School Nurses	Crisis Intervention Team	Custodial Cleaners
School Aides who work with the developmentally disabled	District 75 ▪ All District 75 employees	Lifeguards
Health Aides	Occupational Therapists	Plumbers
Designated CPR/First Aid Responders	Speech Therapists	
Health Paras	Physical Therapists	

SOME EMPLOYEES AT RISK OF EXPOSURE

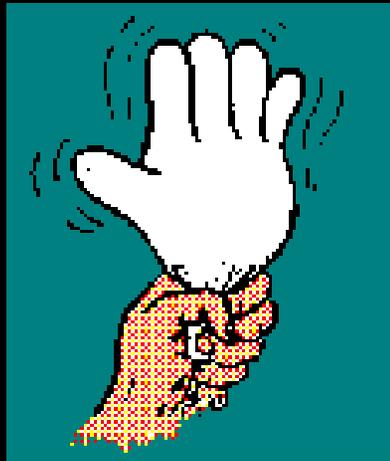
Principals/Assistant Principals/Deans	School Food and Nutrition Kitchen Staff
Skilled Trades employees	Laboratory Teachers
Custodians	Custodial Employees
Adaptive Physical Education Teachers	Physical Education Teachers

Methods of Compliance

Observe Universal Precautions

A practice of treating all human blood and other potentially infectious materials (OPIM) as if they are infectious at all times

Using universal infection control procedures make HIV, HBV, HCV transmission extremely unlikely



Use control measures when there is a potential for contact with blood or other potentially infectious materials

Posters

NYC
Department of
Education
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Chancellor

Bloodborne Pathogens Standard

29 CFR 1910.1030



Each NYC DOE facility must comply with this law

For more information about the law, see below:

	Room	Floor
Principal's Name		
Site Administrator's Name		
Exposure Control Plan		
Personal Protective Equipment		
Sharps Injury Log		
Bloodborne Pathogens Standard Records		
A Regulated Medical Waste Kit is Kept in:		
■ Medical Room		
■ Custodian Engineer's Office		

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Department of
Education
Joel Klein
Chancellor

All Employees must practice
All Employees must practice

Universal Standard Precautions

Assume that all blood and certain
human body fluids are infectious

Protect yourself and others

wear gloves	wash your hands	dispose of medical waste correctly	use an EPA/FDA approved disinfectant

If you have been contaminated with blood (bites, fights),
contact your Site Administrator immediately

Site Administrator: _____

Room: _____ Phone: _____

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Rev: 08/08

These posters must be
posted conspicuously
on a bulletin board

Levels of Control

Levels of Control

Best

1. Engineering Controls

isolate or remove the bloodborne pathogens from the workplace

2. Work Practice Controls

techniques to reduce the likelihood of exposure by changing the way a task is performed

3. Personal Protective Equipment

specialized clothing and equipment must be used when occupational exposure remains after engineering and work practice controls are put in place

Last Resort

Engineering Controls : Remove the hazard

- Sharps disposal containers & red bags - located in:
 - Medical room
 - Custodian Engineer's office
- Trash handling and disposal procedures



- Contaminated sharps must be placed in appropriate containers as soon as possible after use.
- Readily available hand washing facilities

Work Practice Controls:

Change tasks to reduce risk



Practice hand hygiene after removing gloves

Decontaminate equipment and surfaces after contact with blood and body fluids

Dispose of regulated waste in designated containers (waste with blood or body fluids)

Wash hands and body parts as soon as possible after exposure

Use mechanical means:

- Use brush and dust pan, tongs to pick up broken glassware

Minimize exposure to blood and OPIM

- No eating or drinking in working areas
- No storing of food in refrigerators containing blood or body fluids

Handwashing

**is the most effective method
for reducing the spread of infectious diseases**



Until you wash, avoid:

- Eating & drinking
- Handling food
- Touching your face
- Smoking
- Applying cosmetics
- Handling contact lenses

Wash Hands:

When visibly soiled



After using the washroom



After blowing your nose



After removing gloves



After sneezing in your hands



After contact
with infectious material



Wash Hands:

Before and after assisting a child in using the toilet



Before feeding children



After diaper changes



After handling pets, animals or animal waste



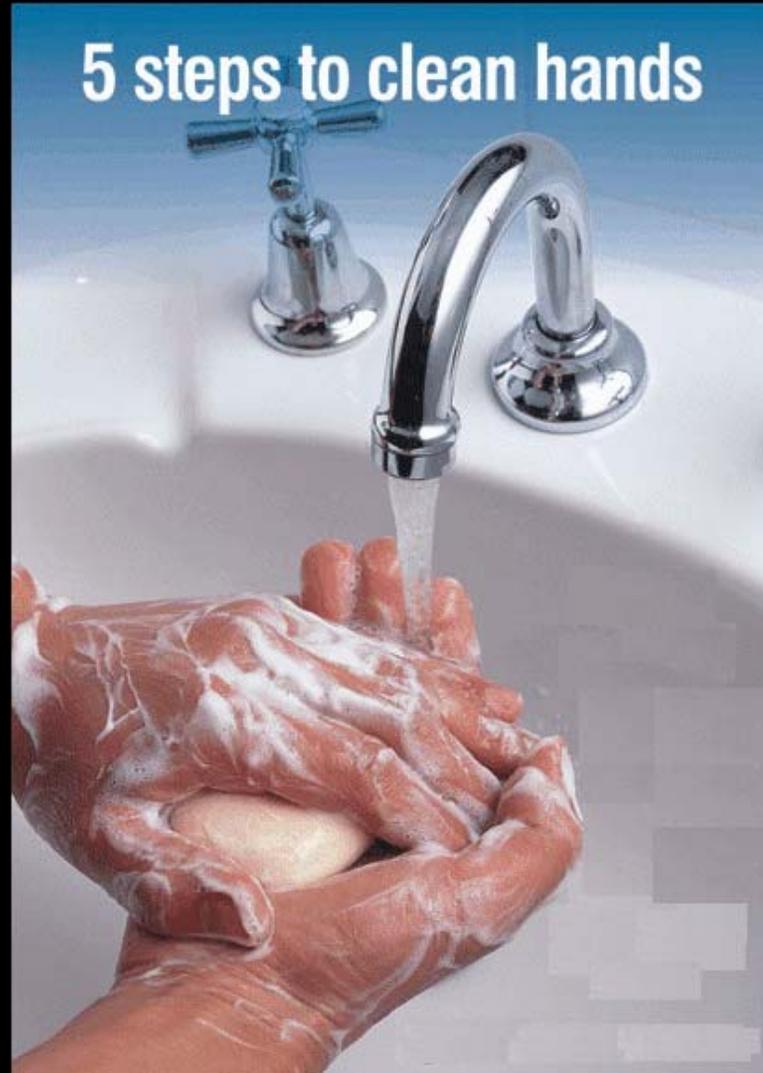
After contact with runny noses, vomit, or saliva



After handling garbage



Hand Washing Techniques



Adapted from: Department of Health and Human Services

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



Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE):

Must be appropriate

It prevents blood and body fluids from reaching an employee's clothes, skin, mouth, eyes, or other mucous membranes

Must be suitable

The protection level must fit the expected exposure

Must be free to employees

Must be easily accessible to employees

PPE is used when exposure remains



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

Personal Protective Equipment

RULES

1. Select the right PPE for the job.
2. Make sure it fits correctly.
3. Remove if torn or punctured.
4. Cover cuts or abrasions first.
5. Remove PPE before leaving the work area.
6. Wash hands after removing gloves.



Selection of PPE

TYPE OF PPE	USE	LOCATION	REMOVAL	HANDLING	DECON	DISPOSAL
DISPOSABLE GLOVES	<ul style="list-style-type: none"> • Direct Student Care • Cleaning and disinfecting medical equipment or work surfaces 	<ul style="list-style-type: none"> • Each medical room • Each change room 	If contaminated remove carefully so as not to spread blood/OPIM	Avoid stretching to prevent tearing	N/A	Red bag waste if contaminated with blood or OPIM
CPR MASK	CPR	Each medical room	Same as above	One time use only	N/A	Red bag waste
FACE SHIELD	Student care in known case of projectile vomiting	Each medical room	Same as above	One time use only	N/A	Red bag waste if contaminated with blood or OPIM
SLEEVES	Direct Student Care	District 75 change room facilities	Same as above	One time use only	N/A	Red bag waste if contaminated with blood or OPIM
DISPOSABLE GOWNS (Impermeable)	Direct Student Care Services with anticipated splashing	<ul style="list-style-type: none"> • Each medical room • Each change room 	Same as above	Discard if with tear or holes prior to use	N/A	Red bag waste if contaminated with blood or OPIM



Removing Contaminated Gloves

REMOVE GLOVES

1



PINCH one glove back by the cuff until it comes off inside out.

2



Discard or cup it in the palm of your gloved hand

3



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

4



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

Wash hands!



Housekeeping

Change Room & Medical Room

- 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



SCHEDULES POSTED BY:

- Nursing administration in Medical Room
- Custodian/Principal in Change Room

CLEANING & DISINFECTION SCHEDULE

AREA/ROOM	SURFACE	DISINFECTANT	FREQUENCY	RESPONSIBLE PERSON	SPECIFIC INSTRUCTIONS
MEDICAL ROOM	Exam Table	Cavi Wipes	After each student use	OSH staff (Nurses, Public Health Advisors, Public Health Assistants)	Gloves and any other necessary personal protective equipment to be utilized
	Medical Equipment	Alcohol Pads	After each student use	OSH staff (Nurses, Public Health Advisors, Public Health Assistants)	
	Countertops (if any)	Cavi Wipes	Daily or if visibly contaminated	OSH staff (Nurses, Public Health Advisors, Public Health Assistants)	
	Walls & Floor	DOE/School's General Housekeeping Procedures	DOE/School's General Housekeeping Procedures	DOE/ School Custodian	

CLEANING SCHEDULE

Area/Room	Surface	Disinfectant	Frequency	Responsible Person	Specific Instructions
CHANGE ROOMS	Change Table	Sani-Cloth or other EPA Germicidal Wipes	After each student use	School staff (Para, Health Para, Teacher)	Gloves and any other necessary personal protective equipment to be utilized
	Adaptive Equipment	Sani-Cloth or other EPA Germicidal Wipes	After each student use	School staff (Para, Health Para, Teacher)	
	OT/PT Equipment (if any)	Sani-Cloth or other EPA Germicidal Wipes	Daily or if visibly contaminated	School staff (Occupational Therapist, Physical Therapist) or School Custodian	
	Walls & Floor	Bleach Or any Other EPA Disinfectant	Daily or if visibly contaminated	DOE/School Custodian	



Decontamination Procedures

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

1. Absorb gross bloody materials with absorbent materials (napkins, absorbent)
2. Immediately place gross material in doubled plastic bag
3. Dispose of in red bag



disinfect



1. The wet spot
2. Mop, broom or dust pan

Disinfection Solution

1 part bleach : 10 parts water



For surfaces not contaminated with blood, use an acceptable commercial disinfectant or germicide

Regular garbage

GUIDELINES

- Make a fresh solution daily or as needed
- Apply/soak and allow to stand for 15 minutes
- Bleach solution placed directly on large amounts of protein matter (blood, vomitus, feces) may emit noxious vapors



Medical Waste

Regulated Medical Waste

- Liquid or semi-liquid blood or OPIM
- Soiled sharps and saturated materials



Red bag



Sharps container

These are available in the Nurse's and/or Custodian's Office

Communication of Hazards to Employees & Training



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

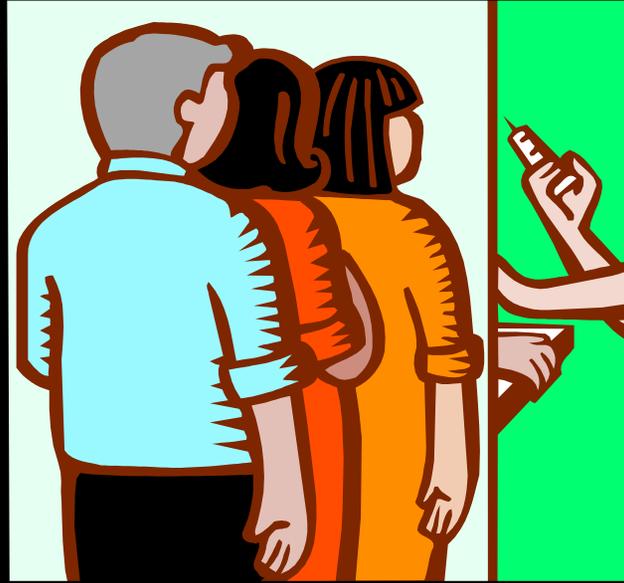


Training

Training At Risk-Employees

- All employees **with occupational exposure**, must be trained:
 - At initial assignment
 - Annually
 - Training must be interactive





Hepatitis B Vaccines

Eligibility for the Hepatitis B Vaccine

- The vaccine is:
 - Free
 - Given during work hours
 - Administered by a licensed healthcare professional
- The vaccine will only be given to high-risk employees:
 - Identified as having occupational risk
 - Who have been trained
 - Completed the appropriate documentation



Dosage: 0, 1, 5 months

All three vaccines are needed to provide immunity

Employee Notification Form

States the employee is aware of job related exposure risks

Completed by all employees identified as having risk

Indicates whether the employee wishes to receive the hepatitis B vaccine for the first time

This form is a medical record and must be kept on file

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PEDAGOGUES & SCHOOL STAFF

BLOODBORNE PATHOGENS

EMPLOYEE HEPATITIS B VACCINATION NOTIFICATION FORM

All employees with occupational exposure to blood and other potentially infectious materials must complete this form. This completed form must be signed by the Principal.

I understand that due to 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 /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 me.

Yes, I wish to be vaccinated against the hepatitis B virus

Date:	Region #:	District #:
First Name:	Last Name:	Social Security #:
Job Title:	Emergency Contact Name and Phone #:	
School Code (E.g. 123K)	Work Site Name:	
Work Site Address (Street, City, State, Zip)		
Principal's Name:		Work Site Phone #:

Employee's Signature _____

Principal's Signature _____

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

Rev. 8/08

Hepatitis B Vaccine Declination Form

At-risk employees who decline the vaccination must complete this form

The employee may opt to take the vaccine at a later date

This form is a medical record and must be kept on file

NYC
Department of
Education
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Chancellor

PEDAGOGUES & SCHOOL STAFF

BLOODBORNE PATHOGENS

EMPLOYEE HEPATITIS B VACCINATION DECLINATION FORM

Complete this form and return to your supervisor 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. If you declined the previous year and this form is on file, you are not required to fill out another form if you are declining again this year. This form must be kept on file at the site for three years.

Date:	Region #:	District #:
First Name:	Last Name:	Social Security #:
Job Title:	Site Administrator's Name:	
School Code (E.g. 123K)	Work Site Name:	
Work Site Address (Street, City, State, Zip)		Work Site Phone #:

I understand that due to 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 the hepatitis B vaccine, at no charge. 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 I continue to have occupational exposure to blood or other potentially infectious materials and wish to be vaccinated with hepatitis B vaccine in the future, I can receive the vaccination series at no charge.

Check all that apply

- 1. I have been previously immunized for Hepatitis B Virus and do not require additional vaccination.
- 2. I have been tested for Hepatitis B Virus and shown to be immune.
- 3. I decline the Hepatitis B vaccine due to medical reasons or personal beliefs.
- 4. I plan to see my health care provider.
- 5. Please check my vaccination status.

I decline the Hepatitis B vaccination at this time.

Employee's Signature

Date

Regulations (Standards – 29 CFR)

Hepatitis B Vaccine Declination (Mandatory) – 1910.1030 App. A

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

DO NOT FORWARD THIS FORM TO OOSH

Rev. 8/08

Frequency of Vaccine Administration

Although training is provided annually,
the 3-part hepatitis B vaccination series is
administered only once

Post Exposure & Follow Up

What to do if exposure occurs?

If you have been contaminated by blood,
you may have been exposed to HBV, HCV and/or HIV



Report exposure incidents to your supervisor

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

Immediately Post-Exposure

Wash needlesticks/cuts with non-abrasive soap and water

Clean out any foreign matter such as glass or shards

Flush splashes to the nose, mouth, or skin with water

Irrigate eyes with tap water, or used bottled eye wash

Stop stop bleeding by applying sterile gauze

Report the incident to your supervisor

Bandage your injury

Exposure does not necessarily mean infection

Post Exposure

Most exposures do not result in infection. Risk depends on:

- Pathogen type
- Exposure type
- Amount of blood or other body fluids involved
- Amount of virus in the source's blood or other fluid

Post Exposure Follow-up Policy

- Employees will be offered the opportunity to seek medical attention immediately.
- 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

- The doctor's visit is free of charge
- Medical expenses due to an exposure will be reimbursed
- Submit forms and supporting documentation to: *Medical Claims Bureau*



Exposure Incident Report

Used to report occupational exposure incidents

Part 1
Employee



Part 2
Principal /Site Administrator



Principal / Site Administrator signs report
and provides employee with copy of
regulations for physician

Part 3
Health Care Counselor



Provides post-exposure counseling

Part 4
Physician



Provides written report to Principal
in 15 days

Sharps Injury Report

Used to report occupational injury with contaminated sharps

Part 1
EMPLOYEE



Part 2
PRINCIPAL /
SITE ADMINISTRATOR



Principal / Site Administrator signs report
and provides employee with copy of
regulations for physician

Part 3
HEALTH CARE COUNSELOR



Provides post-exposure counseling

Part 4
PHYSICIAN



Provides written report to Principal
in 15 days

Recordkeeping Requirements

Medical Records

Duration of employment + 30 years

Training Records

3 years

Sharps Injury Log

5 years



Special Precautions for School Employees

Observe Universal Precautions
during any direct student care activity



Don't take chances:

- Use the correct PPE before cleaning up blood or body fluids
- Make sure that PPE fits properly
- Don't reuse disposable PPE

Never use hands to pick up broken glass
Use a broom or dust pan



**Never smash down on overflowing
trash containers with hands or feet**

Disinfection and Clean-up
Follow procedures

Bloodborne Pathogens May Enter The Body Indirectly

Wash your hands before
touching your eyes, nose, or mouth



Know what to do if
you accidentally cut yourself

Cover cuts with bandages and
wear gloves for added protection



- Dispose of contaminated object properly
- Decontaminate according to procedures



Summary

The Bloodborne Pathogens standard prescribes safeguards to protect workers against the health hazards from exposure to blood and OPIM and to reduce their risk from this exposure.

Implementation of this standard will prevent hepatitis B cases, and significantly reduce the risk of workers contracting AIDS, hepatitis B, hepatitis C or other bloodborne diseases.

NYCDOE's goal is to provide a safe work environment by reducing occupational exposures.



The End