EASTCONN
Where Learning Comes to Life

PERSONNEL
Series 4000
Policy #4004.1.1

ADMINISTRATIVE REGULATIONS REGARDING BLOODBORNE PATHOGENS

The EASTCONN Board of Directors (the "Board") is committed to promoting a safe and healthful work environment for its staff. In pursuit of this goal and in accordance with the United States Department of Labor, Occupational Safety and Health Administration ("OSHA") regulations dealing with "Safe Workplace" standards relating to exposure to bloodborne pathogens, the following will be the procedures of the Board for at risk personnel.

The Board shall establish a written exposure control plan in accordance with the federal standards for dealing with potentially infectious materials in the workplace to protect employees from possible infection due to contact with Bloodborne pathogens. Pursuant to these procedures, the school will take reasonably necessary actions to protect its employees from infectious disease and in particular HIV and HBV infection.

The school will provide the training and protective equipment to those persons who are at risk by virtue of their job performance and may come in contact with infectious disease. Furthermore, all Board personnel defined by OSHA and the school who may come in contact with blood and body fluids will be offered the vaccine for the Hepatitis B Virus which is a life threatening bloodborne pathogen. The vaccination will be done at no cost to the personnel and is provided as a precaution for personnel safety.

Legal References:
29 C.F.R. § 1910.1030 OSHA Bloodborne pathogens standards

ADOPTED: September, 1992

REVISED: August 20, 2024

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PERSONNEL
Series 4000

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS AND PROCEDURES

I. OBJECTIVE

The purpose of the Exposure Control Plan for EASTCONN is to implement the requirements of the OSHA Standard 29 CFR 1910.1030 Bloodborne Pathogens, and to reduce the risk of employee infection with bloodborne pathogens such as, but not limited to, Hepatitis B Virus (HBV) and the Human Immunodeficiency Virus (HIV) which can result in the disease commonly known as AIDS. The OSHA standard may be accessed at http://www.osha.gov.

The policy of EASTCONN is that employees shall adhere to Universal Precautions. Universal Precautions is an approach to infection control. According to this concept, all human blood and certain human bodily fluids are treated as if known to be infection for HIV, HBV and other bloodborne pathogens. The exposure control plan offers guidelines for employees to prevent exposure and for follow-up action should exposure occur.

This plan attempts to minimize occupational exposure to bloodborne pathogens through a combination of work practice controls, personal protective clothing and equipment, training, vaccination and medical surveillance.

A copy of this plan shall be maintained at each EASTCONN program site, in each principal's office and each school health office.

II. DEFINITIONS

Biological Waste - Biological waste consists of blood, excretions, exudations, secretions, suctionings, and disposable medical supplies, which have come in contact with these substances, including but not limited to:

- medical waste (catheters, bandages, and any disposable items used in the treatment of students or employees
- laboratory waste - cultures, specimens, slides, blood and tissue samples
- potentially hazardous non-biological waste or trash - includes garbage waste in any area where biological waste may contaminate otherwise non-biological garbage or trash. Also included in this category is combustible (e.g., plastic, wood or paper) and non-combustible (e.g., metal or glass) materials discarded from or in an area contaminated by contact with biological waste.

Blood - Blood means human blood, human blood components and products made from human blood.

Bloodborne Pathogens - Pathogenic microorganisms that are present in human blood that can infect and cause disease in persons who are exposed to blood containing these pathogens.

Contaminated -The presence or reasonably anticipated presence of blood or other potentially infectious material on an item or surface.

Decontaminated -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 infections particles, and the surface of the item is rendered safe for handling, use, or disposal.

Engineering Controls - Controls that isolate, minimize, or remove a workplace hazard.

Exposure Incident - A specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that result from the performance of an employee's duties.

Hand Washing Facilities - Access to an adequate supply of running water, soap and single-use towels.

Occupational Exposure - Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's work duties.

Personal Protective Equipment (PPE) - Specialized clothing or equipment work by an individual to protect from a hazard. It does not permit blood or other potentially infectious materials to pass through it or reach the employee's work clothes, street clothes, under garments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time during which the protective equipment will be used.

Regulated Waste - Any one of the following:

- liquid or semi-liquid blood or other potentially infectious material
- contaminated items that could release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed
- items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling
- contaminated sharps
- pathological and microbiological wastes containing blood or other potentially infectious materials

Universal Precautions - A method of infection control in which all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls - Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

For definitions of other terms use in this Bloodborne Pathogens Exposure Control Plan, see OSHA 1910.1030(b) Definitions.

III. EXPOSURE DETERMINATION

The following is a list of job classifications outlining which employees have been identified as having occupational exposure risk. Exposure determination for these jobs has been made without regard to the use of PPE.

This job classification list was determined according to the potential exposure and subsequent transmission risk of certain bloodborne pathogens that employees might come in contact with in the course of their work. These pathogens, which can transmit certain diseases, may be present in blood and other body fluids such as saliva, semen, and vaginal secretions as well as other secretions.

Bloodborne pathogens can enter and infect the human body through openings in the skin including cuts, nicks, abrasions, dermatitis, or acne. Infection can also result from punctures or cuts caused by sharp contaminated objects such as needles, broken glass, exposed ends of dental wires or any other contaminated object that can puncture or cut skin. Infection can also gain access to the body through mucous membranes of the eyes, nose and mouth when these areas are touched with contaminated hands or implements. The HBV is particularly dangerous since it can survive on dried surfaces at room temperature for at least one (1) week.

All EASTCONN employees in the following job classifications have been identified as having occupational exposure risk to bloodborne pathogens:

A. Category I: Those personnel who come in direct contact with blood and body fluids for which precautions must be taken.

Examples:

- School nurses or nurse practitioners assisting and treating injured students may come in contact with blood and other bodily fluids (Category I).

- School staff, including physical education teachers, OT, PT, general aides, technical instructors, athletic coaches and principals may come in contact with blood and other bodily fluids in the performance of their jobs in treating injured students (Category I).

- Special education teachers and aides in self-contained and behavioral programs and custodial staff, and other staff who substitute for them, may have to clean up after injured persons where they may come in contact with blood and other bodily fluids (Category I).

B. Category II: Personnel who participate in activities without blood exposure but exposure may occur in an emergency.

Examples:

- All staff certified in first aid may have contact with blood in an emergency (Category II).

C. Category III: Personnel performing tasks that do not entail predictable or unpredictable exposure to blood.

IV. METHODS OF COMPLIANCE

General

- Universal precautions shall be observed in all program areas, and by all staff, to minimize the contact with blood or other potentially infectious materials.
- Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
- All blood or other potentially infectious material shall be considered infectious regardless of the perceived health status of the source individual.

Engineering and Work Practice Controls

- Gloves: Employees should wear protective gloves whenever contact with potentially infectious materials is likely.
- Hand washing: Employees should wash hands immediately or as soon as possible after removal of gloves or other PPE and after contact with blood or other potentially infectious materials. If hand washing facilities are not immediately available, employees should use antiseptic hand cleaner or towelettes, and then wash hands with soap and water as soon as feasible.
- Procedures: All procedures involving blood or other infectious materials should be performed in such a manner as to minimize splashing, splattering and generation of droplets.
- Hazardous Materials: Any container for storage, transport or shipping of potentially infectious material should be sealed and labeled or color coded. If outside contamination of the primary container occurs, it should be placed within a second container which prevents leakage during handling/processing, storage, transport or shipping. The second container should be labeled with a biohazard sign. If the specimen could puncture the primary container, it should be placed in a puncture resistant second container meeting the

characteristics as just stated.

- Equipment: Equipment which may become contaminated with blood or other potentially infectious material should be decontaminated unless decontamination is not feasible. Contaminated equipment should be enclosed in a red biohazard bag or have attached a biohazard label stating which portions remain contaminated. It is the responsibility of the EASTCONN Safety Officer or his/her designated charge person (whoever handles the contaminated equipment) to notify all employees potentially handling the equipment, the servicing representative and/or manufacturer prior to releasing the contaminated equipment for shipping and/or decontamination.

Personal Protective Equipment (PPE):

- Gloves: Gloves should be worn when it can reasonably be anticipated the hands might have contact with blood, mucous membranes, non-intact skin, other potentially infectious materials and when touching or handling contaminated items or surfaces. Disposable (single use) gloves should be replaced as soon as possible when contaminated, torn, punctured, or when their ability/function as a barrier is compromised. Disposable gloves should not be washed or disinfected for re-use. Utility gloves may be decontaminated for re-use if the integrity of the gloves is not compromised; however, they should be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
- Face protection: Face protection should be worn whenever splashes, spray, splatter, droplets or aerosols of blood or other potentially bloodborne infectious materials may be present and eye, nose or mouth contamination can be anticipated (example: student who is spitting, even if no blood is noted in the saliva).
- Protective clothing: Appropriate protective clothing should be worn in occupational exposure situations. The type and characteristics of the clothing will depend upon the task and degree of exposure anticipated. Protective clothing will be impervious to fluids, and may include plastic gown or one-piece coveralls.
- If clothing becomes contaminated with blood or body fluids, it should be placed in a properly labeled bag to be later discarded or cleaned with a disinfectant agent.

Cleaning

- Equipment: All equipment should be properly cleaned and decontaminated after contact with blood or other potentially infectious materials.
- Common areas: All areas of the school or facilities which may become contaminated will be washed with an appropriate disinfectant while wearing appropriate PPE for the task. PPE for cleanup must include gloves and may further include a disposable sanitary cover-all or gown, and face/eye protection. Also required may be disposable or reusable brush, dustpan, and

scrubbing utensils. When available, a premade Sanitation and Protection spill clean-up kit should be used.

- All locker rooms, restrooms and nurses' offices will be cleaned daily using disinfectant. Custodial staff members are required to wear rubber gloves during these cleaning procedures.

Regulated Waste

- Regulated waste should be placed in labeled containers which can be sealed and are constructed to hold the contents and prevent leakage of fluids during handling, storage, transport or shipping. If outside contamination of the regulated waste container occurs, it should be placed in a second container meeting the same requirements as the original container.
- Regulated waste should be disposed of in accordance with Connecticut General Statues Sections 22a-209b & c.

Handling Sharps

- Used needles: Used needles should not be cut, bent, broken or reinserted into original sheath. They should be discarded intact immediately after use into an OSHA-approved sharps disposal container.
- OSHA-approved sharps disposal containers: OSHA-approved containers for sharps should be easily accessible in areas where employees routinely have the greatest potential exposure to contaminated sharps.
  These containers should be sealed and replaced when they are 75% full to decrease exposure by forcing contaminated objects into the container.

Labeling

- Warning labels shall be affixed to containers used to store, transport, or ship blood or other potentially infectious material.
- Labels shall include the standard BIOHAZARD symbol:
- Labels shall be colored fluorescent orange or red or predominantly so, with letters and symbols in a contrasting color.
- Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- Red bags or red containers may be substituted for labels if they have the appropriate symbol prominently displayed.
- Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.
- Biohazard bags, containers, or items labeled as required should be stored in a regulated area for pickup and disposal.

V. HEPATITIS B VACCINATION AND POST-EXPOSURE FOLLOW-UP

Vaccination

- Vaccinations are provided at no cost to all employees designated as being at risk for exposure to bloodborne pathogens (Category 1 or II) or on a post-exposure basis.
- The initial vaccination consists of a series of three (3) injections over a six (6) month period. If routine booster doses are recommended by the DPH at a future date, such boosters shall be made available at no cost to employees according to the same guidelines as the initial series.
- Such employees shall be offered vaccinations within 10 days of their initial assignment.
- Pre- or post-vaccination blood titer tests shall not be offered nor shall they be the responsibility of EASTCONN.
- The vaccination program shall be administered at an EASTCONN designated facility.
- Employees who have elected NOT to participate in the vaccination program must sign the appropriate declination form. This form shall be maintained in the employee's personnel file.

Reporting Incidents

A. All exposure incidents shall be reported as soon as possible to their immediate supervisor.

B. All at risk personnel who come in contact with blood and body fluids in the performance of their duties will take steps to safeguard their health.

Post-Exposure

In the event of an exposure incident, EASTCONN shall make available to the exposed employee, at no cost, a confidential medical evaluation and post-exposure evaluation with follow-up care. EASTCONN shall:

- Document the route(s) of exposure and the circumstances under which the exposure incident occurred (Appendix A – Blood/Body Fluid Exposure Report).
- Identify and document the source individual, unless that identification is infeasible or prohibited by law.
- Refer the employee to the EASTCONN designated Initial Care Provider within 24 hours of the incident; and will provide for the collection and testing of the employee's blood for HBV and HIV serological status by that medical provider (Appendix B – Consent for Blood Testing).
- Provide for post-exposure prophylaxis, when medically indicated as recommended by the DPH.
- Obtain a written report from the health care provider within 15 days and

maintain this report in the Human Resources Department. The report will include the following:

1. Whether the Hepatitis B vaccine is indicated, has been administered, or the employee has previously received the vaccine.
2. That the employee has been informed of the results of the health care provider evaluation.
3. That the employee has been informed of possible conditions resulting from potential exposure to bloodborne illnesses.
4. NOTE: All other findings or diagnosis shall remain confidential between the health care professional and employee and SHALL NOT BE INCLUDED in the written report.

- The above noted procedures will be followed in the same manner in the event of exposure incident with a known Hepatitis B carrier.

Record Keeping

- EASTCONN shall establish and maintain an accurate record regarding bloodborne pathogen risk potential and actual exposure for each employee that will include a minimum of the following:
    1. Exposure risk classification
    2. Offer of Hepatitis B vaccination as well as acceptance/declination of vaccine (Appendix C – Employee Acceptance/Declination of Hepatitis B Vaccination)
    3. Documentation of bloodborne pathogens exposure training (for 3 years)
    4. Follow-up process/procedure for any occupational exposure incidents
    5. CIRMA reporting documentation
- EASTCONN shall maintain this record for at least the duration of employment plus 30 years in accordance with OSHA regulations.
- These medical records must be provided upon request for examination and copying to the employee, NIOSH, OSHA and to anyone having written consent of the employee. If the facility closes, the employer must inform the Director of NIOSH at least three (3) months prior to disposal.

VI. TRAINING

Upon employment and yearly thereafter, all EASTCONN employees will participate in bloodborne pathogen exposure training. Additional training may occur when changes such as modification of tasks or procedures may affect an employee's occupational exposure classification.

Employee Bloodborne Pathogen Exposure Training will include a minimum of the following topics:

- Universal Precautions
- Location of a copy of OSHA's Bloodborne Pathogen Standard 1910.1030
- Explanation of epidemiology, symptoms and transmission modes of bloodborne diseases

- Explanation of this exposure control plan and location where it can be accessed
- Methods employees should use to recognize tasks involving potential occupational exposure
- Methods of operation that can prevent or reduce occupational exposure
- Selection, limitation, location, decontamination and proper disposal of PPE
- Explanation of signs, labels and/or color-coding system
- Hepatitis B vaccine information on benefits of being vaccinated
- Response procedures regarding exposure to potentially infectious materials
- Post exposure evaluation and follow-up
- Opportunity for employee to ask follow-up questions and obtain answers during training

Needlestick Safety and Prevention Act

- The Centers for Disease Control and Prevention estimate that healthcare workers in the US sustain nearly 385,000 percutaneous injuries annually involving contaminated sharps.
- An estimated 16,000 of these injuries involve sharps contaminated with blood or OPIM (Other Potentially Infectious Material) containing HIV.
- It is thought that use of safer devices could prevent about 80% of these injuries. In response to both the continuous concern over these exposures and the technological developments that may increase employee protection.
- Congress passed the Needlestick Safety and Prevention Act of 2000.

Under this law, employers must:

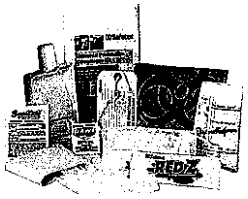
- Document consideration and use of appropriate, commercially available and effective safer devices.
- Solicit input from non-managerial employees responsible for direct patient care regarding the identification, evaluation and selection of effective engineering controls.
- Document, in the exposure control plan, how this input was received.
- Maintain a detailed sharps injury log.

Employees are expected to:

- Not interfere with the safety features of any device.
- Report all unintentional sticks immediately, even needle sticks with a clean needle.
- Participate in the evaluation of engineering controls as they are introduced into their area. Share ideas and opinions concerning safer devices by communicating in writing with the appropriate safety officer, giving specific details of the device and any problems or advantages regarding the use of the device.

All reported needlesticks are confidential.

Cleaning Blood and Body Fluid Spills



1. Secure the area and notify staff and other responders. Remove staff and students, limit access to the area.

2. Prepare to clean up. Obtain a sharps container for disposal of sharp objects, broken glass. Obtain a spill kit. Remove the supplies from the kit, review included instructions. Double line a garbage can with 2-mil trash bags. Apply personal protective equipment (PPE):

If...	Then put on...
You could be splashed in the face...	A face mask or shield, or safety goggles
You could be splashed on the body...	A disposable apron
You could step in it and track it around....	Disposable over-shoe covers

3. Remove contaminated objects from the spill. Use tongs or dustpan to pick up contaminated sharp objects. Never use hands or a vacuum. Place items in the double-lined can, sharp objects in the sharps container.

4. Remove spill and spill waste. Cover small spills with absorbent towels, large spills with absorbent powder. Remove absorbent towels or powder with the kit dustpan. Soak up any liquid absorbed into porous surfaces with disposable towels. Place contaminated spill materials and disposable equipment into double-lined can.

5. Wash and rinse the area with detergent and disposable towels.

6. Disinfect the area by pouring liquid onto horizontal surfaces; spray then wipe onto vertical surfaces. Leave disinfectant on the surface for the required contact or dwell time as noted on container instructions.

7. Remove PPE. Always assume the gloves are contaminated. With gloves still on, first remove and dispose of all PPE except goggles and place in the double-lined can. Remove gloves and place in can. Don clean gloves. Carefully remove goggles, clean with soap and water, then disinfect. Allow proper dwell time, rinse, and dry.

8. Dispose of spill waste. If outside of the double-layer bag becomes contaminated, close it and insert into a new trash bag to prevent leakage.

    - If there is <u>free-flowing blood</u>: Place inside a red biohazard bag. Bring to the Nurse or Security for storage until it can be disposed of as biohazardous

waste.

- If blood cannot be wrung out of the spill materials: Immediately dispose of in trash dumpster.

9. Immediately after spill cleanup remove gloves. Wash hands and other areas of the body that may have come into contact with the disinfectants or contaminant. Wash for 20 seconds with liquid soap under hot running water. If soap and water is unavailable use hand sanitizer and wash hands as soon as possible. The hand sanitizer will not work effectively in the presence of blood.

10. Report the incident, including location of spill waste, and any unprotected exposures to immediate supervisor for further instructions.

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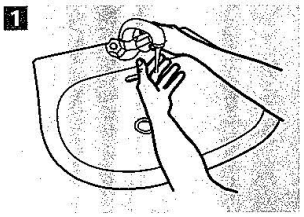
Hand Washing

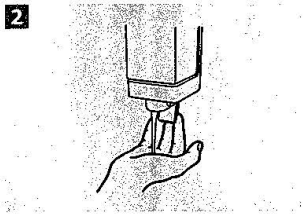
Wash hands with soap and water for 20-30 seconds immediately after taking off PPE. If hands are soiled, wash hands with soap and water for 40-60 seconds. You may use hand sanitizer or chlorinated water, if soap and water are not available.

1



Wet hands with water.

2



Apply enough soap to cover all hand surfaces.

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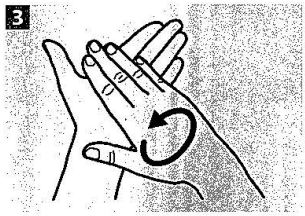

Rub hands together in a circle.

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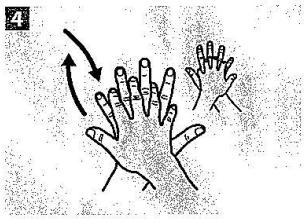
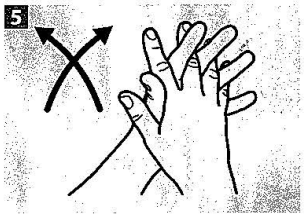


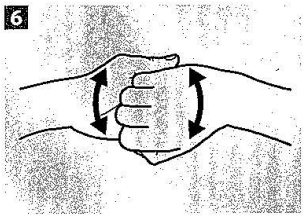
Put one palm on top the other hand and rub soap up and down.

5



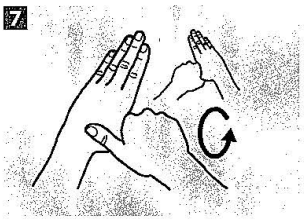
Put palms and fingers together and rub soap up and down.

6



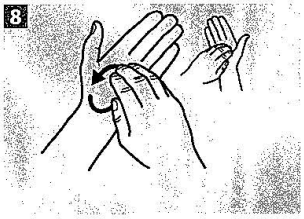
Put fingers of both hands together and rub soap up and down.

7



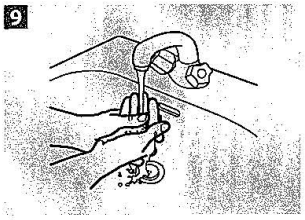
Clean thumbs by rubbing each one around several times with the other palm.

8



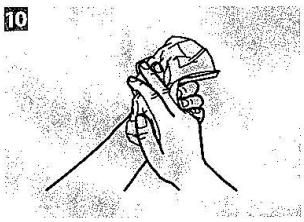
Clean both palms by rubbing soap around palm with fingers of the other hand.

9



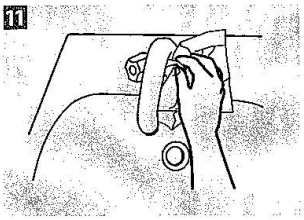
Rinse hands with water.

10



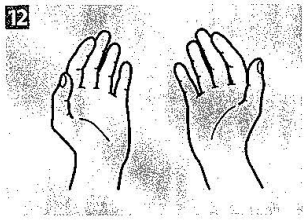
Dry hands completely using a single use towel.

11



Use towel to turn off faucet and throw it away.

12



Your hands are now clean.

Adapted from WHO

CS 251920-C

Post Exposure Procedure

An occupational exposure incident is defined as a work-related incident during which potentially infectious material is introduced by accidental needlestick injury or by contact with the eye, mouth, other mucous membrane or non-intact skin.

If an occupational exposure should occur, complete the following steps and file a report with Human Resources:

1) Wash affected area thoroughly with soap and water. If exposure is to the eyes, flush with copious amounts of clear running water or saline eye wash.

2) Provide first aid treatment if needed, seek emergency medical care if needed. May seek advice of Nursing if occurrence at CDT, Autism or Magnet High School programs.

3) Contact supervisor to report the incident.

4) Complete Blood/Body Fluid Exposure Reports (Appendix A & B).

5) File incident with Workers' Compensation (CIRMA).

6) Seek care at the EASTCONN Designated Initial Care Provider as directed by Human Resources for evaluation and potential treatment. Bring Blood/Body Fluid Exposure Reports. Healthcare Provider should review, complete Post Exposure Treatment section and sign. Employee must return Blood/Body Fluid Exposure Reports to Human Resources.

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APPENDIX A
Blood/Body Fluid Exposure Incident Report

Employee Name: _____ Today's Date: _____

Employee Job Title: _____Location: _____

Description of Incident: _____

_____

Date/Time of Exposure: Duration of Exposure: _____minutes

Type of Body Fluid Exposed to (check all that apply):

☐ Blood ☐ Saliva/Sputum ☐ Amniotic fluid ☐Urine ☐Other: _____

☐ Feces ☐Cerebrospinal fluid ☐Synovial fluid ☐Wound discharge (pus)

Route/Type(s) of Exposure (check all that apply):

Type 1: MUCOUS MEMBRANE: ☐eyes ☐nose ☐mouth ☐other_____

Type 2: SKIN PENETRATION: ☐puncture/incision/laceration/abrasion ☐human bite
☐open sores/lesions ☐eczema/skin rash or similar ☐pierced ears ☐other: _____

Type 3: CONTACT WITH CLOTHING/SKIN: ☐soaked through clothing
☐drops/spray on clothing ☐contact with dried/caked material ☐diluted body fluids
☐other: _____

Type 4: NEEDLESTICK: ☐contaminated ☐non-contaminated

IDENTITY OF SOURCE PERSON (if known): _____
SOURCE PERSON CONTACT INFO: _____

FOLLOW-UP ACTIVITIES

For Type 1 or 2 Exposure: Send worker for medical follow-up, fill out both sides of this form, and complete *WC Employee Work Related Accident Report* form for worker's compensation carrier.
For Type 3 Exposure ONLY (no associated Type 1 or 2 exposure): Review incident and practices to prevent reoccurrence, if applicable. Complete *WC Employee Work Related Accident Report*
For Type 4 Exposure (needlestick): If contaminated needle, handle as a Type 1. If non-contaminated needle, fill out both sides of this form, and complete *WC Employee Work - Related Accident Report* for worker's compensation carrier (No exposure issue).

POST-INCIDENT INVESTIGATION

Personal Protective Equipment (PPE) used by exposed employee at time of exposure (check all that apply):
☐gloves ☐goggles ☐face shield ☐gown ☐jumpsuit ☐pocket mask ☐resuscitator ☐other

Procedure(s) being performed at time of exposure: _____
Brief Description of the Exposure Circumstances: _____
Employee Name (Print): _____ Title: _____
Employee Signature: _____ Date: _____

Send Completed Report to the Personnel Manager, BOE

****

THIS SECTION BELOW TO BE FILLED OUT BY PERSONNEL MANAGER ONLY

Employee sent for medical follow-up on _____ (date) to: _____

_____

(medical facility name and address)

Hepatitis B vaccine status:

☐1st dose received _____ ☐declined by employee

☐2nd dose received _____ ☐other: _____

☐3rd dose received_____

Healthcare professional's written report received on: _____ (date)

Personnel Manager Signature: _____ Date: _____

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Appendix B
Blood/Body Fluid Exposure Incident Consent for Blood Testing

Employee Name _____ DOB _____

Incident Date _____ Location _____

Description of Incident _____

_____

_____

_____

_____

_____

_____

_____

_____

As a result of the above described exposure incident, I hereby give consent for the collection and testing of my blood for HBV and HIV serological status at no cost to myself.

I hereby give permission for the results of this testing to be released to Human Resources and Workers' Compensation in order to receive appropriate medical treatment for the exposure.

Employee's Signature _____ Date _____

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Appendix C
Employee Acceptance/Declination of Hepatitis B Vaccination

Name _____ DOB _____

Job Title_____ Location _____

I understand that due to the nature of my position with EASTCONN I may be at risk of exposure to blood or other potentially infectious materials. Exposure to the Hepatitis B virus (HBV) may lead to a lifelong illness that result in jaundice, chronic carrier state, cirrhosis or cancer of the liver. I have been given the opportunity to be vaccinated with the HBV vaccine at no charge to myself. I have read the above statement about the preceding statement and have had the opportunity to ask questions and understand the benefits and risks of the vaccine. I understand that I must have three doses within a 6-month period of the vaccine to confer immunity. I understand that the vaccine has rarely produced serious side effects. However, as with all medical treatment there is no guarantee I will become immune or that I will not experience adverse side effects from the vaccine.

ACCEPTANCE OF HEPATITIS B VACCINATION

I hereby agree to the administration of the Hepatitis B vaccine. I have been given information regarding the Hepatitis B vaccine and the opportunity to have questions answered. Women who are pregnant or breastfeeding should obtain approval from their medical provider prior to receiving the vaccine and provide proof of that approval prior to administration of the vaccine series.

I agree to release my employer from any liability related to the administration of this vaccine.

Signature _____ Date _____

Witness _____ Date _____

(Attach Record of Administration)

DECLINATION OF HEPATITIS B VACCINATION

I understand that due to the nature of my position with EASTCONN I may be at risk of exposure to blood or other potentially infectious materials and have been given the opportunity to be vaccinated for Hepatitis B virus. However, I decline this vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring a Hepatitis B infection. If in the future I continue to have the risk for occupational exposure and I choose to be vaccinated at that time I may receive the series at no charge to me.

Briefly describe reason for declination (i.e. previously vaccinated) _____

_____

_____

Signature _____ Date _____

Witness _____ Date _____