



City of Victor, Colorado

Bloodborne Pathogen Policy

Adopted: March 13, 2017

INTRODUCTION

According to Occupational Safety and Health Administration (OSHA) estimates, approximately 5.6 million workers in health care and other facilities are at risk of exposure to blood borne pathogens such as the human immunodeficiency (HIV) and hepatitis B (HBV) viruses and other potentially infectious materials.

Those workers at risk include law enforcement personnel, corrections officers and anyone whose job might require providing first-response medical care in which there is a reasonable expectation of contact with blood or other potentially infectious materials.

On December 6, 1991, OSHA published The Final Rule CFR 1910.1030, titled Occupational Exposure to Bloodborne Pathogens. The Final Rule is the product of approximately five years of study to develop a policy to protect people from occupational exposure to blood borne diseases.

The goal of The Final Rule is to reduce the number of occupational exposures and transmissions of diseases carried in blood

Although OSHA has set specific requirements, it is left to individual agencies to develop an exposure control plan that meets the particular needs of that agency. The department has implemented the following exposure control plan to meet those requirements set forth in The Final Rule.

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

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DEFINITIONS

BLOOD

Human blood, human blood components, and products made from human blood.

BLOODBORNE PATHOGENS

Pathogenic microorganisms that are present in, and cause disease in humans; these pathogens include, but are not limited to, Hepatitis B virus (HBV) and human immunodeficiency virus (HIV)

CONTAMINATED

The presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

CONTAMINATED LAUNDRY

Laundry which had been soiled with blood or other potentially infectious materials or may contain sharps.

CONTAMINATED SHARPS

Any contaminated object that can penetrate the skin including, but not limited to, needles, knives, broken glass, jagged metal, and so on.

DECONTAMINATION

The use of physical or chemical means to remove, inactivate, or destroy Bloodborne Pathogens on a surface or item to the point they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

DEPARTMENT

The Victor Police/Fire and/or Fire Department

ENGINEERING CONTROLS

Controls, i.e., sharps disposal containers, self-sheathing needles, that isolate or remove the blood borne hazard from the workplace.

EXPOSURE POTENTIAL

All employees who have potential exposure to infectious or potentially infectious materials or persons

EXPOSURE INCIDENT

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

LICENSED HEALTH CARE PROFESSIONAL	A person whose legally permitted scope of practice allows him or her to independently perform the activities related to Hepatitis B vaccination and/or Post-exposure Evaluation and follow up.
HEPATITIS B VIRUS (HBV)	Both are a chronic liver disease transmitted by blood.
HEPATITIS C (nonB Hepatitis)	
HUMAN IMMUNODEFICIENCY VIRUS (HIV)	A disease affecting the immune system, the accepted term for AIDS, ARC, and related immune diseases.
OCCUPATIONAL EXPOSURE	Reasonably anticipated skin, eye mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employees duties.
OTHER POTENTIALLY INFECTIOUS MATERIALS	The following body fluids, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid, saliva, any body fluid that is visibly contaminated with blood, and all body fluids where it is difficult or impossible to differentiate between body fluids. Also any unfixed tissue or organ (other than intact skin) from a human (living or dead).
PARENTERAL	Piercing, mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
PERSONAL PROTECTIVE EQUIPMENT (PPE)	Specialized clothing or equipment worn by an employee for protection against a hazard. General work cloths not intended to function as protection against a hazard are not considered personal protective equipment.
REGULATED WASTE	Liquid or semi-liquid blood or other potentially infectious materials, contaminated items that would release blood or other potentially infectious materials, and are capable of releasing these contaminants when handled.
SOURCE INDIVIDUAL	Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure.

STERILIZE

The use of physical or chemical procedure to destroy all microbial life, including highly resistant endospore.

UNIVERSAL PRECAUTIONS

An approach to infection control that embraces the concept that all human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.

WORK PRACTICE CONTROLS

Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (i.e., prohibiting recapping of needles by a two-handed technique)

I. EXPOSURE DETERMINATION

1. OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials.
2. Within the department, the following positions may be expected to incur such occupational exposure, regardless of frequency.
 - a. All personnel, in any rank or assignment
3. All personnel assigned to the positions listed above will be required to comply with the regulations set forth by OSHA CFR 1910.1030 and the department's Infection Control Plan.

II. UNIVERSAL PRECAUTIONS

1. Universal precautions will be observed within the department and in field operations in order to prevent contact with blood or other potentially infectious materials.
2. All blood or other potentially infectious materials will be considered infectious regardless of the perceived status of the source individuals.
3. Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees.
4. Hand washing is a major component of universal precautions. Soap dispensers in all department restrooms are filled with an antiseptic soap effective against a wide range of pathogenic organisms.
 - a. Refilling will be done by the janitorial staff on a "as need" basis using Antiseptic soap provided by the department

5. Employees engaged in field operations away from the department facility will be supplied antiseptic towelettes as an alternative to hand washing. If these are used then employees will wash their hands upon return to the department facility.
 - a. The antiseptic towelettes are located in each department vehicle's PPE kit.
6. Supervisors shall ensure that after the removal of personal protective gloves, employees shall immediately, or as soon as feasible following contact, wash their hands and any other potentially contaminated skin area with soap and water.
 - a. This provision does not apply to wearing of gloves during routine body searches and the escorting of prisoners.
7. Supervisors shall ensure that if employees incur exposure to their skin or mucous membranes that those areas shall be washed or flushed with water as soon as feasible following contact.
8. In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, apply cosmetics or lip balm, or handle contact lenses.
9. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

III. PERSONAL PROTECTIVE EQUIPMENT (PPE)

1. The department safety officer (Evidence/Investigative Technician) will be responsible for maintaining and supplying PPE for the department.
2. All PPE used by this department will be provided without cost to employees. PPE will be chosen based on the anticipated exposure to blood or other potentially infectious materials.
3. The PPE will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the PPE will be used.
4. Supervisors shall ensure that employees use appropriate PPE whenever feasible.
5. Under rare and extraordinary circumstances where, in the employee's professional judgment, the use of PPE would result in inadequate health care or present a danger to the employee or another person, the use of PPE may be bypassed.
 - a. As soon as possible, the employee will don PPE.

- b. If the employee makes this judgment, the employee shall submit a written report to the Safety Officer.
 - c. The Safety Officer shall review the report and determine whether changes can be instituted to prevent such occurrences in the future. The Safety Officer will then forward the report to the Chief of Police/Fire.
 - d. The Chief shall place a copy of the report in the employee's medical record.
6. The department will provide all necessary PPE for vehicles in the form of PPE kits. Each PPE kit will contain the following items:
 - a. Latex gloves (3 pair)
 - b. Poly Boots (2 pair)
 - c. Goggles
 - d. Mask
 - e. Pocket resuscitation device
 - f. Hand sanitizer bottle
 - g. Absorbent powder
 - h. Towelettes
 - i. Bio-hazard bags with ties (2)
 - j. Coveralls
7. One PPE kit will be placed in each department vehicle.
8. Additional PPE will be stored in the storage room located in the patrol room.
9. At each PPE site, including in all the vehicles will be a copy of the HPD Infection Control Plan.
10. The department will provide PPE in appropriate sizes and to meet individual employee needs. If gloves and other equipment found in the PPE kits does not fit the employee, the employee is responsible for notifying the Chief of sizes needed. Hypoallergenic gloves or other similar alternatives will be made available to employees who have an allergic sensitivity to gloves.
11. Employees will wear appropriate gloves when it can be reasonably anticipated that they will have contact with blood, other potentially infectious materials, and when handling or touching contaminated items or surfaces. Employees

- will inspect the gloves after donning for tears and punctures. If their ability to function is compromised they will be replaced prior to use.
12. While gloves are in use, replace if they are torn, punctured, contaminated, or their ability to function as a barrier is compromised.
 13. Utility gloves may be decontaminated for reuse if their integrity is not compromised. Discard utility gloves when they show signs of cracking, peeling, tearing, puncturing or deteriorating.
 14. Never wash or decontaminate disposable gloves for re-use.
 15. Employees will wear face and eye protection by utilizing both a face mask and eye protection, or by using a full face shield when splashes, sprays, spatters or droplets of blood or other potentially infectious materials pose a hazard to the eye, nose or mouth.
 16. Additional protective clothing, such as gowns, coveralls or other similar outer garments, will be worn in instances when gross contamination can be reasonable anticipated. The following situations require that such protective clothing be worn:
 - a. Autopsies
 - b. Violent homicide/suicide crime scenes
 - c. Human body extrication
 - d. Disaster scenes
 - e. Suspected Bio-terrorism Incidents
 17. Uniforms and other clothing contaminated with blood or other potentially infectious materials will be handled as little as possible.
 - a. Contaminated laundry will be placed in bio-hazard bags which can be found at PPE supply sites.
 - b. The bio-hazard bags containing the laundry will have an evidence tag attached noting that it is contaminated laundry and who it belongs to, and where on the uniform the contamination occurred.
 - c. This bag will then be taken to the cleaners by the person the clothing belongs to. The City will cover these cleaning cost.
 18. The employee will shower if body fluids were in contact with skin under work clothes.

IV. PPE - USAGE AND RESUPPLY

1. All PPE supply sites will be inspected weekly by the safety officer.
2. Employees assigned department vehicles are responsible for maintaining the PPE kits within the vehicle. Additional PPE for re-supplying vehicle kits can be found in the storage room.
 - a. Supervisors will inspect the PPE kits when doing routine vehicle inspections to ensure they are complete.
 - b. Supervisors can find a content list for PPE kits in the HPD Infection Control Plan located with each PPE kit. Refer to section III.6 within the plan.

V. HOUSEKEEPING

1. Housekeeping refers to the procedures taken in a particular work area to keep it clean and sanitary. Work areas within the department include all areas within the facility itself, facility grounds and parking areas, and all department vehicles.
2. Universal Precautions require that any employee involved in any contamination incident will be responsible for cleaning and disinfecting the area as soon as feasibly possible after the incident.
 - a. Personnel not observing Universal Precautions will not be permitted in areas that have been contaminated.
 - b. Untrained personnel will not be allowed to attempt to disinfect the contaminated area.
3. Employees are required to use PPE when cleaning any contaminated area and are required to use adopted methods of cleaning and disinfecting the area.
 - a. Decontamination will be accomplished by using a household bleach solution which is labeled and freshly mixed (that day) with tap water in a 1:10 dilution.
 - b. An EPA registered hospital disinfectant chemical germicide that has a label claim for tuberculocidal activity may be used as an alternative to the bleach solution.
4. All contaminated equipment and work surfaces that have been overtly contaminated with blood or infectious material shall be cleaned and disinfected as soon as feasible but no later than the end of the work shift.

5. Areas of prime concern are the patrol cars.
 - a. Vehicles will be dead-lined until they are de-contaminated.
6. In all cases, cleaning and de-contamination of a work area will be completed by the end of their tour of duty at the latest.
7. If an area or vehicle cannot be cleaned immediately, it must be clearly marked as a contamination site.
 - a. Appropriate placards, labels and signs can be found in the storage room for identifying an area as contaminated.
8. Any broken glassware or sharps which may be contaminated will not be picked up directly with the hands but will be swept up with a broom or picked up with tongs.
9. Refer to department policy for the proper submittal of contaminated sharps, such as knives, needles and glass, into evidence.
10. All contaminated materials will be placed in bio-hazard bags.
 - a. Before leaving the scene of contamination, all disposable PPE and any items used to clean and disinfect will also be removed and placed in a bio-hazard bag.
 - b. Bio-hazard bags will then be placed in the white container in the storage room that is marked with the bio-hazard symbol.
11. Bio-hazard waste will never be placed in ordinary garbage cans, dumpsters or other waste receptacles.
12. All bio-hazard waste will be placed in provided bio-hazard waste bags.
 - a. Employees should take extra care while transporting bio-hazard waste to ensure they don't rip or tear the bags.
 - b. If a bio-hazard bag does become compromised, it must be placed in another bio-hazard bag.
 - c. Any spillage must be treated as a contaminated site and be cleaned accordingly.
13. As bio-hazard waste receptacles become full, they will be sealed by the safety officer and transported to an approved facility for proper disposal.
14. PPE must be used by all employees while transporting waste.

15. Bio-hazard waste receptacles will be cleaned and disinfected by the safety officer after bag disposal or after being notified that the receptacle has been contaminated by a leaking bag, etc.

VI. HEPATITIS B VACCINATION PROGRAM

1. The department offers a free Hepatitis B vaccination series to all employees determined as being at occupational risk.
2. The vaccination series consists of three doses of vaccine given within a six-month period.
 - a. After the first shot is administered, the second shot is given one month later and the final shot is given six months after the initial shot.
3. There is no cost to the employee for the vaccine and its administration as long as employment is continued until the vaccine series is completed.
 - a. If the employee terminated employment, it will be their responsibility for making arrangements, at their cost to complete the vaccination series.
4. If a routine booster dose(s) of Hepatitis B vaccine is recommended by the US Public Health Service at a later date, it will also be furnished without cost to any employee with occupational risk.
5. It is recommended that the employee consider receiving the Hepatitis B vaccine to protect themselves from contracting Hepatitis B.
 - a. In order to make an informed decision on this matter, information on Hepatitis B and the vaccine provided in an appendix at the end of this plan.
 - b. This information was provided by the US Department of Health and Human Services, dated Jan. 31, 1992.

TB Testing

1. The department offers free TB testing to all employees determined to be at occupational risk. The testing will be provided on an annual basis, or according to current public health recommendations, and after any exposure.
2. The test consists of a skin test in which a small needle is used to put some testing materials, called tuberculin, under the skin. In two or three days, a health care worker will check to see if there is a reaction to the test.

VII. EXPOSURE INCIDENTS AND POST-EXPOSURE EVALUATION

1. It is the employee's responsibility to report any exposure incident immediately (or no later than the end of that tour of duty) to their supervisor. An exposure

incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from performance of an employee's duties.

2. If the employee does not report an exposure incident, the department cannot begin any post-exposure evaluation or follow-up treatment.
3. The department will offer, without cost to all employees listed in Section I with a risk classification, medical testing, treatment and related counseling in the event of a documented exposure incident. The results of all medical evaluations and counseling shall be confidential between the health care professional and the employee.
4. In the event of an exposure, the employee's immediate supervisor will ensure the following steps are completed. (If a supervisor is not available it will be the employee's responsibility to accomplish these steps.)
 - a. Perform immediate first aid procedures (such as thorough washing of skin or flushing of mucous membranes, or encourage bleeding from puncture wounds.)
 - b. Complete an Exposure Incident Report which includes as many details of the exposure as are available, and fill out a Colorado Workers Compensation Form.
 - c. The employee will then respond to a medical facility for treatment. This should be done within two hours, if not sooner, after the exposure has occurred.
 - d. The supervisor will ensure the employee has a copy of the Exposure Incident Report before going to the hospital.
 - e. Once at the hospital, the employee will inform the Emergency Room staff that they have possibly been exposed to blood or other potentially infectious materials and that the employee is there for post-exposure treatment. All costs for this post-exposure treatment will be covered by the department.
5. Once an exposure incident had been evaluated, the health care provider will explain to the employee the following:
 - a. The nature of the tests to be performed.
 - b. The benefits and risks associated with any testing procedures.
 - c. Any alternatives to testing, and the benefits and risks of those alternatives.
 - d. The exact limits of confidentiality.

6. The exposed employee's blood shall be collected as soon as is feasible and tested after consent is obtained.
 - a. If the exposed employee consents to baseline blood collection, but does not give consent at that time for HIV testing, the sample shall be preserved for 90 days.
 - b. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as possible.
7. The department will make every attempt to identify the source(s) of exposure.
 - a. This will be done pursuant to the "Ryan White Act" and coordinated with medical facility designee.
 - b. If the source individual is known to be positive for any Bloodborne pathogenic disease, further testing of the source is not required.
 - c. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
8. The Chief of Police/Fire shall provide the employee with a copy of the evaluating health care professional's written opinion within 5 days of the completion of the evaluation. The opinion shall be limited to the following information:
 - a. In regards to Hepatitis B vaccination, whether Hepatitis B vaccination is indicated for an employee and if the employee has received such vaccination.
 - b. That the employee has been informed of the results of the evaluation.
 - c. That the employee had been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
 - d. All other findings or diagnoses shall remain confidential and shall not be included in the written report.
9. All documentation involving the exposure incident and post-exposure evaluation and treatment will be filed in the employee's medical record.

VIII. MEDICAL RECORDS

1. A medical record shall be maintained for each employee defined in Section I as being at risk for occupational exposure.

2. These records will be maintained by the Chief of Police/Fire and shall be kept in the Chief's office.
3. The medical records shall include, but is not limited to, the following information:
 - a. Name and social security number of the employee
 - b. A copy of the employee's Hepatitis B vaccination status including the dates of all Hepatitis B vaccinations and any medical records to the employee's ability to receive vaccination, including either the employee's Consent or declination form. (see Section VII)
 - c. A copy of all results of examination, medical testing, and follow-up procedures incurring during an exposure incident and its subsequent post-exposure evaluation and treatment.
 - d. The employer's copy of the health care professional's written opinions received after a post-exposure evaluation (see Section VIII.10).
 - e. A copy of the information provided to the health care professional by the department during a post-evaluation (see Section VIII.6).
4. The Chief of Police/Fire shall ensure the employee medical records are kept confidential and are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by OSHA 29 CFR Part 1910.1030 or as may be required by law.
5. Upon termination of employment, employee's medical records will be sealed within the employee's personnel file for normal storage.

IX. TRAINING

1. The department will provide training to all employees with occupational exposure at no cost and during working hours. Participation in the training is mandatory.
2. The Chief of Police/Fire, or his designee, will schedule all required employees for the required Bloodborne Pathogens training session.
3. Thereafter, employees shall receive annual refresher training scheduled at the department.
4. Material appropriate in content and vocabulary to educational level, literacy, and language of employee will be used.
5. The training program shall contain the following information:

- a. An accessible copy of the OSHA 29 CFR Part 1910, 1030, Occupational Exposure to Bloodborne Pathogens, the Final Rule. After reviewing this rule, employees will sign an acknowledgement statement which will be kept on file.
 - b. A general explanation of the epidemiology and symptoms of Bloodborne Pathogens.
 - c. An explanation of the modes of transmission of Bloodborne Pathogens.
 - d. An explanation of the department's Infection Control Plan and the means by which an employee can obtain a copy of it.
 - e. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
 - f. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
 - g. Information on the types, proper use, location, removal, handling decontamination and disposal of personal protective equipment.
 - h. An explanation of the basis for selection of personal protective equipment
 - i. Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
 - j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
 - k. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
 - l. Information on the post-exposure evaluation and follow up that the department will provide for the employee following an exposure incident.
 - m. An explanation of the signs and labels and/or color coding required by OSHA 29 CFR Part 1910.1030.
6. Employees will be given the opportunity for interactive questions and answers with the person conducting the training sessions.

7. The person conducting the training shall be knowledgeable in the subject matter presented as it relates to the workplace that the training will address.
8. The department will provide additional training when changes such as modification of tasks and procedures or institution of new tasks and procedures affect the employee's occupational exposure. This additional training will be limited to the new exposure created.

X. TRAINING RECORDS

1. All training conducted in accordance with OSHA 29 CFR Part 1910.1030 shall be recorded and filed with the employee's training records.
2. Training records will be maintained by the Chief of Police/Fire, or his designee.
3. Training records shall include the following:
 - a. The date of training sessions.
 - b. The contents or a summary of the training session.
 - c. The names and qualification of persons conducting the training.
 - d. The name and job titles of all personnel attending the training.
4. Individual training records for Bloodborne Pathogens training will be incorporated within the employee's department training file and maintained while the employee remains employed with the department.
 - a. Upon termination, the training file will be forwarded to the Chief's office for inclusion in the employee's personnel file.
5. Training records for the training conducted, i.e. class rosters, lesson plans, instructor qualification and similar material, will be maintained for six years from the date of which the training occurred

HEPATITIS B INFORMATION

What is Hepatitis B?

Hepatitis B is an infection of the liver caused by the Hepatitis B virus (HBV). HBV is one of several types of viruses (infections) that can cause Hepatitis. There is a vaccine that will prevent HBV infection.

Hepatitis B virus infection may occur in two phases. The acute phase occurs after a person becomes infected, and can last from a few weeks to several months. Some people recover after the acute phase, but others remain infected for the rest of their lives. They go into the chronic phase and become chronic carriers. The virus remains in their liver and blood. The incubation period for Hepatitis ranges from 40 to 120 days.

Acute Hepatitis B usually begins with symptoms such as loss of appetite, extreme tiredness, nausea, vomiting and stomach pain. Dark urine and jaundice (yellow eyes and skin) are also common, and skin rashes and joint pain can occur. Over half of the people who become infected with HBV never become sick, but some may have long-term liver disease from their HBV infection.

About 300,000 children and adults in the US become infected with the Hepatitis B Virus each year. More than 10,000 of them need to be hospitalized and 250 die. Most of these deaths are from liver failure.

HBV is passed from one person to another in blood or certain body secretions. This may occur during sexual relations or when sharing things like toothbrushes, razors, or needles used to inject drugs. A baby can get HBV at birth from its mother. A doctor or nurse may get HBV if blood from an infected patient enters through a cut or accidental needle stick.

Those people infected with HBV who become chronic carriers, can spread the infection to others through their lifetime. They can also develop long-term liver disease such as cirrhosis (which destroys the liver) or liver cancer.

Who becomes a Chronic Carrier of HBV?

Of every 100 young adults who catch HBV, 6 to 10 become chronic carriers, Children who become infected with HBV are more likely to become chronic carriers than adults. Of every 10 infants who are infected at birth, up to 9 will become chronic HBV carriers. The younger a child is when the infection occurs, the more likely that child will become a carrier.

About one-fourth of Hepatitis B carriers develop a disease called Chronic Active Hepatitis. People with Chronic Active Hepatitis often get Cirrhosis of the liver, and many die from liver failure. In addition, they are much more likely than other people to get cancer of the liver. In the United States, about 4,000 Hepatitis B carriers die each year from Cirrhosis and more than 800 die from liver cancer.

Hepatitis B Virus Infections of Children

Each year 22,000 children are born to women who are carriers of HBV. In the past 4,000 to 5,000 of these infants were born with HBV infection. Almost all of these infections can now be prevented. A pregnant woman can find out if she is infected with HBV by getting a

simple blood test. If she is infected, she can protect her newborn infant from infection by getting the child immunized with Hepatitis B vaccine and Hepatitis B immune globulin (HBIG) as soon after birth as possible.

Certain groups of children are more likely to get HBV because they or their parents come from countries where infection is much more common than in the United States. (These are countries in Asia, Africa, South America, the South Pacific, and eastern and southern Europe). It is very important that these children receive Hepatitis B vaccine at birth or at least before they are one year old.

Why All Children Should Receive Hepatitis B Vaccine

Anyone can get HBV infection. In fact, about 1 out of every 20 people in the United States has been infected with HBV. Because of the serious liver disease, cancer, and death resulting from HBV infection, all infants in the United States should be vaccinated against this virus. This will protect them when they become teenagers and adults, and are most likely to catch Hepatitis.

Hepatitis B Vaccine and Hepatitis B Immune Globulin

Hepatitis B Vaccine

Hepatitis B vaccine is given by injection. Three doses, given on three different dates, are needed for full protection. Exactly when these three doses are given can vary. Infants can get the vaccine at the same time as other baby shots, or during regular visits for well child care. Your doctor or nurse will tell you when the three shots should be given.

The Hepatitis B vaccine prevents HBV infection in 85% or 95% of people who get all three shots. Studies have shown that in these people protection lasts at least 10 years. Booster doses are not recommended at this time.

Who should Get Hepatitis B Vaccine?

Adults and Other Groups

Hepatitis B vaccine is also recommended for adolescents and adults at high risk for getting

HBV infection. This includes:

1. People who are exposed to blood or blood products in their work (health care workers or emergency care responders for instance);
2. Clients and staff of institutions for the developmentally disabled, as well as clients and staff of group homes where any of the residents is a chronic carrier;
3. Hemodialysis patients;
4. Men who have sex with men, or think they are women but are really men;
5. Users of injectable drugs;

6. People with medical conditions who receive blood products to help their blood clot;
7. People who live with, or have sex with, HBV carriers;
8. People who have more than one sexual partner, or people who are treated for sexually transmitted diseases;
9. And, people who travel to, or live in, part of the world where HBV infections are common.

Hepatitis B vaccine is also recommended for people who have been exposed to HBV. This includes people who have never been vaccinated for Hepatitis B, and who;

1. Have an accident in which blood containing HBV enters their body through the skin or mucous membrane;
2. Have sexual contact with someone with acute Hepatitis B.

In some case, Hepatitis B vaccine should be started at the same time as treatment with HBIG (see below).

Hepatitis B Immune Globulin (HBIG)

HBIG is often given along with Hepatitis B vaccine to people who have been exposed to HBV. It gives protection from the virus for the first 1 to 3 months, then the vaccine takes over and gives long lasting protection. HBIG is made from human plasma (a part of the blood). Any viruses found in the blood are killed during its preparation, and no one has ever been known to get Hepatitis B or AIDS or any other virus from HBIG. Most people need only one dose to protect them after exposure to HBV.

Who Should Get Hepatitis Immune Globulin

HBIG is recommended for the following people. (For most people, the first dose of Hepatitis B Vaccine should be given at the same time as the HBIG).

1. **Persons accidentally exposed to blood or body fluids that may contain HBV.** Exposed persons who have not been vaccinated should get one dose of HBIG and begin the Hepatitis B vaccine series. Exposed persons who have had Hepatitis B shots may also need HBIG. A doctor or nurse should make that decision.
2. **Persons having sexual contact with anyone who has acute Hepatitis B.** These people should get a dose of HBIG within 14 days of the most recent sexual contact with anyone who has acute Hepatitis B. They may also need to get Hepatitis vaccine.

Possible Side Effects from Hepatitis B Vaccine and HBIG

The most common side effect of Hepatitis B vaccination is soreness where the shot is given. Tenderness at the injection site had been reported in up to 46% of infants vaccinated. Of children who get the vaccine, 2% to 5% may get a fever greater than 102 degrees Fahrenheit

or become irritable. When Hepatitis B vaccine is given with other childhood vaccines, it does not make the mild reaction worse than would be seen with the other vaccines alone. HBIG has sometimes been associated with swelling and hives. As with any drug, there is a slight chance of allergic or more serious reactions with either the vaccine or HBIG. However, no serious reactions have been shown to occur due to the Hepatitis B recombinant vaccines. (These are the one currently in use). A person cannot get Hepatitis B or AIDS from a Hepatitis B shot or from HBIG shot.

Before recombinant vaccines were used in the United States, another type of Hepatitis B vaccine (plasma-derived) was used. Surveillance showed that getting the first dose of plasma-derived Hepatitis vaccine may have been associated with the paralytic illness Gullian-Barre syndrome (GBS). However, the recombinant vaccine has not been shown to be associated with GBS.

Precautions

Recombinant Hepatitis B vaccine is contraindicated for individuals who are hypersensitive to yeast or any component of the vaccine. Any serious active infection prior to receipt of the vaccine is reason to delay the vaccine.

Employees with a history of cardiopulmonary disease are at risk from a possible febrile or systemic reaction and must consult their private physician prior to receipt of the vaccine, and have an authorization from their private physician for administration of the vaccine.

The Hepatitis B vaccines are not recommended for use by pregnant women or nursing mothers.

Questions

If you have any questions about Hepatitis B, HBIG, or Hepatitis B vaccine, please ask now or call your doctor at Steamboat Medical, Inc (879-0203), before you sign this form.

Reactions

If the person who received HBIG and/or the vaccine gets sick and visits a doctor, hospital or clinic during the 4 weeks after receiving the vaccine, please report it to the Chief of Police/Fire.

What is Tuberculosis?

Tuberculosis is commonly called TB and is spread by tiny germs that can float in the air. TB germs may spray into the air of a person with **TB disease** of the lungs or throat, coughs, shouts or sneezes. Anyone nearby can breathe the TB germ into their lungs. You cannot get TB from someone's clothes, drinking glass, handshake or toilet.

TB germs live in your body without making you sick. This is called **TB infection**. Your immune system traps TB germs with special germ fighters that keep TB germs from making you sick. Sometimes the TB germ can break free and then they cause **TB disease**. The germs can attack the lungs or other parts of the body, including the kidneys, the brain, or the spine. People who have TB disease need medical help, if they don't get the help they can die.

A skin test is the only way to tell if you have TB infection. This test is usually done on the arm. A small needle is used to put some testing material, called tuberculin, under the skin. In two or three days, a health care worker will check to see if there is a reaction to the test. The test is positive if a bump about the size of a pencil eraser or bigger appears on your arm. This bump means you probably have TB infection.

Unless you get preventive treatment, TB infection can turn into TB Disease. It is very important that you take your preventive treatment as your doctor recommends. It takes a least six months to a year to kill all the TB germs. Remember, you will always have TB germs in your body unless you kill them with the right medicine.

If you have TB Disease, you may, feel weak, lose your appetite, lose weight, have a fever, or sweat a lot at night. These are signs of TB Disease and they may last for several weeks. They normally get worse without treatment. If the TB Disease is in your lungs, you may, cough a lot, cough up mucus or phlegm, cough up blood, or have chest pain when you cough. If you get TB Disease in another part of the body, the symptoms will be different. Only a doctor can tell if you have TB Disease.

VICTOR POLICE/FIRE AND/OR FIRE DEPARTMENT

HEPATITIS B VACCINATION PROGRAM

CONSENT FORM

I, _____, have read the information with the department's Infection Control Plan concerning Hepatitis B, HBIC, and Hepatitis B vaccine. I have also had the opportunity to ask questions regarding the program.

I further understand that it is my responsibility to attain all three doses of the vaccine, and that if I fail to receive all three doses of the vaccine, I will not be effectively vaccinated against Hepatitis B.

I further understand that even if properly vaccinated by completing the required three doses, that there is a possibility that immunity will not occur.

I choose to participate in the Victor Police/Fire Department Hepatitis B vaccination program as explained in the department's Infection Control Plan.

Signature: _____ Date: _____

Social Security Number - _____

Witness: _____ Date: _____

VICTOR POLICE/FIRE DEPARTMENT
HEPATITIS B VACCINATION PROGRAM
DECLINATION FORM

I, _____, have read the information within the department's Infection Control Plan concerning Hepatitis B, HBIG, and Hepatitis B vaccine. I have also had the opportunity to ask questions regarding the department's vaccination program.

I further 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 have had the opportunity to consult with the physician of my choice concerning HBV infection, the risk involved, and the vaccination offered to me.

I have been given the opportunity to be vaccinated, at no charge to myself, within the guidelines of the department's Hepatitis B Vaccination Program.

At this time, I decline the Hepatitis B vaccination. I understand that I can choose to participate in the department's Hepatitis B Vaccination Program at any time in the future while still employed by the department.

Signature: _____ Date: _____

Social Security Number- _____

Witness: _____ Date: _____

HEPATITIS B VACCINATION RECORD

Employee: _____

Date Consent Signed: _____

ADMINISTRATION OF HEPATITIS B VACCINE

1st DOSE:

Received: Date: _____ Time: _____ Lot Number: _____

Administered by: _____

Side Effects (note details): _____

2nd DOSE:

Received: Date: _____ Time: _____ Lot Number: _____

Administered by: _____

Side Effects (note details): _____

3rd DOSE:

Received: Date: _____ Time: _____ Lot Number: _____

Administered by: _____

Side Effects (note details): _____

COMMENTS: _____

VICTOR POLICE/FIRE DEPARTMENT

EXPOSURE INCIDENT REPORT

To be completed by on-call supervisor, or the employee, immediately after incident.

Date of Incident: _____ Time: _____

Location: _____

Employee Name: _____

Employee SSN: _____

Employee has received Hepatitis B vaccination: Yes () No ()

Blood or potentially infectious materials involved: _____

Type: _____

Source: _____

Circumstances of Exposure: _____

Personal Protective Equipment used: _____

If not used, explain: _____

Recommendations for avoiding similar exposure in the future: _____

Exposure Incident Report Completed on: _____

By: _____ Title: _____

VICTOR POLICE/FIRE DEPARTMENT

POST-EXPOSURE INCIDENT FOLLOW-UP CHECK LIST

The following steps are to be completed and recorded by the Chief of Police/Fire, or his designee.

ACTIVITY	DATE
1. Employee furnished with and completed all Workers Compensation Forms	(_____)
2. Employee furnished with copy of Exposure Incident Report	(_____)
3. Source individual identified Name:_____	(_____)
4. Consent obtained from source individual for testing Yes (____) No (_____)	(_____)
5. Source individual virus status known, testing not required	(_____)
6. Employees blood collected and submitted for testing	(_____)
7. Employee treated at med. facility and follow-up treatment scheduled.	(_____)
8. Health care professional s written opinion received and copy furnished to employee	(_____)
9. All documentation forwarded to Chief of Police/Fire for filing	(_____)
Signature:_____	(_____)