II. D. 3. b. Occupational Exposure to Air Borne Pathogens/Tuberculosis

The Department shall develop plans and establish procedures to control occupational exposure to tuberculosis and other airborne pathogens to minimize or eliminate potential exposure by certain categories of faculty members and students in certain high-risk occupational training programs.

Each state Technical College shall have in place a state-approved Tuberculosis Exposure Control Plan designed to minimize or eliminate faculty and student occupational exposure to tuberculosis and other airborne pathogens in certain high-risk occupational training programs.

Requirements under this policy shall be reviewed annually and shall be revised with regard to the U.S. Public Health Service and the Occupational Safety and Health Administration recommendations and guidelines.

An updated plan shall be in place, at each Technical College, by September 1 of each year to reflect changes in the aforementioned requirements and to identify newly approved instructional programs covered by this policy.

Each Technical College shall appoint an administrative or faculty staff member to monitor compliance with the college Tuberculosis Exposure Control Plan. This person may be either an administrator holding professional medical credentials or an allied health or nursing faculty member holding professional medical credentials with knowledge of infectious diseases and infection control practices.

The Commissioner shall approve Technical College exposure control plans annually prior to the September 1 effective date.

The Department shall provide copies of appropriate excerpts from the CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis and 29 C.F.R. 1910 Occupational Exposure to Tuberculosis Final Rule to each Technical College for information and compliance.

Procedures designed to address and ensure compliance with this policy are found in the Administrative Guide.

The general authority for Part 1910.1030 of Title 29 of the Code of Federal Regulations (C.F.R.) is contained within Sections 6 and 8, Occupational Safety and Health Act, 29 U.S.C. 653, 655, 657.

Definitions

An occupational exposure to tuberculosis is defined as "exposure to the inhaled or expired air of a person with confirmed or suspected TB disease, exposure to a high-hazard procedure or an individual with suspected or confirmed TB disease and with the potential to generate potentially infectious airborne respiratory secretions."

An occupational exposure to blood borne pathogens shall be any exposure to blood or other potentially infectious body materials by a faculty member of student in either an instructional lab activity or in an occupational-based instructional setting as a clinical rotation or other work-site.

The state-approved exposure control plan shall be a comprehensive written document, which shall include those elements found in the U.S. Public Health Service; Centers for Disease Control and Prevention Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities- 1994, as revised and 29 C.F.R. 1910 Occupational Exposure to Tuberculosis Final Rule, 2000 (pending). This plan shall govern faculty and student activities when performing tasks or procedures that involve the potential for exposure involving suspected or confirmed TB patients in clinical settings or other OBI activities.

Covered faculty members and students are those identified by the college Tuberculosis Exposure Control Plan as having potential for exposure to persons or patients with suspected or confirmed TB disease in the normal conduct of faculty duties or student instructional activities.

Reference

Post-Exposure Follow-up for Tuberculosis/Airborne Pathogens

Created: March 30, 2001

Approved

APPENDIX F

SAMPLE/MODEL FORMS

1. 29 CFR training Program Summary Form
2. Employee/Student Compliance Log Form
3. Personal Protective Equipment/Task Log Form
4. Decontamination Log Form
5. Major Points of Work Practice/Engineering Controls
6. Disinfectant Information Sheet
7. Accidental Exposure Documentation Form
8. Hepatitis B Vaccination Consent Form
9. Employee Hepatitis B Vaccine Declination Form
10. Student Hepatitis B Vaccine Declination Form

Documentation of Blood and Airborne Pathogens Training
Occupational Exposure to Blood and Airborne Pathogens Standard
Georgia Department of Technical Adult Education

College: _____ Employee/Student: _____

Date(s) of Training: _____ Employee/Student SS#: _____

Instructor(s): _____

Purpose:	☐ Initial Assignment	☐ Annual Refresher	☐ Supplemental
Levels:	☐ Faculty	☐ Other Employee	☐ Student

☐ Program Area or ☐ Job Assignment: _____

Summary of Training (Including but not limited to):

CFR-29 1910.1030
Bloodborne Pathogens

1. Copy of OSHA Standard CFR 1910.1030
2. Explanation of the epidemiology and S&S of blood borne disease
3. Modes of Transmission
4. Review of the College Exposure Control Plan
5. Methods for recognizing tasks/activities that may involve exposure to blood other potentially infection body
6. Use a limitations of methods to reduce or eliminate exposure
7. Types, proper use, location, removal, handling decontamination and disposal of personal Protective Equipment.
8. Selection of appropriate Personal Protective Equipment
9. Benefits of being vaccinated and that vaccine is offered free of charge to employee and at-cost to students
10. Actions to take and person to contact in an emergency involving an accidental exposure
11. Procedure to follow if an exposure incident occurs
12. Explanation of signs and labels required.
13. Other _____

CDC Guidelines for Prevention of Transmission of Tuberculosis... - 1994

1. Mode(s) of transmission
2. Pathogenesis
3. Diagnosis and assessment of TB
4. Latent infection stage compared to the active disease state.
5. Signs and Symptoms of tuberculosis
6. The possibility of reinfection in persons with a positive PPD
7. The potential for occupational exposure and transmission of TB
8. Principles/practices which reduce risk of exposure/transmission
9. Review of written policies and procedures
10. The purpose of PPD testing and significance of a positive result
11. Principles of preventive therapy in latent infection
12. Process and steps in the medical evaluation of a PPD test conversion and following signs and Symptoms of TB disease (Faculty and Students)
13. Principles of drug therapy for active tuberculosis
14. The risk of TB in HIV and AIDS patients or other immunosuppressive disease
15. Confidentiality secondary to assessment and treatment of faculty or student who develop TB disease
16. The College's policy on voluntary duty reassignment options for immunocompromised faculty members and students in covered occupational areas.

I certify that this person attended this training module and successfully completed all requirements of this module.

_____ _____
Signature of Instructor Date(s)

Blood and Airborne Pathogens Employee/Student Compliance Log
Health Information Technology

☐**Employee List** ☐**Student List** Page _____ of _____

Name of Employee/Student	Position Title or Student Program Area	Date of Employment or Enrollment	Occupational Exposure Potential	If Yes, Initial Training Date	Vaccination Date	(or) Declination Date	Next Date of Training
		/ /	Y___ N___	/ /	/ /	/ /	/ /
		/ /	Y___ N___	/ /	/ /	/ /	/ /
		/ /	Y___ N___	/ /	/ /	/ /	/ /
		/ /	Y___ N___	/ /	/ /	/ /	/ /
		/ /	Y___ N___	/ /	/ /	/ /	/ /
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		/ /	Y___ N___	/ /	/ /	/ /	/ /
		/ /	Y___ N___	/ /	/ /	/ /	/ /
		/ /	Y___ N___	/ /	/ /	/ /	/ /

PERSONAL PROTECTIVE/BARRIER EQUIPMENT

EQUIPMENT	USE	MISUSE
Infectious Waste Bags (Red with biohazard symbol)	• Use to contain material "super saturated" with blood/body fluids (excluding feces and urine). • Transport to dirty utility for disposal. Thickness and labeling must be in compliance with regulating agencies.	• Double bagging is not necessary. • If outside of bag becomes contaminated, it should be replaced.
Resuscitation Devices	• Used to initiate CPR without exposure to patient's mucous 2<< or other blood/body fluids. • Discard after use and replace.	
Contaminated Needle Receptacles	• Place needles, scalpels, broken glass, razor, and all other contaminated sharps DIRECTLY into container. • Container should be carefully closed prior to being removed for disposal. • Container should be immediately replaced to allow for constant access.	• DO NOT RECAP or otherwise manipulate needles before discarding. Recapping devices should be available for unavoidable recapping situations. • DO NOT OVERFILL. • DO NOT use for other non-sharp waste. Tape and tubing clog the container and cause a dangerous situation.
Nonsterile Exam Gloves	• Whenever it is likely that hands will be in contact with blood/body fluids. • Hypoallergenic must be supplied as needed. • Remove immediately after use and WASH HANDS. Gloves do not replace the act of handwashing. Mandated for phlebotomy.	• Gloves are not a substitute for handwashing. • Gloves should be removed immediately after use. • They should never be worn in hallways.
Mask and Goggles or Mask/Eyeshield Combination	• Wear to protect eyes and mucous membranes of the mouth and nose whenever it is likely that spraying or splashing of body fluids will occur. Mask must be fluid resistant.	• Should not be worn dangling around neck between uses. • Should NOT be reused.
Fluid Resistant Disposable Towns	• Wear protective clothing and forearms from contact with blood/body fluids. • Remove immediately after use and discard in trash.	• DO NOT store between uses. • DO NOT reuse. • DO NOT use for sweater or cover-up.
Lab Specimen Transport Bags	• Place specimen in Ziplock bag, use second pouch to protect requisition.	• Double begging not necessary. If outside of bag becomes contaminated, it should be replaced.

Exposure Control Program

*****

Table 1
Personal Protective Equipment

Tasks	Puncture Resistant Gloves	Fluid Resistant Gloves	Rubber Gauntlet Gloves	Uniform/ Coverall	Lab Coats	Disposable Coverall	Fluid Resistant Apron	Facesheild or Goggles & Mask	Safety Glasses	Goggles

KEY: **R – Required to be worn.**
A – Available; worn in appropriate situations.
N – Not required.

(All PPE must be inspected, cleaned and replaced as needed in order to maintain its effectiveness.)

DECONTAMINATION SCHEDULE

EQUIPMENT	DATE OF DECONTAMINATION	MEDTHOD USED	INITIALS PERSON PERFORMING TASK	DATE OF NEXT SCHEDULED DECONTAMINATION

S – Denotes decontamination by means of steam

C – Denotes chemical disinfection

The chemical disinfection used by this faculty is _____ and is located in the following areas.

MAJOR POINT OF WORK PRACTICE AND ENGINEERING CONTROL

REQUIREMENT	WORK PRACTICE	ENGIINEERING
LAUNDRY	• **Ensure use of appropriate PPE for contact with contaminated Laundry.** • **Handle contaminated laundry as little as possible with a minimum of agitation.** • **Bag contaminated laundry at point of use.** • **Do not sort or rinse laundry at point of use.**	• **Provide bags which prevent soak-through and or leakage of fluids to the exterior.** • **Labels or color-code if off site shipping to a facility that does not use universal precautions.**
GENERAL HOUSEKEEPING	• **Clean and decontaminated all equipmental, environmental, and working surfaces after contact with blood or other potentially infectious materials:** **After completion of procedures.** **Immediately or ASAP after blood spill or overt contamination.** **At end of workshift if contamination may have occurred since last cleaning.** • **Broken glassware shall be picked up via mechanical means, e.g. brush and dust pan, tongs, forceps.**	• **Determine and implement appropriate written schedule for cleaning and method of decontamination based upon:** **Locate within facility.** **Type of surface.** **Type if soil present.** **Task/procedures performed there.** • **Ensure inspection and decontamination of reusable receptacles (bin, pails, cans) on regular schedule and ASAP upon visible contamination.**

OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS STANDARD

MAJOR POINTS OF WORK PRACTICE AND ENGINEERING CONTROLS

REQUIREMENT	WORK PRACTICE	ENGINEERING
HANDWASHING (HW)	Ensure proper HW practices, e.g.: • Upon removing gloves or other PPE. • ASAP following use of antiseptic hand cleaner. • ASAP following contact with blood/body fluids.	• Provide readily accessible HW facilities, i.e. sink, running water, soap, towels. • If sink/water unavailable, provide antiseptic hand cleaner and towels/towelettes.
SHARP/NEEDLE CONTAINERS	• Do not bend, shear, or break contaminated needles. • Do not recap or remove contaminated needles unless: no alternative is feasible or such action is required by the specific medical procedure and a mechanical device or on-handed technique is used. • Immediately after use, place reusable sharps in appropriate containers until properly reprocessed.	• Provide containers for contaminated sharps/needles that are puncture resistant, labeled (biohazard) or color-coded (red), leakproof on sides and bottom. • To discard, the container must be closable. • To store or process contaminated reusables ensure the container does not require employees to reach in by hand.
SPECIMEN CONTAINERS	• Place specimens in appropriate containers. • If contaminated, place container into second leak proof container. • Use puncture resistant container as needed.	• Provide containers which prevent leakage during collection, handling, processing, storage, transport, or shipping. • Labeling or color coding is required when containers leave the facility.
PERSONAL PROTECTIVE EQUIPMENT (PPE)	• Ensure use of appropriate PPE (only exception – rare & extraordinary circumstance). • Remove PPE prior to leaving work area. • Dispose of handle/store PPE properly.	• Provide appropriate PPE, in appropriate sizes, readily accessible at worksite or issued to the employee. • Provide cleaning, laundering, disposal, repair, and or replacement of PPE at no cost to employees. Provide special equipment if employee allergic, e.g. gloves.

DISINFECTANT INFORMATION SHEET

TYPE	NAME	ACTIONS/SPECIAL CONSIDERATIONS
Alcohol	Ethyl Alcohol Isopropyl Alcohol	Bacterial against vegetative forms of bacteria, tuberculocidal, fungicidal, virucidal. Does not destroy bacterial spores. Not a high level disinfectant. Cidal activity decreases sharply when diluted to less than 50%. Optimum bactericidal concentration is in the range of 60-90% by volume. Not recommended for sterilizing medical and surgical material principally due to lack of sporicidal action and their inability to penetrate protein rich materials. Can damage shellac mounting on lensed instruments, tend to swell and harden rubber and certain plastic tubing after prolonged and repeated use, may bleach rubber and plastic tiles. Flammable Evaporate rapidly making extended contact time difficult unless the items are immersed.
Chlorine Chlorine Compounds	Hypochlorite: Liquid – Sodium Hypochlorite Solid Calcium Hypochlorite	Broad spectrum antimicrobial activity. Inexpensive, last-acting. Microbiocidal activity depends on the pH, decreasing as pH increases. May produce carcinogenic either when contracts formaldehyde and an animal carcinogen if hot water is hyperchlorinated. Use in hospital is limited by corrosiveness, inactivation by organic matter and relative instability.
	Alternatives Demand Release Chlorine Dioxide, Chlormine-T	These alternatives retain chlorine longer and thus excel a more prolonged bactericidal effect.

TYPE	NAME	ACTIONS/SPECIAL CONSIDERATIONS
Formaldehyde	Formalin – 37% Formaldehyde by Weight	Bactericidal, tuberculocidal, fungicidal, virucidal, sporicidal. Classified by OSHA as a potential carcinogen, employee exposure standards have been established. This along with its irritating fumes and pungent odor limit its role in sterilization and disinfection. Formaldehyde is the preferred disinfectant for inactivating bacteria in the fluid pathway associated with dialysis.
Glularaldehyde	Aqueous Solutions	Aqueous solutions are acidic and not sporicidal until activated by alkalinating agents to a pH pf 7.5 to 8.5. Once activated they have a shell life of 14 days.
	Novel Glutaraldehyde Formulations: Glutataldehyde Phenate Potentiated Acid Glut. Stabilized Alkaline Glut.	Produced in the last several years overcoming the problem of rapid loss of stability while maintaining excellent mocrobiocidal activity. Antimicrobial activity is dependent not only on age but also on use conditions such as dilution and organic stress. Test kits are available for determining concentration effectiveness. Noncorrosive to metal and does not damage lensed instrument, rubber or plastic when used in accordance with manufacturer instructions. Health Care workers can become exposed to elevated levels of glularaldehyde vapor when equipment is processed in poorly ventilated rooms, spills occur or when there are open immersion baths.

TYPE	NAME	ACTIONS/SPECIAL CONSIDERATIONS
Hydrogen Peroxide	Stabilized Hydrogen Peroxide	Bactericidal, virucidal, sporicidal, fungicidal 3% Hydrogen Peroxide is an effective disinfectant on inanimate objects. 3-6% is commonly used to disinfect contact lenses and ventilator circuits. A chemical irritation resembling pseudomembraneous colitis caused by endoscope cleaning solutions (either 3% H2O2 or glularaldehyde) has been infrequently reported.
Iodophors	Iodine Solutions or Tinctures	Skin Antiseptics
	Iodophors – Providone Iodine	Antiseptic and disinfectant. Bactericidal, virucidal, mycobactericidal. May require prolonged contact times to kill certain fungi and bacterial spores. Retain germicidal efficacy of iodine without staining and are relatively free of toxicity and irritancy. Must be properly diluted to achieve antimicrobial activity. Antiseptic iodophor are not suitable for use as hard surface disinfectants because of concentration differences (they contain significantly less free iodine).
Phenolics (Carbolic Acid)	Ortho-phenylpheno Ortho-Benzl-Para Chlorophenol	Manufacturer data demonstrate commercial phenolics are not sporicidal but are tuberculocidal, virucidal, and bactericidal when properly diluted. Generally these manufacturer efficacy claims have been verified by independent labs. Phenolics are used mainly for decontamination of hospital environments, including labs surfaces and for noncritical medical and surgical items. Not recommended for semicritical items because of lack of published efficacy data the risk of issue irritation when on porous materials. Should be used to clean infant bassinets and incubators and should be diluted per manufacturer instructions if used on nursery floors to avoid hyperbiliruninemia due to phenolic exposure.

TYPE	NAME	ACTIONS/SPECIAL CONSIDERATIONS
Quaternary Ammonium Compounds	First Generation Quaternary	Results from manufacturer data sheets and from published scientific literature suggest the quaternaries sold hospital disinfectants are fungicidal, bactericidal, and virucidal against lipophilic viruses. They are not sporicidal and generally not tuberculocidal or virucidal again hydrophilic viruses. Know a good disinfectants and antiseptics, first generation quals were found to have decreased effectiveness when exposed to hard water, soap, anionic residues and proteinaceous soils. Antiseptic claims were eliminated due to documented outbreaks associated within use contamination. Commonly used in ordinary environmental sanitation of noncritical surfaces such as floors, furniture, and walls.
	Second Generation Quaternaries (Dual Qual)	Know as Ethyl Benzyl Chloride Quals their performance in hard water was greatly improved.
	Third Generation Quaternaries	Dialkyl to Twin Chain Quals – remain active in hard water and are tolerated in anionic residues.

Faculty Member/Student Consent Form
Accidental Exposure to Blood or Body Fluid
HIV Antibody Test
Georgia Department of Technical and Adult Education

I have reported an exposure to a patient's/client's blood or other potentially infectious body fluids and have been counseled to have the HIV (AIDS virus) antibody testing.

I understand that this test will be performed as soon as possible after the exposure, and will be repeated at intervals, according to the current U.S. Public Health Service guidelines. I understand that there will be no charge to me for this testing.

I acknowledge that prior to signing this consent from that I have received direct, personal counseling which have included the following:

1. The purpose of the test.
2. The procedures to be followed.
3. The limitations of the test and the meaning of the test results.
4. What is AIDS and how the HIV virus is transmitted.
5. Measures for prevention of HIV infection.
6. The voluntary nature of the HIV antibody test and the right to withhold consent to the test process prior to the actual test being done.
7. The right to keep confidential the information identifying me and the test results to the extent provided by the law.
8. When the test results will be available
9. Partner notification
10. Other recommended limitations and restrictions on activities until completion of the test process.

I understand that the test results will be released to the Institution Infection Control Coordinator and will not be released to any other agency or individual without my express written authorization.

I have had an opportunity to ask questions, which have been answered to my satisfaction. My signature below indicates that I am consenting to HIV antibody testing.

_____

Signature Date

_____

Witness Date

Exposure Incident Evaluation and Follow-up Form
Accident Exposure to Blood or Other Potentially infectious Body Materials

Georgia Department of Technical Education and Adult Education

Institute _____ Program/Course _____

Name of Person Exposed _____ ID # _____

Job or Student Title _____

Location of Incident _____

Describe Circumstances of Exposure Incident

Name of Person Preparing Report _____

Route of Exposure _____

Date Occurred _____ Date Reported _____

Follow-Up

Blood/OPIM

_____ Person involved is referred to physician, Health Department or other licensed HCP for Status assessment, testing, counseling.

_____ Documentation follow-up is on file at the institution and clinical/worksite (as appropriate)

Person involved in incident is informed of:

_____ potential risk of HIV/HBV transmission

_____ explanation of the follow-up process

_____ test results from source individual (when available)

_____ any medical conditions which may result from incident that may require further evaluation

_____ medical information is to be strictly confidential

_____ need for blood testing and immunization therapy

_____ advice to report any illness to HCP occurring in the follow-up period

_____ need to refrain from donating blood or organs during follow-up period

_____ need to refrain from or use protective measures during sexual activities during follow-up period

_____ If ♀, not to breast feed infant

_____ to keep all medical appointments

Airborne

_____ Person involved is referred to physician, Health Department or other licensed HCP for status assessment, testing, counseling

_____ Documentation of follow-up is on file at the college and clinical/worksite (as appropriate)

Person involved in incident is informed of:

_____ potential risk of TB exposure

_____ explanation of the follow-up process

If post-exposure activities are indicated:

_____ base-line PD status

_____ post exposure PPD

_____ prophylactic chest x-ray

_____ person has been medically clear (either not contagious or treatment begun)

_____ if active TB is diagnosed, person is placed on voluntary work restriction

Exposure Incident Report and Follow-Up Form
for
Exposure to Bloodborne/Airborne Pathogens (Tuberculosis)

INCIDENT REPORT

Date of report: _____

Name of person exposed: _____

Employee Number or Student Number: _____

If Student: Program/Course: _____

If Employee: Job Title: _____

Location of incident: _____

Date and time of incident: _____

Describe circumstances of exposure incident or attach report:

_____
_____
_____
_____
_____
_____

FOLLOW-UP

Person involved in incident referred to appropriate health care professional for follow-up. Documentation of medical release is on file at work unit or technical college and clinical or work site (if appropriate). Alternate employment duties/academic activities assignment may be considered based on the opinion of the employee's/student's appropriate healthcare provider.

Name, address and phone number of medical professional providing follow-up care:

_____

_____

Identify Individuals to whom copies were sent within 24 hours:

Exposed Person's Supervisor/Academic Coordinator:

_____ _____

Work Unit or Technical College Exposure Control Coordinator:

_____

Clinical or Work Site Contact Person:

_____

Name/Title of person preparing Exposure Incident Report and Follow-up Form:

Mattie Buchannon, Dean of Academic Affairs _____

(Printed) (Signature)

Blood and airborne pathogen Exposure Procedure

In the event there is an exposure to blood or airborne pathogens please complete the following:

Encourage bleeding at the site of injury

Wash the site of the needle stick or sharp injury with soap and water.

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

Irrigate eyes with saline, clean water or sterile irrigants.

If you are at a clinical facility follow the clinical site's protocol, complete the necessary paperwork for the clinical site

Seek medical attention, to have baseline lab work drawn. This lab work should include blood for HIV, Hep B and Hep C .You may seek medical help before 4PM from:
Phoebe Corporate Health or **Your personal physician**
2410 Sylvester Road

If accident/incident occurs after 5 PM seek help from the nearest emergency room.

Upon arrival to the medical center the student must call Sarah Spurlin at 229. 430.2864 to have Albany Technical College" Bill to me Form" faxed to them for completion.

Check HIV status of both yourself and the person whose blood has been transferred.

Retesting for HCV antibodies usually occurs six weeks after the incident, and again at four to six months. Retesting for HIV exposure usually occurs at six weeks, three, six, and 12 months to look for HIV antibodies.

The student must meet with the Dean of Academic for Healthcare to complete additional required forms and counseling

The forms will be copied the original will be given to Sarah Spurlin and a copy given to the Vice President of Academics

If the student is exposed on campus in a lab setting the "student accident/incident form "must be completed and given to the Academic Dean of Healthcare

The student may seek medical attention from the locations identified above.

The student/accident form must be completed and submitted to Sarah Spurlin within **24 hours** of the accident/incident occurring.

There is no cost to the student, faculty or facility.

College Faculty/Student Hepatitis B Vaccination Series Information and Consent

HEPATITIS is a viral disease that causes systemic infection with primary liver involvement. There is no specific treatment for this disease. The outcome of Hepatitis B is variable but it can be lethal and 5-10% of infected persons will become carriers.

Vaccination is strongly recommended for health care workers, allied health and nursing faculty and students as well as others whose job or training programs involve as inherent potential for skin or mucous membrane contact with blood, body fluids, body tissues or a potential for spills or splashes of these items.

PURPOSE:

The purpose of the vaccination series is to provide prophylactic HBV protection of those faculty members and students in program areas which have the potential of exposure to blood and other potentially infectious body materials (OPIM).

Hepatitis B Vaccination may be required by clinical facilities/worksites for both faculty members and students prior to any patient/client contact.

PREPARATION

The vaccination is safe, immunogenic and effective in preventing Hepatitis B.

VACCINE

The vaccine is produced in yeast cells, purified by a series of physical and chemical methods and **is free of any human body products.**

DOSAGE AND ADMINISTRATION:

1. Give IM only the deltoid muscle.
2. Three doses of 1 ml. each
   a. 1st dose
   b. 2nd dose one month later
   c. 3rd dose six months after 1st dose
3. The duration of the protective effect in unknown at the present time.

ADVERSE REACTIONS:

1. As with any vaccine, anaphylactic reaction may occur.
2. Redness, swelling, warmth and soreness at the injection site.
3. Low grade fever (</=101 F) is usually confined to the 48 hour period following the injection.
4. Malaise, headache, nausea, dizziness, and aching usually limited to the first few days following the injection.
5. Urticaria (rash) rare.
6. In a small number of persons, neurologic reaction, including the Guillian-Barre syndrome have occurred in the period following hepatitis B Vaccination. The rate of occurrence of Guillian-Barre syndrome is not thought to be significantly increased above that observed in normal adults. These reactions are not thought to be related directly to the hepatitis B Vaccine.

CONTRAINDICATIONS:

If any of the following are present, the vaccine should not be taken:

1. Hypersensitivity to yeast
2. Hypersensitivity to any component of the vaccine

PRECAUTIONS:

If any of the following are present, the faculty member/student should consult their private physician before starting the vaccination series.

1. Serious, active infection or illness
2. Severely compromised cardiopulmonary function
3. Pregnancy or lactation

WARNING:

Faculty member or students who are immunocompromised or receiving immunosuppressive therapy should consult their private physician for guidance and dosage prior to starting the vaccination series.

CONSENT:

I, by my signature below, consent to Hepatitis B Vaccination. I have read the information contained in this document and have had the opportunity to ask questions which were answered to my satisfaction.

I have completed a Blood and Airborne Pathogen training module as required prior to consenting to receive the hepatitis B vaccine. (Informed Consent)

I understand that completion of the hepatitis B vaccination series in necessary to insure the great degree of protection. I understand that the importance of completing the three-dose series as scheduled (defined as seven calendar days before or after the due date of the injection series) unless medical contraindicated.

I understand that as with any medical treatment, there is no guarantee that I will become immune, that the hepatitis B vaccine will prevent me from developing hepatitis B or that I will not experience an adverse side effect or side effects from the vaccine.

_____

Faculty Member/Student Signature Date

_____

Witness Signature Date

	Lot #	Date	Site	Admin. By	Manufacturer
1st Dose:					
2nd Dose:					
3rd Dose:					
Booster, if necessary:					

Employee Hepatitis B Declination Statement
Technical College System of Georgia

Employee Name: _____

ID #: _____ Program _____

Technical College: _____

I understand that due to my occupational training exposure to blood or other potentially infectious body materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at cost. However, **I decline hepatitis B vaccination at this time.** I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational training exposure to blood or other potentially infectious body materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____

Signature of Employee Date

_____

Signature of Authorized Technical College Official Date

Student Hepatitis B Vaccine Declination Statement
Georgia Department of Technical and Adult Education

Student Name: _____

ID Number: _____ Program: _____

Technical College: _____

I understand that due to my occupational training exposure to blood or other potentially infectious body materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at cost. However, **I decline hepatitis B vaccination at this time.** I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational training exposure to blood or other potentially infectious body materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at cost.

_____

Signature of Student Date

_____

Signature of Authorized Technical College Official Date