

## Policy Information

### Series 5000 - Personnel

#### Hepatitis A Virus Immunization Program

Policy # 5142, 1.4.2

## POLICY

2003 5142

Personnel

### **SUBJECT: Hepatitis A Virus Immunization Program**

The Board of Education is committed to provide a safe and healthful work environment for our staff and students. It believes that effective precautions and work practice controls are the best methods for the containment of potentially infectious materials, thereby providing employees, students, and others in the school community with the best protection against exposure to contagious diseases.

Consistent with this belief, the BOCES has established a Hepatitis A Virus (HAV) Immunization Program whereby employees deemed as at greater risk of exposure to and/or spread of HAV will be offered an HAV vaccination at BOCES expense.

Prior to vaccination, the selected "at greater risk" groups will have information provided to them about the virus and the vaccine (e.g., Centers for Disease Control "Hepatitis-A Vaccine Information Statement", Attachment-2). They will also have had an opportunity to have any questions answered and will be asked to sign the "Participation Consent" or "Declination Statement" portion of the "HAV Vaccination Offer" form.

The District Superintendent or designee will provide for the administration of the HAV Immunization Program to include the following:

- Designation of "at greater risk of HAV infection/transmission" employee groups
- Training as needed for above designated groups
- HAV vaccination
- Record keeping practices
- Program review/revision

Board Approved  
2/18/04

2004

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ADMINISTRATIVE REGULATIONS  
Personnel

### **Subject: Hepatitis A Virus Immunization Program**

#### **Employee Groups "At Greater Risk" of HAV Infection/Transmission**

Designation of "at greater risk of HAV infection/transmission" employee groups involves an analysis of job

tasks or classifications for their potential occupational exposure to HAV- contaminated feces, food or water and subsequent HAV transmission. The BOCES has performed such an exposure determination analysis without regard to the use of personal protective equipment (e.g., gloves). The following is a current list of job classifications and/or work tasks with “at greater risk” potential:

Food Handling Services  
Child-Care Services  
School Nurses, School Nurse Teachers

## **Training**

Regardless of whether or not employees within the designated “at greater risk of HAV infection/transmission groups elect to receive the HAV vaccine, the importance of proper hygiene (hand-washing) must be stressed. The information on the Centers for Disease Control (CDC) “Hepatitis A Vaccine Information Statement” (attachment-2) is provided as a summary about HAV and the HAV vaccine. It is also important to provide employees the opportunity to have their questions answered by an appropriate health care professional (e.g., physician, school nurse) so they may make an “informed decision” regarding the HAV vaccine.

## **Hepatitis A Virus (HAV) Vaccination**

HAV vaccination will be offered, at no cost, to designated “at greater risk” employees. HAV vaccination involves a two-shot series given in the arm (deltoid, intra-muscularly), over a six month period. If the HAV vaccine is given by in-house personnel (e.g., school nurses), then the Hepatitis A Vaccine Immunization Record must be completed to include vaccine manufacturer/ lot number/ expiration date, vaccination dates and reactions, if any (Attachment-3).

## **Record-keeping**

Medical Records are maintained for each employee with occupational exposure to HAV. The Personnel Office is responsible for the maintenance of these records which will be kept confidential and not disclosed to any person other than the employee or his/her designee without written permission from the employee except as required by law. Medical records will include the following:

- Employee name and Social Security number.
- HAV vaccination status, vaccination dates, declinations where applicable.
- If vaccine given in-house: “Hepatitis A Vaccine Immunization Record (Attachment-3).

Training records, kept for 3 years, include participant names, training dates and summary.

## **HAV Immunization Program: Reviews and Revisions**

The Hepatitis-A Virus Immunization Program will be reviewed and updated at least annually and as necessary to reflect new or modified employee positions, tasks or procedures which may affect occupational HAV exposure or transmission.

Board Approved  
02/18/04

## **HEPATITIS General Information**

Hepatitis, meaning inflammation of the liver, can be caused by various viruses as well as chemical agents or obstruction.

**Hepatitis A** is caused by the Hepatitis A virus (HAV). The incubation period is 15-50 days (average, 28 days) and is generally spread via fecal contamination and subsequent oral ingestion. Hepatitis A is shed in feces and, due to poor hygiene (lack of good hand washing), is usually spread to uninfected persons by contamination in foodstuffs. Sign/symptoms may include gastrointestinal disturbances followed by sudden onset of fever, malaise, loss of appetite, jaundice (yellow eyes, skin), dark urine, and enlarged and tender liver.

Control/prevention methods include proper hand-washing and avoiding potentially contaminated water or food (e.g., uncooked shellfish, unwashed fruits/vegetables in areas with poor sanitation). Post-exposure prophylaxis involves a single intra-muscular dose of IG given as soon as possible after last exposure (not indicated if more than 2 weeks after last exposure). Pre-exposure prophylaxis involves two intra-muscular injections of HAV vaccine over a 6 month period.

**Hepatitis B** is caused by the Hepatitis B virus (HBV). The incubation period varies from 45-160 days (average 120 days). Transmission may be through direct inoculation through skin (needle stick, IV drug user sharing needle/syringe, cut, human bite), mucous membranes, sexual intercourse (vaginal/anal), mother-to-baby. Other body fluids containing visible blood could contain the virus.

Sign/symptoms for acute Hepatitis B include flu-like symptoms with headache, fever, chills, nausea, vomiting, abdominal pain, jaundice (yellow eyes and skin), malaise, loss of appetite, joint/muscle pain, and enlarged tender liver. Some individuals may have no symptoms, some may have severe symptoms, and in rare cases, death may result. Of adults who do become infected, 6-10% become “carriers”. These individuals cannot clear their liver cells and become chronic carriers. They may develop persistent hepatitis, cirrhosis, or primary liver cancer.

Infection-control is maintained by using ‘Universal Precautions’ at all times. Pre-existing uncovered lesions on hands, i.e., dermatitis, may provide a route of entry for HBV; transfer via inanimate objects or environmental surfaces may be a source of transmission of HBV because this virus may survive in a dry state up to 7 days. A dilute bleach solution (1:10 water) is effective against HBV.

Pre-exposure prophylaxis is a series of three intramuscular injections of the Hepatitis B vaccine over 6 months. Post-exposure prophylaxis consists of a single injection of Hepatitis B Immune Globulin (HBIG) and the Hepatitis B vaccine series which provides short and long-term protection. HBIG should be administered within 7 days of exposure and ideally, within 24 hours. Tests to determine if a person is infected with HBV are available. They detect the presence of the virus itself or antibodies to HBV.

**Hepatitis C** is caused by the Hepatitis C virus (HCV). Although a distinctly different virus from HBV, Hepatitis C is also a “bloodborne pathogen” and has characteristics similar to HBV, with two important exceptions: there is currently no effective vaccine against HCV nor is there an analogously effective post-exposure treatment (e.g., HCIG). Therefore, following effective infection control practices is imperative.

## **Hepatitis A Virus (HAV) – Vaccination Offer**

### **Participation Consent**

I understand the benefits and risks of Hepatitis A vaccination. I understand that I must receive two (2) intramuscular doses of vaccine in the arm over a six-month period to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. The Hepatitis A vaccine will be made available at no charge to me.

I have been provided information on the vaccine, have had an opportunity to ask questions and have all of my questions answered to my satisfaction. I believe I have adequate knowledge upon which to based an informed consent.

I understand that participation is voluntary and my consent or refusal of vaccination does not waive any rights under my employment contracts. In addition, I can withdraw from the vaccination regimen at any time by first notifying the school nurse.

I grant permission for the Genesee Valley BOCES' authorized designee to administer two (2) does of Hepatitis A vaccine.

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Employee's Printed Name                      Signature    Date

**Declination Statement**

I understand that due to my potential occupational exposure to Hepatitis A Virus (HAV) in feces or by eating food or drinking water containing HAV, I may be at risk of acquiring an HAV infection. I have been given the opportunity to be immunized with Hepatitis A vaccine, at no charge to me. However, I decline this HAV immunization offer at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis A, a serious liver disease. If in the future, I continue to have potential occupational exposure to HAV and I want to be immunized with Hepatitis A vaccine, I can receive the vaccination series at no charge to me.

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Employee's Printed Name                      Signature    Date

Adoption Date: 2/18/2004  
5000 - Personnel

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