


AUSTIN PEAY STATE UNIVERSITY  
POLICIES AND PROCEDURES MANUAL

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|---|------------------------------------|
| Policy Number:<br>3:026   | Supersedes Policy Number:          |
| Date:<br>May 1, 1992  | Dated:                             |
| Subject:<br>Hepatitis Policy  |                                    |
| Initiating Authority:<br>Student Health Services,<br>Vice President<br>for Student Affairs                  | TBR Policy/Guideline<br>Reference: |
| Approved:<br><br>President |                                    |

In recognition of the rapid spread of Hepatitis and other blood borne infections, this policy will serve to provide a measure of protection for the University Community through a multifaceted approach.

**Authority:**

Student Health Services in conjunction with the Personnel Department will administer and implement this policy.

**Population:**

The below mentioned personnel have been identified as being at risk for Hepatitis B exposure. Related task categories are listed in brackets beside listing.

1. SHS Nurse and physician (a,b,d,e,f)
2. Nursing, medical technology, and micro-biology faculty (a,b,d,e,f)
3. Athletic trainers and graduate assistants in the training room. (a,b,f)
4. Student workers in micro-biology and medical technology labs. (a,e,f)
5. Student athletic trainers (a,b,f)
6. Public safety officers and guards (b,c)
7. Custodial staff. (limited exposure) (a,f)
8. Child learning center staff (a,b,f)

**Related Tasks**

- a. Cleaning or maintenance of areas that are potentially contaminated by blood or bodily fluids
- b. General first aid and wound care
- c. Physical restraint of potentially infected suspects
- d. Venipuncture or other invasive procedures
- e. Routine work with blood or bodily fluids in a clinical or lab setting
- f. Packaging and disposal of contaminated waste

**Education:**

During an at risk employee's first week of employment, they will be required to attend an infection control class. This class will educate employees to the contents of this policy as well as to the basic principles of universal precautions.

Annually during the month of October, review classes will be taught to all at risk employees. Attendance is mandatory. A permanent inservice attendance record will be maintained for each employee and kept with their personal health file. All classes will be conducted during the employee's normal working hours. Employees will be paid for inservice time.

**Precautions:**

1. Gloves must be worn whenever there is a risk of bodily fluid contact. (Small open wound, burn, contaminated vial, injections).
2. Gowns and/or lab coats must be worn whenever there is a risk of gross contamination, (large open wounds, combative patient or subject, venipuncture, or any other invasive procedures).
3. Needles will not be recapped. Contaminated sharps will be disposed of in approved containers.
4. Glasses or goggles and masks will be worn whenever a procedure is performed that might cause a spray or splash (invasive procedure, spitting).
5. Gloves, goggles, masks, and gowns will be provided by SHS at no cost to the employee. Individual departments should request in writing needed supplies by 6/1 of each calendar year.
6. Gloves should be disposed of after each use. Goggles will be issued to each person. Contaminated goggles must be returned to Student Health Services for cleaning. Masks should be disposed of after each use. Lab coats will be issued to each person in the Nursing, Medical Technology, Microbiology departments as well as the Training Room. Disposable gowns will be kept in all buildings with custodial supplies for use by the custodial staff in the event of contamination of a public area. Goggles and masks will also be kept in these areas.

7. Replacements for unserviceable equipment can be obtained at Student Health Services.

**Immunization:**

Hepatitis B Vaccine, a three shot series, will be offered to employee groups mentioned below. Initial offerings will be made before May 5, 1992. Listed employees will not be allowed to work in an exposed environment without either beginning the immunizations or signing a refusal waiver.

Immunizations will be administered at Student Health Services. Signed informed consent must be obtained from each individual prior to immunization. Records will be kept at that facility. There will be no charge to the employee for this series.

**Groups to be immunized:**

1. Nursing, medical technology and micro-biology faculty
2. Medical technology and micro-biology lab student workers
3. Athletic trainers
4. Graduate assistants in the training room
5. Student workers in the training room
6. Child learning center employees
7. Public Safety officers

Custodial workers or any other exposed employee will be given post exposure treatment at SHS according to attached protocol in the event that exposure occurs.

**Disposal:**

All contaminated sharp objects will be disposed of in approved sharps containers. All other contaminated waste will be placed into red biohazard bags and be packaged in marked biohazard containers. All contaminated waste will be picked up by a licensed medical waste disposal company.

Specific exposure control manuals are being developed in the Training Room and Medical Technology Departments.

**Specific Guidelines:**

1. Public Safety personnel will be issued latex gloves, safety glasses, and CPR masks. Gloves and glasses should be worn whenever subject contact is anticipated.
2. Custodians will wear gloves when cleaning bathrooms and emptying trash from these areas. Custodians are not responsible for handling identified hazardous waste containers. Additional protective clothing will be provided to be used when contamination situations arise.
3. Faculty members should follow the institutional guidelines of the clinical facility where they are working while at that facility.
4. Gloves must be worn by all Training Room personnel while performing wound care.

5. All spills will be cleaned up immediately. Contaminated areas will be cleaned with appropriate bactericidal, virucidal agents.
6. Gloves will be worn by Child Learning Center staff while cleaning children or performing first aid procedures for children.

**Reporting guidelines:**

Employees suffering a blood or bodily fluid exposure must report this exposure immediately to their supervisor or departmental head. Next, contact must be made with the Student Health Services Director for post exposure treatment procedures. Third, personnel must be notified so that proper state employee injury forms can be completed.

**Post Exposure Treatment:**

1. Exposed employees will be sent to Clarksville Medical Laboratory for testing to determine their immune status to Hepatitis B. For after hours exposure from Friday at 1700 until Sunday at 1700 or on holidays the employee will be sent to Clarksville Memorial Hospital for testing. Employees found to be immune to HBV, will not need to proceed with this protocol.
2. If the employee is found to not be immune to Hepatitis B, then the following treatment will be administered.
  - a. HBig 0.06ml/kg body weight IM
  - b. Hepatitis B Vaccine 1ml IM  
dose #2 1 month post exposure  
dose #3 6 months post exposure
  - c. Td 0.5 ml IM (if not received within last 5 years)
3. Repeat lab work is to be completed at three months post exposure to determine both immunity and infection. Labs will be repeated at six months postexposure.

**Attached forms:**

Addendum A  
Addendum B  
Addendum C

ADDENDUM A

Infection Control Attendance Record

Name: \_\_\_\_\_

Employment Date:    /    / \_\_\_\_\_

Inservice Date:    /    /            Instructor sign \_\_\_\_\_

Inservice Date:    /    /            Instructor sign \_\_\_\_\_

Inservice Date:    /    /            Instructor sign \_\_\_\_\_

Inservice Date:    /    /            Instructor sign \_\_\_\_\_

Inservice Date:    /    /            Instructor sign \_\_\_\_\_

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Inservice Date:    /    /            Instructor sign \_\_\_\_\_

Inservice Date:    /    /            Instructor sign \_\_\_\_\_

Inservice Date:    /    /            Instructor sign \_\_\_\_\_

Inservice Date:    /    /            Instructor sign \_\_\_\_\_

ADDENDUM B

Hepatitis B Vaccine Refusal

I am an employee of Austin Peay State University. I work in a setting that is high risk for exposure to the Hepatitis B Virus. I have been given an opportunity to ask questions about the vaccine and the disease caused by the Hepatitis B Virus. I understand the benefits and risks of being administered the Hepatitis B Vaccine. I have further been advised that I can receive this vaccine free of charge from my employer.

**I have decided to decline this offer.**

This the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

Employee \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

# IMPORTANT INFORMATION ABOUT HEPATITIS B AND HEPATITIS B VACCINE

## *Please Read This Carefully*

HEPATITIS B  
2/1/90

### WHAT IS HEPATITIS B?

Hepatitis B is an infection of the liver caused by the hepatitis B virus (HBV). The term "viral hepatitis" is often used for and may include hepatitis B and other similar diseases which affect the liver but are caused by different viruses.

Acute hepatitis generally begins with mild symptoms that may or may not become severe. These symptoms may include loss of appetite, a vague feeling of oncoming illness, extreme tiredness, nausea, vomiting, stomach pain, dark urine, and jaundice (yellow eyes and skin). Skin rashes and joint pain can also occur.

In the United States about 300,000 persons, mostly young adults, catch hepatitis B each year. About one-fourth will develop jaundice, and more than 10,000 will need to be hospitalized. About 250 people die each year from severe acute hepatitis B. Between 6 and 10 of every 100 young adults who catch hepatitis B become chronic carriers (have HBV in their blood for 6 or more months) and may be able to spread the infection to others for a long period of time. Infants who catch hepatitis B are more likely to become carriers than adults. About one-fourth of these carriers go on to develop a disease called "chronic active hepatitis." Chronic active hepatitis often causes cirrhosis of the liver (liver destruction) and death due to liver failure. In addition, HBV carriers are much more likely than others to get cancer of the liver. An estimated 4,000 persons die from hepatitis B-related cirrhosis each year in the United States and more than 800 die from hepatitis B-related liver cancer.

The risk of catching hepatitis is higher in certain groups of people because of their occupation, lifestyle, or environment. Because of the risks of serious problems associated with hepatitis B infection, vaccination to help prevent infections is recommended for these groups.

### HEPATITIS B VACCINE:

Hepatitis B vaccine is made two ways. Plasma-derived vaccine is made from HBV particles that have been purified from the blood of carriers. The method used to prepare the plasma-

derived hepatitis vaccine kills all types of viruses found in human blood, including the virus that causes Acquired Immunodeficiency Syndrome (AIDS). Recombinant vaccines are made from common baker's yeast cells through genetic engineering. The yeast-derived vaccines do not contain human blood products. The vaccine is given by injection on three separate dates. Usually, the first two doses are given 1 month apart, and the third dose, 5 months after the second. After three doses, the hepatitis B vaccine is 85%-95% effective in preventing hepatitis B infection in those who received vaccine. An alternative schedule of 4 doses of vaccine given at 0, 1, 2, and 12 months is approved for one vaccine. Protection for normal, healthy adults and children given vaccine lasts at least 7 years. Booster doses of vaccine are not routinely recommended at the present time.

### WHO SHOULD GET HEPATITIS B VACCINE?

The vaccine is recommended for persons at high risk of catching HBV infection who are or may be unprotected. These groups include:

1. **Persons with occupational risk.** Health care and public safety workers who are exposed to blood or blood products or who may get accidental needlesticks should be vaccinated.
2. **Clients and staff of institutions for the developmentally disabled.** The special behavioral and medical problems of these persons make this a high-risk setting. Risk in institutions is related to contact with blood and also with bites and contact with skin lesions and other body fluids that contain HBV. Clients and staff of group and foster homes where a carrier is known to be present should also be vaccinated.
3. **Hemodialysis patients.** Although the hepatitis B vaccine is less effective in these patients, it should still be offered to all hemodialysis patients. Higher doses and/or special preparations are required for these persons.
4. **Homosexually active men.**

(PLEASE READ OTHER SIDE)

5. **Users of unlawful injectable drugs.** Sharing needles is an extremely high-risk activity for transmitting hepatitis B.
6. **Recipients of certain blood products.** Persons such as hemophiliacs who receive special products to help their blood clot are at high risk of infection.
7. **Household and sexual contacts of HBV carriers.** When HBV carriers are identified, household and sexual contacts should be offered vaccine.
8. **Adoptees from countries with high rates of HBV infection.** Families with orphans or unaccompanied minors from such countries should have the child checked for HBV carriage, and, if positive, family members should be vaccinated.
9. **Other contacts of HBV carriers.** Vaccine use should be considered in classroom and other day settings where deinstitutionalized developmentally disabled HBV carriers behave aggressively or have special medical problems that may expose contacts to their blood or body secretions. Teachers and aides have been shown to be at significant risk in these settings. Other persons who have casual contact with carriers at schools and offices are at little risk of catching HBV infection and vaccine is not recommended for them.
10. **Special populations from areas with high rates of hepatitis B.** These groups include Alaskan natives, native Pacific islanders, immigrants and refugees from eastern Asia and sub-Saharan Africa, and their U.S. born children.
11. **Inmates of long-term correctional facilities.** The risk of inmates catching HBV infection may be due to use of unlawful injectable drugs and male homosexual practices.
12. **Heterosexuals who come in for treatment of other newly acquired sexually transmitted diseases who have histories of sexual activity with multiple sexual partners in the past 6 months.**
13. **Persons who plan to travel to areas outside the United States that have high rates of hepatitis B infection, stay in these areas for more than 6 months, and have close contact with the local population; and, persons traveling for shorter durations who may have contact with blood from or sexual contact with local persons in areas where HBV infection is common. Persons traveling abroad who will perform medical procedures in areas where HBV infection is common are at very high risk.**

**ADDITIONAL VACCINEES:**

Hepatitis B vaccine is also recommended as part of the therapy used to prevent hepatitis B infection *after* exposure to HBV. Postexposure use of hepatitis B vaccine is recommended for the following persons: (1) infants born to mothers who have a positive blood test for hepatitis B surface antigen (HBsAg); (2) persons having accidents involving HBsAg-positive blood where there is entry through the skin or a mucous membrane; (3) infants less than 12 months old whose mother or primary caregiver has HBV infection; and, (4) persons having sexual contact with someone who has a positive blood test for HBsAg. The hepatitis B vaccine series should be started at the same time as other therapy, primarily, treatment with hepatitis B immune globulin (HBIG).

**POSSIBLE SIDE EFFECTS FROM THE VACCINE:**

The most common side effect is soreness at the site of injection. Illnesses, such as neurologic reactions, have been reported after vaccine is given, but hepatitis B vaccine is not believed to be the cause of these illnesses. As with any drug or vaccine, there is a rare possibility that allergic or more serious reactions or even death could occur. No deaths, however, have been reported in persons who have received this vaccine. Giving hepatitis B vaccine to persons who are already immune or to carriers will not increase the risk of side effects.

**PREGNANCY:**

No information is available about the safety of the vaccine for unborn babies; however, because the vaccine contains only particles that do not cause hepatitis B infection, there should be no risk. In contrast, if a pregnant woman gets a hepatitis B infection, this may cause severe disease in the mother and chronic infection in the newborn baby. Therefore, pregnant women who are otherwise eligible can be given hepatitis B vaccine.

**QUESTIONS:**

If you have any questions about hepatitis B or hepatitis B vaccine, please ask us now or call your doctor or health department before you sign this form.

**REACTIONS:**

If the person who received the vaccine gets sick and visits a doctor, hospital, or clinic in the 4 weeks after immunization, please report it to: Your local health department or call toll free 1-800-342-1813 to the Tennessee Department of Health and Environment in Nashville.

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IMM 2/90

**PLEASE KEEP THIS PART OF THE INFORMATION SHEET FOR YOUR RECORDS**

*I have read or have had explained to me the information on this form about hepatitis B and hepatitis B vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the hepatitis B vaccine and request that it be given to me or to the person named below for whom I am authorized to make this request.*

**HEPATITIS B**  
2/1/90

| INFORMATION ABOUT PERSON TO RECEIVE VACCINE (Please Print)                            |            |       |           |     | FOR CLINIC USE           |
|---|------------|-------|-----------|-----|--------------------------|
| Last Name   | First Name | M     | Birthdate | Age | Clinic Ident.            |
| Address   |            |       |           |     | Date Vaccinated          |
| City  | County     | State | Zip       |     | Manufacturer and Lot No. |
| X<br>Signature of Person to receive vaccine or person authorized to make the request. |            |       |           |     | Site of Injection        |
|   |            |       |           |     | Date                     |

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