

Dyer County Board of Education

Descriptor Term:

Hepatitis B (HBV)

Descriptor Code:

GBRAB

Rescinds:

Board Approved:

8/20/96

Board Approved:

1 All schools shall provide a sanitary environment and shall establish routines for handling body fluids
2 that are recommended by appropriate health professionals.
3

4 All school district personnel shall be advised of routine procedures to follow in handling body fluids.
5 These procedures shall provide simple and effective precautions against transmission of diseases to
6 person potentially exposed to the blood or body fluids of another. These procedures shall be standard
7 health and safety practices. No distinction shall be made between body fluids from individuals with a
8 known disease and individuals without symptoms or with an undiagnosed disease.
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10 Training and appropriate supplies shall be available to all personnel including those involved in
11 transportation and custodial services.
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13 In addition to insuring that these health and safety practices are carried out on a district wide basis,
14 special emphasis shall be placed in those areas of school district operation that potentially present a
15 greater need for these precautions.
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17 **CONFIDENTIALITY AND NON-DISCRIMINATION**

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19 In all instances, district personnel shall respect the individual's right to privacy and treat any medical
20 diagnosis as confidential information. The Director of schools shall initiate procedures to insure that all
21 medical information will be held in strict confidence. Any school staff member who violates
22 confidentiality shall be subject to appropriate disciplinary measures. Moreover, there shall be no
23 discrimination against any employee on the basis of disability. Reasonable accommodation will be
24 made for employees with disabilities where such accommodations are necessary to allow disable
25 employees to perform their essential job functions.
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27 Under no circumstances shall information identifying an employee with HBV be released to the public.
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29 **SAFETY**

30
31 Employees who are at high risk of occupational exposure shall be identified of occupational exposure to
32 Hepatitis B. Employees considered to be at high risk shall include custodians, school nurses, special
33 educational teachers and instructional assistants, coaches, and physical education teachers.
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35 When an employee is known to have been exposed to HBV on the job site, the employee will
36 immediately notify his/her principal, and the principal will immediately notify the school nurse.
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38 The principal will ensure that an accident report is filed for all accidents. The report will include the
39 employee's name, date of the accident, an explanation of the accident and the care used in treating the
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1 individual. These reports will be kept on file in the principal's office for a minimum of one (1) year.
2 All employees will have surgical gloves made available to them and training/information in order to
3 safely deal with an accident that might expose themselves or others to infected body fluids.

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5 **EDUCATION AND UNIVERSAL PRECAUTIONS**

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7 The school nurse may or cause to be provided HBV education, including universal precautions on
8 handling blood and other body fluids, to students and school personnel.

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ACCEPTANCE OF HEPATITIS B IMMUNIZATION

Date _____

I, _____, an employee of Dyer County Board of Education at _____ School or Department, understand that I have been offered an opportunity to have a Hepatitis B (HBV) vaccination, free of charge, in the amount and times prescribed by standard medical practices. I also understand that according to OSHA instructions, as a worker engaged in law enforcement, police, fire, emergency medical services and in some cases sanitation, I may be at a high risk of being exposed to infectious diseases.

Do you have our Insurance? _____ **YES** _____ **NO**

Contact Phone Number _____

Yes, I will accept the offer:

Signature

Department

Date

----OFFICE USE ONLY----

I have read and understand all of the recommended literature concerning the hepatitis B Vaccine. I am fully aware of all possible side effects and possible complications and hereby release the Dyer County Board of Education and all its employees from liability now or in the future resulting from receiving the Hepatitis B vaccination

	1 st Injection	2nd Injection	3 rd Injection
Date			
Lot #			
Expire Date			
Route/Site			
Titer			
Comment			

REFUSAL OF HEPATITIS B IMMUNIZATION

I understand that due to my occupational exposure to blood or other potentially infectious 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 no charge to myself. 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 exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature

Name (Please Print)

Phone: Work/Home

Birth Date:

Sex: Male _____ Female _____

Home Address

City

State

Zip

Department / Job Title / Unit (if assigned to a specific unit)

Signature of Witness

Date

POST EXPOSURE REFUSAL

Date

Date of exposure

I understand that due to my exposure to blood or infectious materials. I may be at risk of acquiring hepatitis B virus (HBV) infection. This vaccine has been offered at no charge to myself. However, I decline the Hepatitis B Vaccination at this time.

Signature