

SUBJECT: HEPATITIS B VACCINATION

EFFECTIVE
DATE: 05-13-11 (replaces 04-17-11)

APPROVED BY:

Reviewed (no changes): _____

Executive Director

POLICY

The McIntosh Trail CSB will make available the Hepatitis B vaccination to all employees.

PURPOSE

To safeguard against the spread of vaccine-preventable Hepatitis B.

PROCEDURE

1. Employees will be provided with information regarding Hepatitis B infection and vaccination upon orientation.
2. Consent of employee will be obtained before immunization.
3. Instructions of receiving the vaccine will be provided to the employee if that person has elected to receive the vaccine.

Attachment: No. 1. Hepatitis B Screening and Vaccination Information Sheet
No. 2. Staff Hepatitis B Consent Form
No. 3. Hepatitis B Vaccination Record
No. 4. Emergency Protocol for Adverse Reaction to Hepatitis B Vaccine

McIntosh Trail Community Service Board

Hepatitis B Screening and Vaccination Information Sheet

Hepatitis is a viral infection. Certain occupations and living/working environments put some people at increased risk of contacting this disease.

A Hepatitis B vaccine is available which provides long term protection against Hepatitis B infection. This vaccine is made from a non-human source so contamination from human plasma is no longer a problem. This is a series of three injections given over a period of six months. There is an 80-95% success rate in providing protection from Hepatitis when all three doses are given. Late administration of a dose does not affect the overall effectiveness of the immunizations, as long as all 3 doses are received during the person's lifetime, according to the CDC guidelines.

An initial blood test may be done to see if a person is already immune to the virus-if so, the vaccine is not needed. The pre-testing is not mandatory. Six months after the last injection, a blood test may be taken to see if the vaccine was successful in providing immunization (one year after the first injection). This testing can be arranged at your local Health Department, at your own expense. McIntosh Trail CSB only provides the vaccine injections. Any blood tests are done at your own expense.

The most common side effects to the vaccine are pain at the injection site (3-29%) and mild fever (1-6%). These are common side effects for any vaccine.

Most people who develop Hepatitis B infection recover, but five percent of the people go on to develop chronic liver disease which can eventually be fatal. A consent form will need to be filled out and returned to Jane Gray-Wilson, Personnel at Admin Office, 770-358-8265.

Employee Hepatitis B Consent Form

I. I have been advised as an employee of the McIntosh Trail MH/MR/SA Community Service Board that my position may require contact with blood and/or other potentially infectious materials which put me at risk of occupational exposure to the Hepatitis B virus. I have read the agency's policies regarding universal precautions intended to minimize my risk of exposure at work, and I agree to follow these guidelines at all times. I understand the following:

1. Testing is available through the Public Health Department to determine if I am already immune to Hepatitis B. I understand I can arrange for that testing to be done at my own expense. The agency will arrange for me to get the Hepatitis B vaccine.
2. I can either accept or refuse the vaccine and my acceptance or refusal will have no effect on my employment.
3. This vaccination offer will be made by this agency only once; however, I may withdraw my refusal at any time and get the vaccine provided to me by the agency.
4. To withdraw my refusal, I must contact my site supervisor.
5. If I refuse the vaccine, I am releasing the agency and staff from all financial and other responsibilities except for appropriate salary compensation, accrued leave, and/or insurance benefits to which I am otherwise entitled, should I contract Hepatitis B or any complications associated with it.

II. I further understand that the Hepatitis B vaccine has an 80-95% success level in providing protection from Hepatitis B when all three doses of vaccine are given. In addition to the acute illness, Hepatitis B virus infection can lead to a chronic carrier state, chronic Hepatitis, cirrhosis, a higher risk of liver cancer, and in rare cases, even death. I understand that there is no effective treatment or cure for Hepatitis B.

I certify that I am at least 18 years old and am legally and medically competent to give consent. I understand the risks of Hepatitis B exposure at work and the benefits of Hepatitis B vaccine.

1. I request that I be given the series of three vaccine injections...

Please answer: _____ YES _____ NO

(ALL BLANKS MUST BE COMPLETED)

Name	(Signature)	Date
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Position No. _____

Witness _____

III. Send consent form to Lead Nurse. Send verification of immunization to Personnel Department.

IV. Charge to: _____
Program Name and Number

Send copy to: Jane Gray-Wilson, Personnel, McIntosh Trail CSB,
1501-A Kalamazoo Drive, P. O. Box 1320, Griffin, GA 30224

MCINTOSH TRAIL COMMUNITY SERVICE BOARD

HEPATITIS B VACCINATION RECORD

NAME

DATE

1ST DOSE

(at elected date)

2ND DOSE

(1 month later)

3RD DOSE

(6 mos. after 1st date)

**IT IS IMPORTANT THAT ALL 3 DOSES OF HEPATITIS B VACCINE
BE ADMINISTERED.**

**EMERGENCY PROTOCOL
FOR
ADVERSE REACTION TO HEPATITIS B VACCINE**

Employees being immunized against Hepatitis B should be knowledgeable about the purpose of the injections, the possibility of mild side effects at injection site, and the risk of an anaphylactic reaction.

1. Employees who have never received any Hepatitis B injections will receive dose No. 1, then one month later dose No. 2, and then five months later dose No. 3. Late doses do not affect the effectiveness of the immunizations as long as the individual receives three doses in his/her lifetime, according to CDC guidelines.
2. Injections will be given IM (inter-muscular) deltoid.
3. Should an anaphylactic reaction occur, the following symptoms may be noted: flushing, apprehension, syncope, tachy cardia, thready or unobtainable pulse, decrease in blood pressure, convulsions, vomiting, diarrhea, wheezing or dyspnea, itching and/or rash.
4. The emergency number (911) should be called immediately upon recognizing this emergency, and staff should be prepared to administer CPR if necessary.
5. An immediate dose of epinephrine 1:1000 will be administered IM in the form of an EpiPen® 0.3 mg. The EpiPen contains 2 ml epinephrine injection. Only 0.3 ml of solution is dispensed with 1.7cc remaining in the auto-injector after activation.
6. EpiPen should only be injected into the antero-lateral aspect of the thigh.