

2262 BLOOD-BORNE PATHOGENS PREVENTION FOR EMPLOYEES	
Chapter: Sununu Youth Services Center	Section: Healthcare
	New Hampshire Division for Children, Youth and Families Policy Manual
	Policy Directive: Approved:
	Effective Date: 01-01-09
	Scheduled Review Date: 01-01-11 William W. Fenniman, DJJS Director
Related Statute(s):	Related Form(s): Declination Form, Vaccination Consent Form
Related Admin Rule(s):	Bridges' Screen(s) and Attachment(s):
Related Federal Regulation(s):	

The SYSC shall provide HBV, HCV, and HIV education to all employees who have a reasonable possibility of exposure to blood and other potentially infectious body fluids containing blood-borne pathogens.

Purpose

The purpose of this policy is to establish the SYSC's blood-borne pathogens prevention for employees program.

Policy

I. Education

- A. The following topics will be the subjects of SYSC staff education:
- B. Epidemiology and symptoms.
- C. Modes of transmission and means of prevention.
- D. Precautions and procedures to prevent HBV, HCV, and HIV infection, including a discussion of universal precautions.
- E. Location and proper use of personal protective equipment.
- F. Tags or other color-coding of potentially infectious waste.
- G. Information on HBV vaccine, including its efficacy, safety, and the benefits of being vaccinated.
- H. Explanation of the procedure to follow if an exposure incident occurs, the method of reporting the incident, and the medical follow-up that will be made available.

II. Vaccination: The SYSC vaccination procedure shall be followed.

- A. Employees who consent to vaccination shall sign a consent form. Employees who decline the vaccine shall sign a waiver (declination form) stating that they are aware of the risks of infection.

1. A note will be added to the declination form if employees have previously completed the vaccine series and/or have tested positive for antibodies to HBV (done at the employee's own cost and through their own physician).
- B. Three doses of vaccine are to be administered in the deltoid muscle, as follows:
1. First dose: at elected date (offered within 10 days of employment or anytime thereafter).
 2. Second dose: 1 month later.
 3. Third dose: 6 months after first dose.
- C. It is recommended that a blood specimen be drawn for Hepatitis antibodies 3 months after the third dose (to be performed by the employee's personal physician).
1. If positive (has antibodies), it is recommended that another specimen be drawn in 5 years by the employee's personal physician. If the employee continues to be positive, it is recommended that blood specimens be drawn yearly, via the employee's personal physician.
 2. If negative after the initial immunization regimen, it is recommended that the employee follow-up with his/her personal physician for additional doses. If positive, repeat titers should be drawn after 5 years.
- D. If there is an unavoidable delay between the administrations of doses, the second dose may be given at any time, but there must be 3 months between the second and third dose.
- E. Recommended Hepatitis B virus post-exposure management (to be provided by the employee's personal physician).
1. For an exposure to a source individual found to be positive for Hepatitis Surface Antigen (HBsAg), the employee who has not previously been given the Hepatitis B Vaccine should receive the vaccine series. A single dose of HBIG is also recommended, if this can be given within 7 days of exposure.
 2. For an exposure from an HbsAg-positive source to employees who have previously received the vaccine, the exposed employee should be tested for antibody to Hepatitis B Surface Antigen (anti-HBs) and given one dose of vaccine and one dose of HBIG if the antibody level in the employee's blood sample is inadequate.
 3. If the source individual is negative for HBsAg and the employee had not been vaccinated, it is recommended that the employee receive the Hepatitis B Vaccine.
 4. If the source individual refuses testing, or he/she cannot be identified, the unvaccinated employee should receive the Hepatitis B Vaccine series. HBIG administration should be considered on an individual basis when the source individual is known or suspected to be at high risk of HBV infection. Management and treatment, if any, of previously vaccinated employees who receive an exposure from a source who refuses testing or is not identifiable should be individualized.

5. Post-exposure prophylaxis will be administered though the local hospital when it involves HBIG injection.

III. Prophylaxis Following Needle-Sticks

- A. Prophylaxis following needle-sticks is guided by the following:

Treatment when source is:

Exposed person	HBV positive	HBV negative	Source not tested or unknown
Unvaccinated	HBIG × 1 and Initiate HB vaccine	Initiate HB vaccine	Initiate HB vaccine
Vaccinated – positive	Test exposed for antibodies – HBV 1. If adequate, no treatment 2. If inadequate, HB vaccine booster	No treatment	No treatment
Vaccinated – negative	HBIG × 2 Or HBIG × 1 plus one dose of HB vaccine	No treatment	If known high-risk source, may treat as if source is HBV positive
Vaccinated – unknown	Test exposed for antibodies – HBV 1. If inadequate, HBV × 1 plus HBV vaccine booster 2. If adequate, no treatment	No treatment	Test exposed for HBV 1. If inadequate, HBV vaccine booster 2. If adequate, no treatment

Health Authority Signature

Date