

Infection Control Program

Consistent with the Public Employee Safety Health Act, Right to Know and Occupational Safety and Health Administration compliance programs, the policy of the Newburgh Enlarged City School District shall be to furnish its employees with employment and a place of employment which are free from recognized hazards that are likely to cause death or serious physical harm. Consistent with this intent, the District shall maintain an infection control program.

1. The Superintendent shall develop and all school personnel shall comply with guidelines and routine sanitary hygiene procedures for dealing with all spills of blood and other bodily fluids in or on school premises and grounds and school sponsored events (Universal precautions). All school personnel will be notified regarding the location of necessary equipment and materials, as well as the routine sanitary hygiene procedures to be utilized. The Superintendent should consult with the School Physician and public health officials, as appropriate, for the most current methods and information pertaining to such procedures.
2. All school nurses and other health care professionals employed by the School District shall be offered Hepatitis B series vaccinations, consistent with standard medical practice, at no cost. The Superintendent should consult with the School Physician and public health officials, as appropriate, regarding such vaccinations.
3. All school nurses and other health care professionals employed by the School District

2. Group 2 Employees

All other regularly appointed employees, including ~~long~~ substitutes and substitutes for school nurses of the Newburgh Enlarged City School District ~~classified as Group 2 for the purposes of this policy. Group 2 employees are considered to have routine occupational exposure to blood, body fluids or other potentially infectious materials. However, Group 2 employees may be required to perform unplanned tasks relating to blood, body fluids or other potentially infectious materials. Accordingly, all employees in Group 2 shall receive appropriate training and will be offered the Hepatitis B (HBV) vaccine unless exposed.~~

b. Job Classification (Group 2)

- i. All other regularly appointed employees of the Newburgh Enlarged City School District not listed under Group 1

3. Group 3 Employees

All non-regularly appointed personnel whose tasks do not involve exposure to blood, body fluids or other potentially infectious materials are considered to be Group 3. Exposure to blood, body fluids, potentially infectious materials and related tasks are not a condition of employment for Group 3 employees. Training will be provided for employees in Group 3. Hepatitis B (HBV) vaccine ~~will~~ be offered to Group 3 personnel unless exposed.

c. Job Classification (Group 3)

- i. Substitute teachers
- ii. Substitute clerical personnel
- iii. Part time adult education instructors
- iv. Other substitute personnel

Newburgh Enlarged City School District

Hepatitis B Request, Consent and Authorization Form

I have read the enclosed statement(s) about hepatitis B and the hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I have had an opportunity to discuss the benefits and risks of hepatitis B vaccination with my personal physician. I understand that I must have 3 doses of vaccine to confer immunity. However, there is no guarantee that I will become immune or that I will not experience any adverse side effects from the vaccine. I have read the enclosed page entitled "Information about Hepatitis B Vaccine (Recombinant) including the information entitled "Possible Side Effects" and still wish to receive the hepatitis B vaccine. I request that it be given to me.

Date of Request and Consent _____

Name of Person _____ School _____ Position _____
(Please Print) Person to Receive Hepatitis B Vaccine

Signature of Person to Receive Hepatitis B Vaccine _____
(Return Signed Form to Health Services)

Authorization for Hepatitis B Vaccine

The Newburgh Enlarged City School District hereby authorizes Omni Medical to provide the Hepatitis B Vaccination series for the above named employee.

Authorization Signature _____ Date _____
(Human Resources, Health Services)

Proof of Hepatitis B Vaccination

| | | | |
|---|-----------------|-------|--------------------------------|
| 1 | _____ | _____ | _____ |
| | Date Vaccinated | Lot # | Administered By (Name & Title) |
| 2 | _____ | _____ | _____ |
| | Date Vaccinated | Lot # | Administered By (Name & Title) |
| 3 | _____ | _____ | _____ |
| | Date Vaccinated | Lot # | Administered By (Name & Title) |

~~Pre-Exposure~~ Mail to Human Resources or Health Services for Authorization. If received at Human Resources forward to Health Services.

~~Post-Exposure~~ Fax immediately to Health Services for immediate authorization.

When completed return a copy to Newburgh Enlarged City School District Health Services.

Newburgh Enlarged City School District
Group 1 Mandatory
Hepatitis B Declination Form

I understand that due to my occupational exposure to blood, body fluids or other potentially infectious substances I may be at risk of acquiring Hepatitis B (HBV) Infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself, and I have had an opportunity to discuss the benefits and risks of Hepatitis B vaccination with my personal physician. I decline the Hepatitis B vaccine at this time. I understand by declining the vaccine I continue to have occupational exposure to blood, body fluids and other potentially infectious substances. I understand that if I request the Hepatitis B vaccine at a later date I can receive the vaccine series at no cost to myself.

Name: _____ School: _____ Position: _____
(Print)

Signature: _____ Date: _____

Newburgh Enlarged City School District
Group 2 and 3
Hepatitis B Declination Form

I acknowledge that my job classification is considered group 2 or 3. My job tasks do not involve routine exposure to blood, body fluid or other potentially infectious substances. I have been informed of the risk of acquiring Hepatitis B infection and I have been given information regarding the Hepatitis B vaccine. I have been exposed to blood, body fluids and/or other potentially infectious substances. I have had the opportunity to discuss risks and benefits of the Hepatitis B vaccine with my personal physician and I ~~do not~~ wish to receive the Hepatitis B vaccine at this time. I understand that I may request to have the vaccine series in the future at no cost to myself.

Name: _____ School: _____ Position: _____
(Print)

Signature: _____ Date: _____

REGULATION/PROCEDURE FOR POLICY:
Newburgh Board of Education

No. 8453
OPERATIONS
Infection Control Program

Newburgh Enlarged City School District
Expanded School Health Program

Infection Control

Staff Education

All staff are required to have yearly in service training regarding Blood Bourne Pathogens and Infection Control. This is done at the beginning of the school year. to0 Twf0 Tw ()Tj ET 88.56 71.763

Newburgh Enlarged City School District
Infection Control/Universal Precautions
Staff In-service Training Attendance

School: _____

Program Title: Blood Borne Pathogens

Date: _____

Presenter: _____

Length: _____

Employee Name _____ 1st Initial of last name and
District ID # _____