

 Official Policy Manual	Date issued 5/30/2024	Page 1 of 6	Section # OM-400
	Section: Operational Management – Human Resources Management		
	Directive: Employee Vaccination Programs for Hepatitis B		
	Policy Owner: OCMO, Bureau of Health Services		

A. Policy Statement

Prevention of disease transmission is an essential component of infection control and employee health. Exposure to the hepatitis B virus (HBV) has been identified as a health concern for Office of Mental Health employees.

Each Office of Mental Health (OMH) State-operated facility must develop and maintain a hepatitis B employee vaccination program in accordance with the requirements of this policy directive. Initial implementation of this policy directive shall commence immediately, and full implementation is required within twelve months of the effective date of this policy directive.

The Bureau of Health Services, Clinical Programs Division, will be available to assist facilities with program development and implementation as needed. The bureau will periodically disseminate resource information to the facilities on prevention, identification, and control of hepatitis B.

This policy directive has a companion set of guidelines for the clinical management of individuals who have been exposed to HBV or who have suspected or confirmed infection. These clinical guidelines are provided under separate cover (OMH Health Programs Guidelines for Health Care Personnel Protection from Blood Borne Infection Diseases) and will be updated and reissued by the Bureau of Health Services, as appropriate. Facilities are responsible for ensuring that the clinical guidelines are readily available and accessible to designated staff and are appropriately reflected in facility-specific policies and procedures.

B. Relevant Statutes and Standards

10 NYCRR Part 2, Communicable Diseases

C. Definitions

1. At Risk means staff who have frequent exposure to blood or blood products or blood-contaminated material (e.g., physicians, dentists, laboratory personnel, nurses and therapy aides) or who have concurrent medical conditions which render them vulnerable to infection.
2. Carrier State means the condition in which a specific infectious agent is harbored

by an individual who does not manifest clinical disease but serves as a potential source of infection. The carrier state may be unapparent throughout the course of an individual's infection (i.e., a systemic carrier) or may exist during the incubation, convalescence or post-convalescence period in an individual with clinically manifested disease. An HBV carrier is defined as an individual who is HBsAg-positive.

3. Employee Health Program means health services provided to employees by the facility either on site or through arrangement with an outside provider. These services include, but are not limited to, pre-employment physicals; immunization; and detection of disease.
4. Hepatitis means an inflammation of the liver which may be caused by one of a number of agents including the hepatitis A, B, or non-A, non-B virus, or delta hepatitis which causes infection only in the presence of HBV
5. Hepatitis B (also known as serum hepatitis) means hepatitis caused by HBV. The usual incubation period is from two to six months. The mode of transmission is exposure to infectious blood or body fluids via broken skin surfaces (percutaneous) or mucous membranes (permucosal), sexual contact or perinatal exposure.
6. Hepatitis B Surface Antigen (HBsAg) means the serum antigen detected in HBV which indicates acute and chronic infection with HBV.
7. Immunization means the process of conferring immunity on previously non-immune individuals by the administration of a specific antigen.
8. Incubation Period means the time interval between invasion by an infectious agent and appearance of the first sign or symptom of the disease.
9. Prophylaxis means the prevention of disease or preventive treatment.
10. Screening means the application of a test(s) as an initial examination to determine which individuals have been exposed to a specific infectious agent or as a post-vaccination examination to determine immunity.
11. Vaccine means a suspension of attenuated live or killed microorganisms, or fractions thereof, administered to induce immunity thereby preventing an infectious disease.

D. Body of the Directive

This policy directive consists of six components:

1. Pre-exposure Vaccination Program
2. Vaccination Protocol
3. Post-exposure Protocol
4. Coordination with Other Programs
5. Reporting
6. Staff Development

1) Pre-exposure Vaccination Program

Each facility shall establish a vaccination program for employees as a part of its current Employee Health Program. The risk of HBV exposure for staff will vary according to the facility's size, patient population, geography, and staffing. Each facility must review its data for the incidence and prevalence of hepatitis B to determine staff at risk and develop a vaccination program which is consistent with the risk indicated by the data. Each program must include, at minimum, the following elements:

- (a) Each facility must identify staff at high risk of exposure. Such staff include any individuals who routinely have frequent contact with potentially infectious patients, including identified carriers, or work with blood and/or other body fluids (e.g., in laboratories). All direct care and support staff in high-risk assignments will be offered the vaccine.
- (b) Each facility must determine the appropriateness of screening high risk staff for HBV antibodies prior to vaccination. Screening must be provided upon request by the employee. Employee participation in screening is entirely voluntary and refusal to participate will not affect the employee's job status. Employees screening positive should be provided information about options for evaluation and treatment.
- (c) Following the initial satisfactory vaccination, rescreening and/or revaccination must be offered to staff at least every five years.

2) Vaccination Protocol

- (a) Employee participation in the vaccination program is entirely voluntary and refusal to participate will not affect the employee's job status. Employees who refuse vaccination should be referred to their personal physician for further consultation and may receive the vaccine upon request at a later date. The referral must be documented and filed in accordance with the facility's policies and procedures.

- (b) When vaccination is offered, each employee must be given the official Vaccine Information document specific for the vaccine being administered.
- (c) Each employee offered the vaccination will be asked to sign the form Consent for Administration of Hepatitis B Vaccine, 353 ADM(MH), which acknowledges acceptance or refusal of the vaccination, and that the employee has received a reasonable explanation of the risks and benefits of vaccination. This form must be filed in accordance with the facility's policies and procedures. If an employee refuses vaccination and will not acknowledge refusal, the offer of vaccination and will not acknowledge refusal, the offer of vaccination must be documented and filed accordingly.
- (d) The vaccination will be provided by the facility through its Employee Health Program unless the employee elects vaccination by their personal physician.
- (e) Records of vaccinations by the facility or outside physicians must be maintained in accordance with the facility's policies and procedures.
- (f) Employees with serious underlying medical problems may be vaccinated only after medical clearance by a physician. Prior to vaccination, employees must be asked if they know of any such problems. If so, the employee must obtain medical clearance from his/her personal physician. Documentation of medical clearance must be included in the employee's file as indicated.
- (g) Pregnant employees may be vaccinated if they are otherwise considered candidates for vaccination.
- (h) Employees receiving the vaccination must be tested for antibodies thirty (30) days after completion of the series and the results must be documented in accordance with the facility's policies and procedures. Those employees who do not develop antibodies will be given a fourth and, if necessary, a fifth injection one month apart.

3) Post-exposure Protocol

Each facility is responsible for determining the need for prophylactic immunization and intervention in the event of accidental percutaneous or permucosal exposure of any employee to a suspected or confirmed HBsAg-positive source in the workplace. The decision to provide prophylaxis must be based on appropriate clinical investigation.

Where post-exposure prophylaxis is indicated, the facility will assume the responsibility for so informing the employee and administering the prophylactic regimen through its Employee Health Program. The regimen will be provided by the facility unless the employee elects treatment by their personal physician.

Records of treatment by the facility or outside physicians must be maintained in accordance with the facility's policies and procedures.

4) Coordination With Other Programs

The implementation of the hepatitis B employee vaccination program must be consistent with the policies and procedures of other appropriate programs including, but not limited to: the infection control program; the Employee Health Program; and the quality assurance program.

5) Reporting

- (a) All exposures to HBV positive sources and suspected or confirmed hepatitis B infections among patients or staff must be reported and documented in accordance with the facility's policies and procedures on infection control.
- (b) In accordance with the State Sanitary Code (10 NYCRR Part 2), all diagnosed cases or outbreaks of hepatitis B among patients or staff shall be reported by the Infection Control Nurse, or appropriate staff member, to the New York State Department of Health and the local health officer within twenty-four (24) hours of identification. Such reports shall be made by telephone (or telegram, if indicated) and followed up in writing on the appropriate Department of Health form.
- (c) Each facility must maintain an accounting of the number of pre-vaccination screenings conducted, the number of vaccinations provided, and the overall cost of these procedures for employees. Such accountings must be made available to Central Office upon request.

6) Staff Development:

As part of each facility's ongoing education and training program specific to infection control, staff identified at high risk of exposure to HBV must receive additional training as follows:

- a. Information regarding the disease and the mode of transmission.
- b. A review of HBV infection control precautions.
- c. Explanation of the value of screening and vaccinating for HBV.
- d. Explanation of the post-exposure protocol.

CONSENT FOR GETTING THE HEPATITIS B VACCINE

Description of the Disease and Vaccine

Hepatitis B is a common type of disease of the liver. It is caused by a virus called the hepatitis B virus (HBV). The time between getting HBV and the first sign of the disease is usually two and six months. The signs of the disease come on slowly. Sometimes fever is present. Other signs are loss of appetite, nausea, or feeling tired. You might notice pain in the area around the liver. You might also notice yellowness in your skin or eyes. You can get protected against hepatitis B by getting a vaccine.

A nurse or doctor will discuss with you how they will give you the vaccine. Here are things to think about to decide about getting the vaccine:

- Hepatitis B vaccines are very good at protecting against hepatitis B. They protect most people for decades without needing more doses.
- There are several vaccines available for protection against HBV infection. Depending on the vaccine, some people may need two to three doses to complete the series. Thirty (30) days after getting the vaccine, you will be tested to see if the vaccine is working. Depending on the results of the test, you may need additional doses.
- The hepatitis B vaccine does not protect you or others against other types of hepatitis or against hepatitis B if you already have HBV.
- You might see some common side effects from the vaccine, like feeling sore or seeing redness in the area where the vaccine is given. You might also notice a low fever, nausea, feeling tired, or a rash.

Consent for Hepatitis B Vaccine

I read the description above and I received information about the risks and benefits of the vaccine. I was able to discuss this information and my current health with a nurse or doctor. I understand this information. I also understand that my consent or refusal to accept the vaccine will not affect my job status in any way.

I _____ grant / deny permission to staff at _____
Employee Name (circle one) Facility Name

to give me a dose or series of doses of the hepatitis B vaccine.

Signature: _____ Date: _____

Witness: _____ Date: _____
Name and Title