

State of New York OFFICE OF MENTAL HEALTH <hr/> OMH OFFICIAL POLICY MANUAL	Date Issued 8/28/87	T. L. 87-15	Section # OM-400
	Section Operational Management - Human Resources Management		
	Directive Employee Vaccination Programs for Hepatitis B		

A. Policy Statement

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

Each State operated psychiatric 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 Policy and 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 hepatitis B or who have suspected or confirmed infections. These clinical guidelines are provided under separate cover and will be updated and reissued by the Bureau of Health Policy and 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 - Staff are said to be at risk 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 - 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. A hepatitis B carrier is defined as an individual who is HBsAg-positive on at least two occasions at least six months apart.

- 3) Employee Health Program - 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 - 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 the hepatitis B virus (see Clinical Guidelines).
- 5) Hepatitis B (also known as serum hepatitis) - Hepatitis caused by the hepatitis B virus. 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) - The serum antigen detected in hepatitis B which indicates acute and chronic infection with the hepatitis B virus.
- 7) Immunization - The process of conferring immunity on previously non-immune individuals by the administration of a specific antigen.
- 8) Incubation Period - The time interval between invasion by an infectious agent and appearance of the first sign or symptom of the disease.
- 9) Prophylaxis - The prevention of disease or preventive treatment.
- 10) Screening - 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 - 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 hepatitis B exposure for staff will vary according to the facility's size, patient population, geographic location 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 hepatitis B antibodies prior to vaccination. The decision to screen should be based on a consideration of the cost of vaccination, the cost of screening, and the expected prevalence of immune individuals in the group. 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.
- c) Following the initial satisfactory vaccination, rescreening and/or revaccination must be offered to staff every four to five years (see Clinical Guidelines).

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 appropriate information about the disease, the vaccine, and the risks and benefits of vaccination (see Clinical Guidelines).
- 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 his/her 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 (see Clinical Guidelines).

- 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 work place. The decision to provide prophylaxis must be based on appropriate clinical investigation (see Clinical Guidelines).

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 his/her 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 (see Clinical Guidelines).

5) Reporting

- a) All exposures to HGsAg-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 hepatitis B must receive additional training as follows:

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

CONSENT FOR ADMINISTRATION OF HEPATITIS B VACCINE

Description of the Disease and Vaccine

Hepatitis is an inflammation of the liver. Hepatitis B, which is also known as serum hepatitis, is the most common type of hepatitis and is caused by a virus. The time between infection by the hepatitis B virus and the first sign of the disease is usually between two and six months. The signs of the disease come on slowly. Sometimes fever is present. Other signs may include loss of appetite, nausea, tiredness, pain in the area around the liver, and a yellow color to the skin and eyes (jaundice). Vaccination is a way to protect employees against infection with hepatitis B.

A physician will discuss with you how the vaccine will be given. You should consider the following in making your decision to agree to vaccination:

- ! 85-90% of people who receive the vaccine are protected from hepatitis B for three to five years.
- ! Usually three doses of the vaccine are required over a six-month period. Some people may require more doses. Some people who are already infected with the disease when they are vaccinated may still develop the disease.
- ! The hepatitis B vaccine does not protect you against other types of hepatitis.
- ! Some common side effects from the vaccine may include soreness and redness in the area where the vaccine is given, low-grade fever, nausea, tiredness, rash, and other symptoms.

Consent for Vaccination

I have read the description above and have been informed about the risks and benefits of the vaccine. I have had the opportunity to discuss this information and my current state of health with a physician. 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 administer at least three doses of the hepatitis B vaccine to me.

Signature: _____

Date: _____

Witness: _____
Name and Title

Date: _____