

Regulation 4084/4950

Personnel - Certified/Non-Certified

Occupational Exposure to Bloodborne Pathogens Exposure Control Plan

Objective

The Exposure Control Plan for the Waterford Public Schools has been designed to safeguard employees against exposure to bloodborne pathogens. A bloodborne pathogen is a microorganism that is present in human blood and can cause disease. These pathogens include, but are not limited to, Hepatitis B virus (HBV) and human immunodeficiency virus (HIV). This plan will be updated annually (during the month of January) and will be available to all staff members, the public, representatives of State and/or Federal agencies.

This program attempts to minimize occupational exposure to bloodborne pathogens through a combination of work practice controls, personal protective clothing and equipment, training, vaccination and medical surveillance. Businesses and agencies contracted for health and transportation services by the Waterford Board of Education are to have an Exposure Control Plan which meets the standards of OSHA and the Board of Education.

Definitions

- A. **Contaminated Sharps:** any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
- B. **Engineering controls:** controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.
- C. **Work Practice Controls:** controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

Exposure Determination

- A. **Category I:** Those personnel who come in direct contact with blood and body fluids for which precautions must be taken
- B. **Category II:** Personnel who participate in activities without blood exposure but exposure may occur in an emergency
- C. **Category III:** Personnel performing tasks that do not entail predictable or unpredictable exposure to blood.
 - 1. School nurses or nurse practitioners assisting and treating injured students may come in contact with blood and other bodily fluids (Category I).

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2. School staff, including physical education teachers, OT, PT, general aides, technical instructors, athletic coaches and principals may come in contact with blood and other bodily fluids in the performance of their jobs in treating injured students (Category I).
3. Special education teachers and aides in self-contained and behavioral programs, nursing program students, and custodial staff, and other staff, who substitute for them, may have to clean up after injured persons where they may come in contact with blood and other bodily fluids (Category I).
4. All staff certified in first aid may have contact with blood in an emergency (Category II).

Methods of Compliance

- A. Avoid direct contact with blood, bodily fluids or other potentially infectious materials - use gloves.
- B. Contaminated needles and other contaminated sharps shall not be bent, recapped or removed. Shearing or breaking of contaminated needles is prohibited.
- C. Contaminated reusable sharps shall be placed in containers that are puncture resistant; leakproof, color-coded or labeled in accordance with Section X of this plan and shall not require employees to reach by hand into the container.
- D. Protective gloves will be worn if you have any open wounds on your hands. If there is any doubt in your mind regarding some contact with blood or bodily fluids - use gloves.
- E. Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- F. If you become contaminated, wash that area immediately with a strong antiseptic soap or solution.
- G. If clothing becomes contaminated with blood or body fluids, it should be placed in a bag, labeled in accordance with Section X of this plan and placed in a contaminated clothing container for proper cleaning and/or discarding.
- H. Any areas of the school which may become contaminated will be washed with a strong solution of bleach and water, or other appropriate disinfectant, rubber gloves, sanitary suit, face and eye protection, and long handled scrub utensils should be used.

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- I. All locker rooms, restrooms, and nurses' offices will be cleaned daily using disinfectant. Custodial staff members are required to wear rubber gloves and use long- handled scrubbing utensils during these cleaning procedures at these locations.
- J. When a spill occurs, the building administrator or his/her designee will limit access to areas of potential exposure and notify the staff and students. The janitorial staff will be notified to immediately clean the area.
- K. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.
- L. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- M. Specimens of blood or other potentially infectious materials shall be placed in a container labeled in accordance with Section X of this plan, which prevents leakage during collection, handling, processing, storage, transport or shipping.

Preventative Measures

The Superintendent or his/her designee shall use engineering and work practice controls to eliminate or minimize employee exposure, and shall regularly examine and update controls to ensure their effectiveness.

Hepatitis B Vaccination

- A. The hepatitis B vaccination series shall be made available at no cost to all Category I employees. The hepatitis B vaccination shall be made available after an employee with occupational exposure has received the required training and within 10 working days of initial assignment, unless the employee has previously received the complete hepatitis B vaccination series, or antibody testing has revealed that the employee is immune, or vaccination is contraindicated by medical reasons.
- B. Employees who decline to accept the vaccination shall sign the hepatitis B vaccination declination statement.

Exposure Control Training

- A. Each year, all at risk personnel will be supplied with written materials relating to precautions, risks, and actions to take if contaminated by blood or other body fluids containing the following:

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1. An accessible copy of the regulatory text of the OSHA standards regarding bloodborne pathogens and an explanation of its contents;
2. A general explanation of the epidemiology and symptoms of bloodborne diseases;
3. An explanation of the modes of transmission of bloodborne pathogens;
4. An explanation of the employer's exposure control and the means by which employees can obtain a copy of the written Exposure Control Plan;
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
8. An explanation of the basis for selection of personal protective equipment;
9. Information on Hepatitis B Vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
12. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
13. Explanation of signs and labels used and/or color coding; and
14. An opportunity for interactive questions and answers with the person conducting the training session.

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Reporting Incidents

- A. All exposure incidents shall be reported as soon as possible to the school nurse and/or the building administrator.
- B. All at risk personnel who come in contact with blood and body fluids in the performance of their duties will take steps to safeguard their health.

Post-Exposure Evaluation and Follow -Up

Following a report of an exposure incident, the Superintendent or his/her designee shall immediately make available to the exposed employee, at no cost, a confidential medical evaluation, post-exposure evaluation and follow-up. He or she shall at a minimum:

- A. Document the route(s) of exposure and the circumstances under which the exposure incident occurred;
- B. Identify and document the source individual, unless that identification is infeasible or prohibited by law;
- C. Provide for the collection and testing of the employee's blood for HBV and HIV serological status;
- D. Provide for post-exposure prophylaxis, when medically indicated as recommended by the U.S. Public Health service;
- E. Counseling and Evaluation of reported illnesses;
- F. The Superintendent or designee shall provide the health care professional with a copy of the OSHA regulation; a description of the employee's duties as they relate to the exposure incident; documentation of the route(s) of exposure and circumstances under which exposure occurred; results of the source individual's blood testing, if available; and all medical records maintained by the district relevant to the appropriate treatment of the employee, including vaccination status; and
- G. The district shall maintain the confidentiality of the affected employee and the exposure source during all phases of the post-exposure evaluation.

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Records

- A. Upon an employee's initial employment and at least annually thereafter, the Superintendent or his/her designee shall inform employees with occupational exposure of the existence, location and availability of related records; the person responsible for maintaining and providing access to records; and the employee's right of access to these records.
- B. Medical records for each employee with occupational exposure shall be kept confidential and not disclosed or reported without the employee's written consent to any person within or outside the workplace except as required by law.
- C. Upon request by an employee, or a designated representative with the employee's written consent, the Superintendent or designee shall provide access to a record in a reasonable time, place and manner, no later than 15 days after the request is made.
- D. Records shall be maintained as follows:
 - 1. Medical records shall be maintained for the duration of employment plus 30 years.
 - 2. Training records shall be maintained for three years from the date of training.
 - 3. The sharps injury log shall be maintained five years from the date the exposure incident occurred.
 - 4. Exposure records shall be maintained for 30 years.
 - 5. Each analysis using medical or exposure records shall be maintained for at least 30 years.

Labels

- A. Warning labels shall be affixed to containers used to store, transport or ship blood or other potentially infectious material.
- B. Labels shall include the following:



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- C. The labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.
- D. Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- E. Red bags or red containers may be substituted for labels.
- F. Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

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WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut

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Post Exposure Evaluation/Follow Up

Employee Name: _____ Social Security No.: _____
Physician: _____ Telephone No.: _____
Notified of Incident: _____ Results Forwarded: _____

I. Exposure Incident Date Occurred: _____
Describe Incident: (include route of exposure and circumstances) _____

Were Universal Precautions Observed? _____

II. Source Individual
Name: _____ Telephone No.: _____
Address: _____
Consent for blood test: _____ Obtained? _____ Refused? _____
Date and Location of Test: _____
Results to Physician: _____

III. Employee Testing and Follow-Up
As a result of the above described exposure incident, I give consent for the collection and testing of my blood for HBV and HIV serological status, at no cost to myself.

Signature _____ *Date* _____

I give consent to baseline blood collection only and understand the sample must be preserved for 90 days should I elect to have the sample tested for HBV and HIV within 90 days of the exposure incident.

Signature _____ *Date* _____

I decline to have my blood tested at this time.

Signature _____ *Date* _____

Hepatitis Vaccination Status: _____
Date of Initial Test: _____ Location: _____
Results (If Available) _____
Date of Follow-Up Tests: _____ Location: _____
Results: (If Available) _____
Post Exposure Treatment: (If any) _____

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Waterford, Connecticut

Post Exposure Evaluation and Follow Up
Source Individual Consent for Blood Testing

Date of Exposure Incident: _____

Name of Employee: _____

Description of Incident: _____

As a results of the above described exposure incident, I give consent for the collection and testing of my blood for HBV and HIV serological status at no cost to myself.

Results of the testing will be made known to the above named employee and the employee's physician.

Signature

Date

WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut

Consent for Hepatitis B Vaccine

Consent for Hepatitis B Vaccine

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. I have read the above statement about the Hepatitis B vaccine. I have had the opportunity to ask questions and understand the benefits and risks of the vaccine. I understand that I must have three doses of vaccine to confer immunity. However, as with all medical treatment there is no guarantee I will become immune or that I will not experience adverse side effects from the vaccine.

Consent to Vaccination

I give voluntary permission to the Visiting Nurse Association of Southeastern Connecticut to administer the recombinant yeast DNA hepatitis B vaccine to me.

Signature

Print Name

Date

If under 18 years of age signature of parent/guardian:

Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature

Print Name

Date

If under 18 years of age signature of parent/guardian: Reason for declination (e.g. "I have had vaccine already") _____

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Hepatitis B Vaccine – Record of Shots

Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

Schedule

Date of 1st Shot: _____ Location: _____

Given by: Print Name: _____ Signature: _____

Lot #: _____ Manufacturer: _____

Date of 2nd Shot: _____ Location: _____

Given by: Print Name: _____ Signature: _____

Lot #: _____ Manufacturer: _____

Date of 3rd Shot: _____ Location: _____

Given by: Print Name: _____ Signature: _____

Lot #: _____ Manufacturer: _____

Remarks (any reactions, etc.): _____

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Waterford, Connecticut

Visiting Nurse Association of Southeastern Connecticut, Inc.

Health care professionals in general and “first responders” in industrial settings are at higher risk than the general population of acquiring infection from the hepatitis B virus. Increased risk is associated with frequent, direct and indirect contact with blood and other body fluids which may be infected with the virus. Such contacts include drawing blood, caring for bleeding patients, handling specimen containers or contaminated equipment, performing tests on blood and other body fluids, and cleaning up blood and other body fluids. You are considered to be at risk because of your work.

The Disease

Hepatitis B is a viral infection caused by hepatitis B virus (HBV) which causes death in 1-2% of infected patients. Most people with hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. A small percentage of people may develop chronic active hepatitis and cirrhosis. HBV also appears to be a causative factor in the development of liver cancer. Immunization against hepatitis B can prevent acute hepatitis and also reduce sickness and death from chronic active hepatitis, cirrhosis and liver cancer.

The Vaccine

The vaccine is a non-infectious subunit viral vaccine derived from hepatitis B surface antigen (HbsAG) produced in yeast cells. A portion of the hepatitis B virus gene, coding for HbsAG, is cloned into yeast, and the vaccine for hepatitis B is produced from culture of this recombinant yeast strain according to methods developed in the Merck Sharp & Dohme Research Laboratories.

The vaccine against hepatitis B, prepared from recombinant yeast cultures, is free of association with human blood or blood products.

A high percentage, approximately 95% or greater, of healthy people who receive three doses of the vaccine achieve a high level of surface antibody (antiHbs) and protection against hepatitis B. Less than 5% may not develop immunity even after 3 doses. There is no evidence that the vaccine has ever caused hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of the immunization. The duration of immunity is unknown at this time and the need for booster doses is not yet defined.

The vaccine is effective against hepatitis B only and not against other types of hepatitis.

Possible Vaccine Side Effects

The incidence of side effects is very low. Thousands of vaccinations have been given with only minor side effects. A few persons experience tenderness and redness at the site of the injection. Low grade fever may occur, rash, nausea, joint pain and mild fatigue have also been reported.

Data is not available on the safety of the vaccine for the developing fetus but because it contains only non-infectious HBsAg particles, the risk to the fetus from the vaccine should be negligible. In contrast, HBV infection in a pregnant woman may result in severe disease for the mother and chronic infection for the newborn. Pregnancy should not be considered a contraindication to the use of this vaccine for persons who are otherwise eligible.

The vaccine program consists of three scheduled doses. Failure to complete the series, leads to ineffective levels of the antibody.

**WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut**

**Important Information About Hepatitis B, Hepatitis B Vaccine,
and Hepatitis B Immune Globulin**

Please Read This Carefully

WHAT IS HEPATITIS B?

Hepatitis B is an infection of the liver caused by the hepatitis B virus (HBV). HBV is one of several types of viruses (infections) that can cause hepatitis. There is a vaccine that will prevent HBV infection.

Hepatitis B virus infection may occur in two phases. The acute phase occurs just after a person becomes infected, and can last from a few weeks to several months. Some people recover after the acute phase, but others remain infected for the rest of their lives. They go into the chronic phase and become “chronic carriers.” The virus remains in their liver and blood.

Acute hepatitis B usually begins with symptoms such as loss of appetite, extreme tiredness, nausea, vomiting, and stomach pain. Dark urine and jaundice (yellow eyes and skin) are also common, and skin rashes and joint pain can occur. Over half of the people who become infected with HBV never become sick, but some may later have long-term liver disease from their HBV infection.

About 300,000 children and adults in the U.S. become infected with the hepatitis B virus each year. More than 10,000 of them need to be hospitalized and 250 die. Most of these deaths are from liver failure.

HBV is passed from one person to another in blood or certain body secretions. This may occur during sexual relations or when sharing things like toothbrushes, razors, or needles used to inject drugs. A baby can get HBV at birth from its mother. A doctor or nurse may get HBV if blood from an infected patient enters through a cut or accidental needlestick.

Those people infected with HBV who become “chronic carriers” can spread the infection to others throughout their lifetime. They can also develop long-term liver disease such as cirrhosis (which destroys the liver) or liver cancer.

WHO BECOMES A CHRONIC CARRIER OF HBV?

Of every 100 young adults who catch HBV, 6 to 10 become chronic carriers. Children who become infected with HBV are more likely to become chronic carriers than adults. Of every 10 infants who are infected at birth, up to 9 will become chronic HBV carriers. The younger a child is when the infection occurs, the more likely that child will become a carrier.

About one-fourth of hepatitis B carriers develop a disease called “chronic active hepatitis.” People with chronic active hepatitis often get cirrhosis of the liver, and many people die from liver failure. In addition, they are much more likely than other people to get cancer of the liver. In the United States, about 4,000 hepatitis B carriers die each year from cirrhosis and more than 800 die from liver cancer.

HEPATITIS B VIRUS INFECTIONS IN CHILDREN

Each year 22,000 children are born to women who are carriers of HBV. In the past, 4,000-5,000 of these infants were born with HBV infection. Almost all of these infections can now be prevented. A pregnant woman can find out if she is infected with HBV by getting a simple blood test. If she is infected, she can protect her newborn from infection by getting the child immunized with hepatitis B vaccine and hepatitis B immune globulin (HBIG) as soon after birth as possible.

Certain groups of children are more likely to get HBV because they or the parents come from countries where HBV infection is much more common than in the United States. (These are countries in Asia, South America, South Pacific and eastern and southern Europe.) It is very important that these children receive hepatitis B vaccine at birth or at least before they are one years old.

Why All Children Should Receive Hepatitis B Vaccine

Anyone can get HBV infection. In fact, about 1 out of every 20 people in the United States has been infected with HBV. Because of the serious liver disease, cancer, and death resulting from HBV infection, all infants in the United States should be vaccinated against this virus. This will protect them when they become teenagers and adults, and are most likely to catch hepatitis B.

HEPATITIS B VACCINE AND HEPATITIS B IMMUNE GLOBULIN

Hepatitis B Vaccine

Hepatitis B vaccine is given by injection. Three doses, given on three different dates are needed for full protection. Exactly when these three doses are given can vary. Infants can get the vaccine at the same time as other baby shots, or during regular visits for well child care. Your doctor or nurse will advise you when the three shots should be given.

The hepatitis B vaccine prevents HBV infection in 85%-95% of people who get all three shots. Studies have shown that in these people, protection lasts at least 10 years. Booster dose are not recommended at this time.

Who Should Get Hepatitis B Vaccine?

Infants

1. *Infants born to women who are infected with HBV* – Infants born to infected women or to women who are chronic HBV carriers should be given hepatitis B vaccine and HBIG (see below) within 12 hours of birth. They should then get their second and third vaccine doses at 1 and 6 months of age. If they don't get these shots, these infants will very likely be infected with HBV and become chronic carriers themselves. Pregnant women may find out if they are infected with HBV by getting a simple blood tests, which is recommended as a routine part of their prenatal care.
2. *Infants born to healthy women (non-carriers of HBV)* – Vaccination during infancy and early childhood is recommended for all infants in the Unites States to prevent HBV infection and chronic HBV carriage. Infants should get their first dose of vaccine either at birth or at 1-2 months of age. The second dose can be given 1 to 3 months later, and the third dose between 6 and 18 months of age. Hepatitis B vaccine can safely be given at the same time as the other vaccines a child normally receives.

Special Childhood Populations

Immigrant and refugee children from parts of the world where HBV infection is common (Asia, Africa, South America, South Pacific and eastern and southern Europe) are at high risk of HBV infection. All immigrant and refugee children 7 years of age and younger should get hepatitis B vaccine.

Adults and Other Groups

Hepatitis B vaccine is also recommended for adolescents and adults at high risk of getting HBV infection. This includes 1) people who are exposed to blood or blood products in their work (health care workers or emergency care responders, for instance); 2) clients and staff of institutions for the developmentally disabled, as well as clients and staff of group homes, where any of the residents is a chronic carrier of HBV; 3) hemodialysis patients; 4) men who have sex with men; 5) users of injectable drugs; 6) people with medical conditions (such as hemophilia) who receive blood products to help their blood clot; 7) people who live with, or have sex with HBV carriers; 8) people who have more than one sex partner, or people who are treated for sexually transmitted diseases; and 9) people who travel to, or live in parts of the world where HBV infections are common.

Hepatitis B vaccine is also recommended for people who have been exposed to HBV. This includes people who have never been vaccinated for hepatitis B, and who: 1) have an accident in which blood containing HBV enters their body through the skin or mucous membrane; or 2) have sexual contact with someone with acute hepatitis B. In some cases, hepatitis B vaccine should be started at the same time as treatment with HBIG (see below).

Hepatitis B Immune Globulin (HBIG)

HBIG is recommended for the following people. (For most people, the first dose of hepatitis B vaccine should be given at the same time as the HBIG.)

Infants

1. *Infants born to women who are infected with HBV* – These infants should get one dose of HBIG and the first dose of vaccine within 12 hours of birth (see above).
2. *Unvaccinated infants less than 12 months old whose mother (or primary caregiver) has acute hepatitis B* – All infants less than 12 months can easily become HBV carriers after hepatitis B infection. Exposed infants who have not been vaccinated should get one dose of HBIG and begin the hepatitis B vaccine series. Infants who have already been vaccinated do not need HBIG.

Adults and Others

1. *Persons accidentally exposed to blood or body fluids that may contain HBV* – Exposed persons who have not been vaccinated should get one dose of HBIG and begin the hepatitis B vaccine series. Exposed persons who have had hepatitis B shots may also need HBIG. A doctor or nurse should make that decision.
2. *People having sexual contact with anyone who has acute hepatitis B* – These people should get a dose of HBIG within 14 days of the most recent sexual contact with anyone who has acute hepatitis B. They may also need to get hepatitis B vaccine.

POSSIBLE SIDE EFFECTS FROM HEPATITIS B VACCINE AND HBIG

The most common side effect of hepatitis B vaccination is soreness when the shot is given. Tenderness at the injection site has been reported in up to 46% of infants vaccinated. Of children who get the vaccine, 2% to 5% may get a fever greater than 102^o F or become irritable. When hepatitis B vaccine is given with other childhood vaccines, it does not make these mild reactions worse than would be sent with the other vaccines alone. HBIG has sometimes been associated with swelling and hives. As with any drug, there is a slight

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chance of allergic or more serious reactions with either the vaccine or HBIG. However, no serious reactions have been shown to occur due to the hepatitis B recombinant vaccines. (These are the ones currently in use.) A person cannot get hepatitis B or AIDS from a hepatitis B shot or from an HBIG shot.

Before recombinant vaccines were used in the United States, another type of hepatitis B vaccine (plasma-derived) was used. Surveillance showed that getting the first dose of plasma-derived hepatitis B vaccine may have been associated with the paralytic illness Guillain-Barré syndrome (GBS). However, the recombinant vaccine has not been shown to be associated with GBS.

PREGNANCY

Very little information is available about the safety of the vaccine or HBIG for unborn babies. If a pregnant woman gets an HBV infection, it can cause severe disease in the mother and chronic HBV infection in the newborn baby. On the other hand, both the vaccine and HBIG should be safe for the unborn baby because they contain no infectious material. Therefore, pregnant women who are at risk of HBV infection can be given both hepatitis B vaccine and HBIG.

QUESTIONS

If you have any questions about hepatitis B, HBIG, or hepatitis B vaccine, please ask us now or call your doctor or health department before you sign this form.

REACTIONS

If the person who received HBIG and/or the vaccine gets sick and visits a doctor, hospital, or clinic during the 4 weeks after receiving the vaccine, please report it to:

Please keep this part of the information sheet for your records

.....

_____	Dates Vaccinated	Lot	No.
Name (please print)	1. _____		
_____	2. _____		
Birthdate	3. _____		
_____	_____		
Signature	Telephone #		
_____	_____		
Address	Department		

*U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control*