



# Bloodborne Pathogen (HIV/Hepatitis B) Training

Employee Name: \_\_\_\_\_ Location: \_\_\_\_\_

Position: \_\_\_\_\_

Bloodborne pathogen (HIV/Hepatitis B) training is required under RCW 70.24.90 and as defined in WAC Chapter 392-198-030 specifies that all newly hired district employees shall receive prescribed bloodborne pathogen (HIV/Hepatitis B) training within six months from the first day of employment. For those employees who are considered to be in a high-risk occupation, the training must be given before assigning tasks where occupational exposure might occur (WAC 296-823-12005) unless proof of completion of training is attached. Additionally, these identified high-risk employees must be given the opportunity for immunizations. Such identified employees must also participate in an annual refresher-training course.

## **Bloodborne Pathogen High-Risk Criteria for Everett Public Schools**

**Definition:** High-Risk (staff members who are reasonably anticipated to have exposure to bloodborne pathogens). High-risk status is determined by your building principal/supervisor based on the criteria and the employee's individual job duties/responsibilities.

Staff in the following positions are required to attend annual bloodborne pathogen (HIV/Hepatitis B) renewal training and are eligible to receive Hepatitis B immunizations paid for by Everett Public Schools, with final approval from the building's principal/supervisor and director of human resources.

- School nurses
- Health room assistants and office personnel who are support to the school nurse
- Special education teachers (except Resource Room)
- Special education paraeducators (except Resource Room)
- Noon-duty supervisors
- Instructional staff of students who are known carriers of Hepatitis B
- Occupational/physical therapists who have risk of exposure due to oral therapy techniques
- Speech/language pathologists who have risk of exposure due to oral therapy techniques
- Custodians
- Coaches

For any other assistance or questions, please contact Human Resources at 425-385-4100.



# Hepatitis-B Immunization Disclosure and Waiver Form

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Hepatitis B is an infectious disease which affects the liver. It is caused by the Hepatitis B virus. Usually, people who contract Hepatitis B infection recover without even knowing that they were infected. Occasionally, however, serious complications can develop.

Hepatitis B can be spread by blood from an infected person when it comes in contact with your blood or mucous membranes. Examples would include cuts, nose bleeds and splashes involving the eyes or mouth.

There is a direct relationship between contact with blood or blood-tinged body fluids and the risk of acquiring occupational Hepatitis B infection. As a result, any Everett Public Schools employee who has occasion to experience contact, however slight, with blood or blood-tinged body fluids is at risk of subsequent infection with Hepatitis B.

A very effective vaccine is available which will afford a high degree of protection against Hepatitis B infection. The vaccine provides a life-long immunity. No serious side effects to the vaccine have been reported. Minor side effects may include such symptoms as redness or swelling at the site of injection, mild fever, muscle aches and pains.

**Please Note:** Even though you choose to have the Hepatitis B vaccine, universal precautions must be followed to protect you from exposure to all bloodborne pathogens.

**Contraindication** – Engerix-B vaccine should be administered with caution to individuals who have exhibited previous systemic allergic reactions to the vaccine or any of the ingredients in the formulations, to individuals with hypersensitivity to yeast, bread or beer, or to individuals with severe cardiopulmonary status. Vaccination should be delayed in any individual with serious active infections unless withholding the vaccine is considered a greater risk. Engerix-B should not be given to pregnant women and to be used with caution to nursing mothers.

## **Please Check the Appropriate Box:**

### ***FOR THOSE ON HIGH-RISK LIST:***

- ( ) **CONSENT** I have been identified as an employee in a high-risk occupation for Hepatitis B exposure by Everett Public Schools. I desire to receive the Hepatitis B vaccine at no cost to myself. I release Everett Public Schools from liability as a result of potential side effects from the vaccine.  
→ **Do not check here if you are not a high-risk employee as described on page 1 of this form.**
- ( ) **WAIVED** 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 the Hepatitis B vaccine at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that my 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.
- ( ) N/A I have been previously vaccinated for Hepatitis B.

### ***FOR THOSE NOT CONSIDERED HIGH-RISK***

- ( ) I understand that I have not been identified as having a high-risk occupation for Hepatitis B by Everett Public Schools. I also understand that if I have a direct exposure to blood or mucous membranes while on the job, I must report the exposure and will have the option at that time to receive a vaccination at no charge to me.

**Employee Signature** \_\_\_\_\_

**Date** \_\_\_\_\_