

HEPATITIS B VACCINATION. POST-EXPOSURE EVALUATION AND FOLLOW-UP

Everyone in our facility recognizes that even with good adherence to all of our exposure prevention practices, exposure incidents can occur. As a result, we have implemented a Hepatitis B Vaccination Program, as well as setup procedures for post-exposure evaluation and follow-up should exposure to Bloodborne Pathogens occur.

A. Vaccination Program

To protect our faculty and students as much as possible of Hepatitis B infection, our facility has implemented a Vaccination Program. This program is available no cost for faculty and students who have occupational exposure to Bloodborne Pathogens. The program provides a Hepatitis B vaccination currently recommended by the CDC.

As part of their Bloodborne Pathogens training, our faculty and students have received information regarding Hepatitis B vaccination, including its safety and effectiveness.

Eastern's Director of Admissions is responsible for setting up and operating our Vaccination Program, which has been in effect since 9/15/99. (See Attachment 2: Categories of Responsibility.)

Vaccinations are performed under the supervision of a licensed physician or other healthcare professional within ten days of initial assignment in which all faculty and students have exposure to bloodborne pathogens.

Faculty and students taking part in the Vaccination Program are listed on the following pages. Faculty and students who have declined to take part in the program are listed as well and have signed the "Vaccination Declination Form" (a sample of which is found after the faculty and student listings). If faculty or student has declined, but in the future requests taking part in the Vaccination Program, the school will provide a vaccination immediately, free of charge.

All faculty and students that have had previous vaccinations must provide proof by either blood test or vaccination record from the provider facility.

To ensure that all faculty and students are aware of our Vaccination Program, it is thoroughly discussed in our Bloodborne Pathogens training. We also have posted "Vaccination Program Notices" in prominent places throughout our facility (a sample of this notice can be found following the Vaccination Declination Form in this section).

EASTERN SCHOOL OF ACUPUNCTURE
& TRADITIONAL MEDICINE

VACCINATION DECLINATION FORM

Date: _____

Faculty Name: _____

I understand that due to my student clinical exposure to blood or other potential 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 vaccine. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, 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 the school's designated doctor.

Faculty Signature

Date

Administrator

Date