North Carolina Central University
Exposure Control Program Plan
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I. Approval and Record of Changes

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<td>Dr. Kristin Long-Witter</td>
<td>EHS Director</td>
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II. Description

This exposure control plan (ECP) describes policies for reducing the risk of exposure to bloodborne pathogens (BBP) in the workplace for compliance with 29 CFR 1910.1030. The risk of exposure to a bloodborne pathogen can be greatly reduced through the strict adherence to the administrative, engineering, and work practice controls included in this plan.

III. Scope

This policy applies to all North Carolina Central University employees who may reasonably anticipate contact with blood or other potentially infectious materials (OPIM) during performance of their duties.

IV. Policy

1. The OSHA document Occupational Exposure to Bloodborne Pathogens; Final Rule (29 CFR 1910.1030) requires that:
   a. Employers provide a written Exposure Control Plan (ECP) that covers the facility’s policies and procedures to prevent transmission of a bloodborne pathogen in the workplace.
   b. The Plan is reviewed annually
   c. A copy of the Plan is made available to all NCCU employees with occupational bloodborne pathogen risk at the EHS website.

V. Responsibility

1. Environmental Health and Safety (EHS)
   a. Responsible for implementation of the ECP including annual review and updates
   b. Assist with risk assessment and selection and evaluation of safety devices and personal protective equipment (PPE)
   c. Responsible for training, documentation of training and making the ECP available to employees, OSHA and NIOSH representatives
   d. Ensure that suitable education/training modules are provided to employees including the appropriate use of safety devices and PPE
   e. Ensure employees complete initial and annual bloodborne pathogens training.
   f. Investigate circumstances surrounding exposure or potential exposure incidents
   g. Provide ongoing consultation regarding implementation of OSHA's final rule on Occupational Exposure to Bloodborne Pathogens
   h. Review job descriptions to determine if position should be enrolled in Exposure Control Program
   i. Arrange for NCCU employees enrolled in Program to obtain vaccinations and surveillance testing as required. Provide access to medical professionals for post-exposure evaluation, prophylaxis, and follow up as needed after an exposure or potential exposure.

2. Student Health Services
   a. Provide medical surveillance appointments for students working in laboratories
   b. Maintain documentation of required evaluations, tests and vaccinations.
   c. Maintain documentation of students with potential or known exposures and follow up as required by OSHA final rule
   d. Ensure Student Health staff are enrolled in and remain compliant with Exposure Control Program
3. **Principal Investigator (PI)**
   a. Identify positions in which employees have reasonably anticipated occupational exposure.
   b. Ensure PPE and other necessary supplies are available to and accessible by employees
   c. Ensure personnel are trained on locations and use of emergency equipment such as eye wash stations and safety showers
   d. Monitor laboratorian compliance with ECP
   e. Include compliance with OSHA's final rule into the employee's performance evaluation
      i. Initiate and document disciplinary action for continued non-compliance

4. **Occupationally-Exposed Employees**
   a. Know what tasks they perform with risk for occupational BBP exposure
   b. Participate in initial and annual bloodborne pathogens training
   c. Complete Hepatitis B Consent/Waiver form
   d. Plan and conduct all work in accordance with the NCSLPH policies concerning engineering controls, work practice controls, and the use of PPE
   e. Report all potential or known exposures immediately to Supervisor and Biosecurity Officer and follow up with occupational health provider

VI. **Exposure Determination**

All individuals that handle or work around the following materials are considered to have reasonably anticipated occupational exposure and are enrolled in the BBP program at NCCU.

1. Human or non-human primate cell lines
2. Human blood
3. Human body fluids and other potentially infectious materials (OPIM) – semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, any body fluid visibly contaminated with blood, all body fluids where it is difficult or impossible to differentiate between body fluids
4. Unfixed human or animal tissues
5. Contaminated sharps
6. Pathological wastes containing blood or infectious materials
7. Microbiological wastes containing blood or infectious materials

See Appendix A for a list of all positions at NCCU which are enrolled in the BBP at NCCU.

VII. **Methods of Compliance**

The use of work practice controls, engineering controls, and PPE can protect employees who have occupational exposure to BBP materials. Administrative, engineering, and work practice controls are used to eliminate or minimize employee exposure to bloodborne pathogens or OPIM. Where occupational exposure remains after institution of these controls, personal protective equipment is also used.

**Universal Precautions**

Universal precautions are an approach to infection control which assumes that all human blood and OPIM are infectious and should be handled with appropriate protective measures. All employees with exposure potential are trained to observe universal precautions and treat all blood or OPIM as infectious material.

**Work Practice Controls**

1) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses
prohibited in work areas where there is a reasonable likelihood of occupational exposure to bloodborne pathogens.

2) Food and drink are not kept in refrigerators, freezers, shelves, cabinets, or on countertops or work benches or in other storage areas where blood or other potentially infectious materials are present.

3) All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

4) Mouth pipetting is prohibited.

5) Specimens shall be placed in a secondary container (e.g., Tupperware, transport box, etc.) labeled with a biohazard label when being transported outside of the laboratory.

6) Equipment known or suspected to be contaminated with blood or OPIM is examined prior to servicing or shipping and decontaminated as necessary, unless it can be demonstrated that decontamination is not feasible. If the equipment cannot be decontaminated, a BIOHAZARD label must be attached to the equipment, stating which portions remain contaminated.

7) Any paperwork that has been stained with blood or body fluids is discarded as biohazard waste.

Hand Washing

1) Hand washing is the most important procedure to reduce the duration of exposure to an infectious agent and prevent dissemination of the infectious agent. Hand contamination may occur during manipulation of biological materials and contact with work surfaces, telephones and equipment.

2) Hand hygiene products and handwashing sinks are readily accessible to all employees who have the potential for occupational exposure.

3) Hands and other skin surfaces must be washed with soap and water immediately or as soon as feasible if contaminated with blood or OPIM.

4) Hand hygiene must be performed immediately or as soon as feasible after gloves or other PPE is removed.

5) Personnel who develop hand dermatitis or allergies associated with hand hygiene agents, gloves or other products should request evaluation by EHS.

6) Personnel having exudative lesions or weeping dermatitis must be evaluated by EHS prior to handling infectious or potentially infectious materials.

Cutaneous or Mucous Membrane Exposure

Following any contact of body areas with blood or OPIM:

1) Employees must wash their hands and any other exposed skin with soap and water as soon as possible.

2) If the exposure to blood or body fluids involves the eyes or other mucous membranes, they must flush the exposed mucous membranes with water. Eye wash stations are located in laboratory areas. PIs or their designees are responsible for educating personnel about the location and usage of the nearest eyewash station to their assigned work area.

3) Shower facilities are available within NCSLPH for employees who may become contaminated with large amounts of blood or OPIM. Supervisors are responsible for educating personnel about the location of showers including emergency showers.

Use and Disposal of Sharps
NCCU is committed to the implementation of safer medical devices to reduce risk from contaminated sharps.

Contaminated sharps must never be sheared or broken. Recapping, bending, or removing needles is permissible only if there is no feasible alternative or if such actions are required for a specific procedure. If recapping, bending, or removal is necessary, employees must use either a mechanical device or a one-handed technique. The cap must not be held in one hand while guiding the sharp into it or placing it over the sharp. A one-handed "scoop" technique uses the needle itself to pick up the cap, and then the cap is pushed against a hard surface to ensure a tight fit onto the device.

Contaminated broken glass is never handled with bare hands but rather cleaned up using tools such as a brush and dust pan, tongs, or forceps. Contaminated phlebotomy needles and tube holders are not to be separated and are discarded as a unit.

Containers for contaminated sharps are puncture-resistant, red in color and labeled as biohazardous waste. The sides and the bottom of the container are leakproof and the lid must be able to be securely closed (i.e. have a lid, flap, door, or other means of closing the container). Sharps containers must be kept upright to keep the sharps and any liquids from spilling out of the container and they must be easily accessible in an area close to where sharps are used and discarded. Containers must be closed and replaced when materials inside reach the fill-line on the label or when 2/3 full.

When removing containers of sharps from the area of use, the container will be closed and locked prior to removal to prevent spillage. Sharps disposal containers are single use. Personnel should never retrieve items from sharps containers.

**Engineering Controls**

One of the key aspects of the ECP is the required use of engineering controls as a primary means to eliminate or minimize employee exposure to bloodborne pathogens. Safety devices such as sharps disposal containers, safety needles, biosafety cabinets, bioseal/safety centrifuge rotors, transport containers for biohazardous materials are used as deemed appropriate by risk assessment.

EHS will work with PIs and laboratorians to review tasks and procedures and evaluate engineering controls to ensure that the control method in use meets or exceeds current industry standards for eliminating or reducing exposure to bloodborne pathogens. Changes to engineering controls or the implementation of new engineering controls will be documented and trained before they are integrated into the standard operating procedure.

**Personal Protective Equipment**

Personal protective equipment (PPE) provides protection against hazards such as blood or OPIM. PPE consists of specialized clothing or equipment worn by the employee such as gloves, gowns, lab coats, masks, and protective eyewear. All required PPE is provided at no cost to employees including cleaning, maintenance and disposal. PPE in the appropriate size is readily available in the work area or designated storage areas. Special arrangements can be made for unique needs (e.g., glove liners, hypoallergenic gloves) of laboratorians with their PI or EHS.

All personnel must routinely use PPE anytime there is a potential for exposure to blood, OPIM or hazardous biological or chemical materials. All PPE is removed prior to leaving the work area. When PPE is removed, it is placed in an appropriately designated area for storage, washing, decontamination or disposal. Disposable PPE including gloves is always disposed of as biohazardous waste.

**Gloves**
Gloves must be worn when it can be reasonably anticipated that the employee may have hand contact with blood/OPIM or other biological agents.

Disposable single-use gloves must be changed as soon as practical when contaminated, torn, punctured, or when their ability to function as a barrier is compromised. Disposable single-use gloves are never washed or reused.

Gloves should be removed and hand hygiene performed before touching clean environmental surfaces (e.g., computer keyboards and telephones). In certain instances, computers are used to enter data in real-time at the benchtop by personnel wearing gloves and simultaneously handling infectious materials. Computer equipment utilized on benchtops is considered potentially contaminated and should always be properly disinfected.

Based on risk assessment, double gloving may be recommended for certain tasks or areas.

**Eye protection**

Eye protection must be worn whenever splash, spray, spatter, or droplets of blood/OPIM or other infectious or potentially infectious material may be generated and eye contamination can be reasonably anticipated. Protective eyewear must be worn by all persons (including those wearing contact lenses) when there is a reasonably anticipated potential for eye contamination.

Prescription eyeglasses must be equipped with solid side shields if used for eye protection. Glasses without solid side shields or small-framed glasses must be covered with a face shield or goggles to provide complete coverage and protection.

**Lab Coats**

Lab coats are worn at all times when handling materials known to be hazardous or potentially hazardous. Lab coats must be long-sleeved and knee-length on the wearer. Lab coats are to be closed in the front (e.g., buttoned, snapped) to protect clothing. Snug fitting cuffs prevent splashes, splatters and aerosols from making contact with exposed skin on the lower arms. Gloves can be pulled over snug fitting cuffs to protect the wearer’s wrist and lower arm area.

Soiled laboratory coats and reusable gowns should be removed immediately upon leaving the work area and placed in a designated area for storage. Laboratory coats should never be taken from or worn outside of the building.

NCCU provides an external contractor service to launder and replace soiled lab coats.

**Contaminated Personal Clothing**

Contaminated personal clothing must not be taken home for laundering. The same care shall be exercised in the handling of contaminated personal clothing as the PPE handling described above.

If personal clothing is contaminated, please contact EHS.

**VIII. Sterilization, Disinfection, and Housekeeping**

All laboratorians are responsible for ensuring that laboratory spaces are maintained in a clean and sanitary condition and should implement an appropriate schedule for cleaning and disinfection based on tasks or procedures being performed and infectious agent manipulated in the area.
All equipment and environmental work surfaces will be cleaned and decontaminated after contact with blood or OPIM. Contaminated work surfaces will be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or OPIM.

All bins and waste receptacles intended for reuse that have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials will be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately upon recognizing visible contamination.

Non-sharps contaminated waste will be placed in containers that are:
   a. closed prior to removal
   b. constructed to contain all contents and prevent leakage of fluids
   c. labeled as biohazardous
   d. surface decontaminated

Broken glassware that may be contaminated will not be picked up directly with the hands. It will be cleaned up using mechanical means such as a brush and dustpan, tongs, or forceps.

Reusable sharps that are contaminated with blood or other potentially infectious materials will not be stored or processed in a manner that requires employees to reach into the containers with their hands.

Contaminated sharps waste will be discarded immediately or as soon as feasible in containers that are:
   a. closable
   b. puncture-resistant
   c. leak-proof on sides and bottom
   d. labeled with the international biohazard logo and the word “biohazard”

During use, containers for contaminated sharps waste will be:
   a. easily accessible
   b. located at the point of generation
   c. maintained upright throughout use
   d. replaced when 2/3 full and not allowed to be overfilled

When moving containers of contaminated sharps waste from the area of use, the containers will be:
   a. closed prior to removal
   b. placed in a secondary container if leakage is possible

The secondary container will be:
   a. closable
   b. constructed to contain all contents and prevent leakage during handling
   c. labeled as biohazardous

Reusable containers will not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of needle sticks or cuts.
IX. Hepatitis B Immunization Program

One major bloodborne infectious disease, Hepatitis B, is entirely preventable through immunization (Appendix B). Employees with bloodborne pathogen exposure are offered the immunization prior to beginning work with blood or OPIM (Appendix C).

1. Immunization against Hepatitis B virus (HBV) by means of a vaccination series will be made available to all employees who are determined to be “occupationally-exposed. This is done by EHS as part of New Employee Orientation. It is the responsibility of the PI to ensure that this process was completed prior to allowing laboratorian to work with blood or OPIM.

2. Employee participation in the HBV immunization program will be on a voluntary basis.

3. Although the vaccine is recommended, there will be no negative consequences to any person who chooses not to participate in the immunization program, for any reason.

4. The HBV immunization program consists of a series of three intramuscular vaccinations administered at times zero, one month and six months. Following completion of the three-vaccine series a titer will be determined.

5. HBV vaccination will be made available within 10 working days of initial employee assignment after the employee has completed the OSHA required Bloodborne Pathogens training and received information on the HBV vaccine efficacy, safety, method of administration, the benefits of immunization, and that the vaccination series will be offered free of charge.

6. The original signed HBV form will be retained by EHS and a copy in the laboratory training files.

7. If the employee initially declines to participate in the HBV immunization program, but at a later decides to become immunized, the vaccination series will be made available at that time.

8. EHS will make arrangements for personnel to receive their Hepatitis B vaccine.

X. Post-Exposure Evaluation and Follow Up

All occupational exposures to blood, OPIM and infectious agents will be regarded as serious, reported promptly, evaluated by the occupational health providers and treated accordingly.

1. Upon injury from a suspected exposure source, the employee will attempt to determine the nature of the exposure and any biohazardous material associated with it.

2. The employee will also attempt to carefully retain the exposure source and any biohazardous materials that may have constituted an exposure.

3. If necessary, first-aid should be administered immediately for any cuts or punctures and any exposed skin should be washed with soap and water. The employee should report the injury to their supervisor immediately.

4. Call 911 for all life-threatening incidents for treatment at the nearest emergency room.

5. The Supervisor will then notify EHS and the Laboratory Director

6. **Within 24 hours required forms must be submitted to ensure workers’ compensation benefits EVEN WHEN NO MEDICAL TREATMENT IS SOUGHT.**
   i. Employee submits the North Carolina State Government Workers’ Compensation Employee Statement, Leave Options & Medical Authorization/Release Form
   ii. Supervisor submits the Supervisor Statement Form
7. Non-emergency medical treatment must be sought at a facility approved by the State of NC Workers’ Compensation provider.
8. Employee acceptance of any tests/treatments following an occupational exposure event will be on a completely voluntary basis and services will be provided at no cost to them.

XI. Communication of Hazards to Employees

Employees must be informed of the risks associated with the human blood and body substances they handle, and required precautions they must follow to protect themselves and fellow workers. Labels, signs, and other written information assure that employees are aware of the hazardous materials in their workplace. Use of this information and precautions will reduce the risk of employee exposure to pathogens.

Labels and Signs

a. Warning labels must be affixed to or printed on containers and bags of biohazardous waste, refrigerators, freezers, and other containers used to contain, store, or transport blood or OPIM.
b. Labels must include the internationally recognized biohazard logo and the word “biohazard.”
c. Labels must be affixed at a conspicuous location on the container
d. Contaminated or potentially contaminated equipment must be labeled as biohazardous and indicate which parts are contaminated.
e. Biohazardous waste that has been decontaminated by steam sterilization must have a positive indication of safety. Sterilization indicator on the autoclave bag accomplishes this.
f. Signs that include the internationally recognized biohazard logo and the word “biohazard” will be posted at the entrance of all biological laboratories and other areas.

Information and Training

PIs and Lab Managers will ensure that all employees with occupational exposure, including themselves, participate in a bloodborne pathogens training program administered by EHS that must be provided during working hours. The training will be provided at the time of initial assignment and at least annually thereafter. The supervisor is responsible for instructing employees on the site-specific risks and safety procedures for their assigned laboratory area. The bloodborne pathogens training program is provided by EHS and covers basic risks and prudent practices to avoid occupational exposure including:

a. Bloodborne Pathogens Standard purpose, policy and responsibilities
b. Modes of transmission, epidemiology, and symptomatology of bloodborne diseases
c. Exposure Control Plan - means by which the employee may obtain a copy of the document
d. Tasks and other activities that may involve exposure to blood and other potentially infectious materials
e. Methods that will prevent or reduce exposure - including appropriate engineering controls, work practices, and personal protective equipment
f. Personal protective equipment - types, selection, proper use, storage location, removal, handling, decontamination and disposal.
g. Hepatitis B immunization program - including information on the efficacy, safety, administration, and benefits of the vaccine and that the vaccine will be offered at no cost to the employees
h. Appropriate actions to take and persons to contact in an emergency
i. 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
j. Post-exposure evaluation and follow-up that the department is required to provide for the employee following an exposure incident
k. Labels, signs and color-coding pertaining to biohazards required by departmental policy
l. Opportunity for interactive questions and answers

The PI will ensure that additional training is provided when changes such as modification of tasks or institution of new procedures affect employees’ occupational exposure.

XII. Recordkeeping

Accurate records of required safety service must be carefully maintained for compliance with the Bloodborne Pathogens Standard to be effective.

Medical Records

Each employee with occupational exposure is responsible for maintaining accurate records which include:
   i. the name and employee identifier
   ii. a copy of the employee’s hepatitis B immunization status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee’s ability to receive vaccination

These records are considered confidential and are not disclosed or reported without the employee’s express written consent to any person within or outside the workplace except as required by availability provisions the Occupational Safety and Health Act.

Training Records

Records for Bloodborne Pathogens training are maintained by EHS and a copy provided to the PI and laboratorian. Training records are maintained by EHS for the entire period of employment. Once an employee has terminated employment, training records will be available for an additional 3 years. Training records are provided upon request for examination and copying to employees and to employee representatives within 15 working days.

Vaccination/Declination Records

Hepatitis B Consent/Declination forms will be maintained by EHS and will be accessible for review by any Federal or State agency as required

Sharps Injury Log

All percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log as required by the BBP statute. All incidences must include at least:
   a. the date of the injury
   b. the type and brand of the device involved
   c. lab or work area where the incident occurred
   d. an explanation of how the incident occurred
This log is submitted to Workers’ Compensation Administrator for review annually as part of the annual evaluation of the program and is maintained for at least five years by the Manager/Supervisor following the end of the calendar year. If a copy is requested by anyone, all personal identifiers are first removed from the report.
### Positions/Unit and Task/Procedure in which employees have Occupational Exposure
IN COMPLIANCE WITH 29 CFR 1910.1030(C)(2)(i)(A)

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Appendix B CDC Hepatitis B Vaccine Information Statement

VACCINE INFORMATION STATEMENT

Hepatitis B Vaccine:
What You Need to Know

1 Why get vaccinated?

Hepatitis B vaccine can prevent hepatitis B. Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

- **Acute hepatitis B infection** is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach.
- **Chronic hepatitis B infection** is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to liver damage (cirrhosis), liver cancer, and death. Chronically-infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves.

Hepatitis B is spread when blood, semen, or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. People can become infected through:

- Birth (if a mother has hepatitis B, her baby can become infected)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Most people who are vaccinated with hepatitis B vaccine are immune for life.

2 Hepatitis B vaccine

Hepatitis B vaccine is usually given as 2, 3, or 4 shots.

**Infants** should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6 months of age (sometimes it will take longer than 6 months to complete the series).

**Children and adolescents** younger than 19 years of age who have not yet gotten the vaccine should also be vaccinated.

Hepatitis B vaccine is also recommended for certain **unvaccinated adults**:

- People whose sex partners have hepatitis B
-Sexually active persons who are not in a long-term monogamous relationship
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Men who have sexual contact with other men
- People who share needles, syringes, or other drug-injection equipment
- People who have household contact with someone infected with the hepatitis B virus
- Health care and public safety workers at risk for exposure to blood or body fluids
- Residents and staff of facilities for developmentally disabled persons
- Persons in correctional facilities
- Victims of sexual assault or abuse
- Travelers to regions with increased rates of hepatitis B
- People with chronic liver disease, kidney disease, HIV infection, infection with hepatitis C, or diabetes
- Anyone who wants to be protected from hepatitis B

Hepatitis B vaccine may be given at the same time as other vaccines.
3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an allergic reaction after a previous dose of hepatitis B vaccine, or has any severe, life-threatening allergies.

In some cases, your health care provider may decide to postpone hepatitis B vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting hepatitis B vaccine.

Your health care provider can give you more information.

4 Risks of a vaccine reaction

- Soreness where the shot is given or fever can happen after hepatitis B vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. VAERS is only for reporting reactions, and VAERS staff do not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call 1-800-338-2382 to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC’s www.cdc.gov/vaccines

Vaccine Information Statement (Interim) | Hepatitis B Vaccine

3/15/2019 | 42 U.S.C. § 300aa-26
XIII. Appendix C NCCU Hepatitis B Vaccination Form

Hepatitis B Vaccination and Information Form

OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030 requires that the Hepatitis B vaccination must be offered after the worker is trained and within 10 days of initial assignment to a job where there is occupational exposure, unless the worker has previously received the vaccine series, antibody testing has revealed that the worker is immune, or the vaccine is contraindicated for medical reasons.

I certify that I have completed the OSHA required Bloodborne Pathogens training at NCCU and received a copy of the CDC Hepatitis B Vaccine Information Statement. I understand that the vaccination series will be offered at no expense to me during work hours.

_________ I have previously completed the Hepatitis B vaccination series
Date Received: ____________________

_________ I would like to obtain the Hepatitis B vaccination series of 3 shots and titer to confirm immunity

_________ I understand that due to my occupational exposure to blood or other infectious materials that I may be at risk of acquiring Hepatitis B virus infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself during work hours. However, I decline the 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 the Hepatitis B vaccine, I can receive the vaccine series at no charge to me during work hours.

Date: ____________________

Employee Name: ________________________________

Employee Signature: ________________________________

Supervisor Name/Signature: ________________________________