University of Vermont

Department of Environmental Health and Safety
Occupational Health and Safety Office

321 Ryan Street
Essex, Vermont 05452

Bloodborne Pathogens and Exposure Control Plan

In accordance with
OSHA 29 CFR 1910.1030
OSHA 29 CFR 1904.8

REVISED AND DISTRIBUTED BY:

THE UNIVERSITY OF VERMONT
DEPARTMENT OF ENVIRONMENTAL HALTH AND SAFETY

REVIEWED BY:

DEPARTMENT OF ENVIRONMENTAL HALTH AND SAFETY

Occupational Health and Safety Manager
Occupational Health Program Coordinator

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EMERGENCY AND ASSISTANCE

EMERGENCY TELEPHONE NUMBERS

No work will be performed where an emergency cannot be immediately observed and/or prompt rescue assistance summoned.

A rescue plan shall be in place prior to beginning any work where a hazard exists. The rescue plan must be well thought out and documented in a Fire Emergency Response Plan. All individuals involved must thoroughly understand the plan. Prompt rescue will be provided for personnel.

FIRE – POLICE – RESCUE – EMERGENCY MEDICAL SERVICE……. 9-1-1

Dial 911 and tell them you are at the University of Vermont. Provide them with your building address, building name, and room number as well as the details of your emergency.

> CALL IMMEDIATELY FOR ANY EMERGENCY
> INCLUDING LARGE OR AFTER-HOURS CHEMICAL SPILL, FIRE, INJURED,
> TRAPPED, OR SICK PERSON.

UVM Police Services …… (802) 656-3473
Fire, Police, Rescue, Emergency Medical Service

UVM and OTHER ADMINISTRATIVE OFFICES

Department of Environmental Health and Safety …… (802) 656-7233
ehs@uvm.edu

Occupational Health and Safety Office ……ohso@uvm.edu

Academic and Research Safety Office…….. safety@uvm.edu

Department of Risk Management …… (802) 656-3242
(Accident investigations, insurance services) risk.management@uvm.edu

Service Operations Support……..(802) 656-2560
Facilities Management sos@uvm.edu

Center For Health and Wellbeing ……(802) 656-3350
(UVM Student Medical Consultation and Evaluation) health@uvm.edu

UVM Approved Contracted Vendors

Champlain Medical Urgent Care ……(802) 448-9370
(UVM Employee Medical Consultation and Evaluation)

University of Vermont

PROGRAM STATEMENT

I. Purpose

The University of Vermont (UVM), Department of Environmental Health and Safety (EHS) is dedicated to providing safe work facilities for UVM faculty and staff, students, and visitors, including contractors and consultants (UVM Personnel) and complying with federal and state occupational health and safety standards.

All UVM Personnel, including administrators and union representatives, share a responsibility to reduce the hazards in the workplace.

The following Exposure Control Plan (ECP) has been developed by EHS in an effort to ensure safe work practices for UVM Personnel where known or reasonably anticipated potential for exposure to bloodborne pathogens (BBP) and Other Potentially Infectious Materials (OPIM).

Occupational workplace hazards must first be controlled through either elimination or substitution, and then by engineering controls where feasible. When engineering controls are not feasible or incapable of eliminating the hazard, then administrative controls, training, and personal protection equipment (PPE) must be implemented.

II. Policy

UVM has established a policy to protect employees, students, and affiliates from exposure to bloodborne pathogens and other potentially infectious materials during the course of their work and/or research training. UVM's Bloodborne Pathogens Policy mandates that all supervisors of "at risk" personnel and "at risk" personnel shall adhere to guidelines established by this ECP. Questions about the ECP should be addressed to a supervisor or EHS.

The purpose of this policy is to maintain a safe place to work and study and to comply with applicable safety regulations. The University's bloodborne pathogen ECP exists to bring the University into compliance with the Occupational Safety and Health Administration's Bloodborne Pathogens Standard.

III. Standards

This written program is a means to analyze elevated work tasks and determine appropriate control measures against occupational workplace hazards in accordance with regulations set by Vermont Occupational Safety and Health Administration (VOSHA) and U.S. Department of Labor Occupational Safety & Health Administration (OSHA):

OSHA 29 CFR 1910.1030 Bloodborne pathogens
OSHA 29 CFR 1904.8 Recording criteria for needlesticks and sharps injuries

IV. Scope

This ECP applies to all UVM Personnel who have the designation "at risk" and is intended to ensure that all UVM Personnel have access to pertinent information, appropriate training, services for vaccination, available post exposure medical evaluations and documented results. UVM Personnel participating in this program do so at no cost to themselves.

This ECP does not include "good Samaritans", students conducting research on a voluntary basis, visiting scientists involved in research, and students in health science or biomedical science classes.

Additionally, this ECP does not include outside contractors or other non-UVM employees working on UVM property who are not part of a UVM-funded research program. This exclusion does not relieve

departments/colleges/units of their responsibility to assess hazards or comply with applicable OSHA requirements where occupational exposure exists.

Bloodborne pathogens (BBP) are infectious microorganisms in human blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV).

Other Potentially Infectious Materials (OPIM) are (1) human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and HIV-containing cell or tissue cultures, organ cultures, and (3) HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

UVM Personnel are designated to be "at risk" for exposure to BBP if it is reasonably expected that they could come into contact with BBP or OPIM in the course of the personnel's normal assigned job tasks, work operations, course of study in a classroom, research in a laboratory, or workshop, and during some non-routine or emergency operations.

Control measures require the use of Universal Precautions as an approach to infection control and shall be observed to prevent contact with blood or other potentially infectious materials. According to the concept of Universal Precautions, all human blood, certain human body fluids, or where differentiation between body fluid types is difficult or impossible, each are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

V. Roles and Responsibilities

To successfully achieve UVM's goal of Academic Excellence, individual members of our campus community must understand their roles and accept responsibility as described in UVM policies and safety programs. Please use the resources of UVM's safety websites to increase your personal awareness and minimize your risk of injury both on and off campus. More information can be found at Division of Safety and Compliance | The University of Vermont and UVM Policies | The University of Vermont.

EHS looks to all members of the University community to do their part in helping to meet this goal.

A. Department Administration

1. Maintain and update Design Guidelines requiring that projects be designed according to current state and federal standards and that hazard elimination, engineering controls, and administrative controls, for occupant use and maintenance work be designed into projects wherever feasible.
2. Provide administrative and financial support for this ECP within individual units.
3. Provide required personal protective equipment (PPE), engineering controls, labels, tools and equipment, such as red biohazard waste bags as.
4. Ensure that processes of protection are provided and maintained within the department.
4. Support disciplinary action in the event that proper procedures are neglected and/or obviously not followed.

B. Environmental Health and Safety

1. Ensure this ECP is implemented and maintained within the departments.
2. Designate and empower individuals who will act as competent and/or qualified person(s) who will be responsible for the preparation and implementation of this ECP.
3. Ensure that employees who will act as competent and/or qualified people are adequately trained and/or qualified.
4. Providing or arranging, in conjunction with managers and supervisors, annual BBP training.
5. Providing customized classroom training, upon request, for issues pertaining to specific work environments that are not covered by the general BBP online training available.
6. Consult with outside entities on processes of protection as needed.
7. Determining, in conjunction with Managers and Supervisors, whether UVM personnel are "at risk" for exposure to BBP.
8. Review Sharps Injury Log at least annually, or as needed, to reflect changes in procedures.
9. Following up periodically with departments regarding suggestions for safer sharps.
10. Annually review and revise this ECP and materials to meet current OSHA regulations.

C. Managers and Supervisors

Managers and Supervisors are responsible for implementing this ECP within their designated college, unit, or department. Supervisors include professors, laboratory supervisors, and principal investigators.

1. Ensure the ECP is available to "at risk" personnel.
2. Ensure this ECP is implemented and maintained within the departments.
3. Periodically monitor personnel to ensure procedures are being followed in accordance with the elements of this program.
4. Identify and document job classifications, tasks, and work processes within their college, unit, or department which designate UVM Personnel as “at risk”.
5. Determine which job tasks or work processes for which engineering controls are not effective, not available, or not feasible.
6. Ensure that UVM Personnel are informed, annually trained, and provided with the proper and adequate PPE to protect them from identified and potential BBP hazards.
7. Offering "at risk" personnel the Hepatitis B vaccination and documenting whether they receive it or decline it.
8. Monitor that required Personal Protective Equipment (PPE) are being properly used, inspected, maintained, and stored by affected UVM Personnel when and where hazards exist in the workplace for which they are responsible.
9. Coordinate the corrective actions required of new or emerging hazards brought to their attention by UVM Personnel.
10. Completing the Site Specific Exposure Control Plan (*Appendix A*) and At Risk Designation Form (*Appendix B*).
11. Complete a First Report of Injury report or Incident Report Form, and produce any additional documentation needed to investigate and work-related injuries and illnesses.

D. UVM Personnel, “At Risk”

1. Review and comply with all sections of this ECP and any further safety recommendations provided by a Manager or Supervisor and/or EHS regarding BBP and OPIM.

2. Complete any required online and/or in-person training annually and request further instructions if unclear.
3. Consenting or declining the Hepatitis B vaccination (*Appendix C*).
4. Comply with the Methods of Implementation and Control and the departments/colleges units Site-Specific Exposure Control Plan.
5. Conduct assigned tasks in a safe manner and wear all assigned PPE as directed by training and manufacturer's recommendations.
6. Clean, maintain, and appropriately store PPE according to manufacturer's recommendations or best industry practice.
7. Report any damaged or defective PPE to Managers and Supervisors.
8. Inform the Manager and Supervisor or EHS of any hazards that are not adequately addressed in the workplace and ask for assistance in hazard recognition and determining processes for protection.
9. Immediately report to the Manager and Supervisor of any exposure incidents, new hazards, unsafe or unhealthy work conditions, and job-related injuries and illnesses to the supervisor immediately.

E. UVM Occupational Health Provider

UVM's approved contracted medical vendor is Champlain Medical Urgent Care.

1. Providing information about the Hepatitis B vaccine and administering the vaccination series and titer to UVM personnel who present a signed Risk Designation Form.
2. Providing post-exposure evaluation and follow-up to exposed UVM personnel.

INFORMATION AND TRAINING

Information and training may be provided or arranged by EHS to any unit or individual requesting guidance or training to satisfy the implementation of this ECP.

I. Determination of Occupational Exposure Risk in UVM Personnel

Any person who works, studies, or volunteers at UVM, and who may come in contact with blood or other potentially infectious materials (OPIM) during the course of their regular duties at UVM – regardless of the use of personal protective equipment (PPE) – may be at risk for occupational exposure to BBP.

The "at risk" determination should be made by the responsible Manager and Supervisor together with EHS staff based on the expected level of risk inherent to the assigned work or research duties. "At risk" personnel shall comply with OSHA 29 CFR 1910.1030 BBP standard and follow the procedures specified in this ECP.

A list of job/position classifications inherent to have potential exposure risks shall be documented and available to impacted UVM Personnel within each Department/College/Unit.

II. Training

UVM Personnel that may be at risk for occupational exposure to BBP or OPIM must receive initial and annual refresher BBP training. Managers and Supervisors will ensure UVM Personnel within their college, unit or department are trained annually or more often as needed. Training can be completed by completing one or in combination with the following:

- Collaborative Institutional Training Initiative (CITI) Program online training "OSHA Bloodborne Pathogens" by logging in through CITI "Log in Through My Institution".
- UE Training online "Bloodborne Pathogens Protecting Yourself On Campus" by creating an account and using "branch" code: 742-90081.
- In-person (to schedule with EHS staff, please email ehs@uvm.edu).
- In addition, supervisors must provide site-specific training regarding procedures and tasks that carry a risk for exposure to infectious agents particular to their work environment.

The following topics are covered in BBP training:

- The OSHA BBP Standard and how to obtain a copy.
- The UVM ECP, Site-Specific ECP, and how to obtain copies.
- The Hepatitis B vaccine, including its efficacy, safety, method of administration, benefits and contraindications, and that it will be provided free of charge.
- The appropriate actions to take, and people to contact, in an emergency involving blood or OPIM.
- The procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that is available.
- The post-exposure evaluation and follow-up that UVM is required to provide following an exposure incident.
- The signs, labels, and color coding required by the OSHA BBP Standard and used at UVM.
- The methods to recognize tasks and other activities that may involve exposure to blood and OPIM.
- What constitutes an exposure incident.

In addition to this training, supervisors must provide specific work-related details including:

- An explanation of the use and limitations of engineering controls, administrative controls, and PPE.
- An explanation of the types, uses, location, handling, removal, decontamination and disposal of PPE.

To successfully complete the training session, the UVM Personnel must be able to demonstrate the above-mentioned information, show competence and is aware of the factors and limitations concerning the need for processes of protection.

Also, retraining may be required if the following occurs:

1. Changes in the workplace show previous training does not meet requirements,
2. Employee changes jobs or department,
3. If the type of respirator available changes,
4. Other indications that employee(s) inadequacy in knowledge or information have not been retained.

Training records will be maintained within UVM Personnel training files within the department, college or unit the UVM Personnel works in. Proof of applicable training records must be provided to OHSO to be filed for program compliance records. The training record must include the date and time of training, name of trainer/instructor, and name of UVM Personnel.

Contact OHSO or Lab Safety for more information on training requirements and scheduling.

RECORDKEEPING

This section requires UVM to establish and retain written information regarding this ECP, Site-Specific Plans, training records, applicable medical/vaccination documents, and occupational exposures. This information will facilitate UVM Personnel involvement in this ECP, assist the employer in auditing the adequacy of the program, and provide a record for compliance determinations by OSHA.

During workplace safety audits and upon request, a designated, qualified individual from EHS will periodically inspect on-site procedures, equipment and program documentation. The UVM Personnel record is available to the respective UVM Personnel, the immediate Supervisor, and any individual who has received approval from EHS and the UVM Personnel.

This ECP will include an annual evaluation to be reviewed and updated by EHS. The ECP may be reviewed as necessary and at any time to reflect new or modified tasks, procedures, or positions with occupational exposure. A written copy of this program is available online and provided to all UVM Personnel enrolled in this program or who wish to see it.

I. Training Records

Training records will be maintained within UVM Personnel files within the department the UVM Personnel works in. Additionally, training records can be filed and stored within EHS.

For Departments/Colleges/Units with Academic and Research functions, such as laboratories, the safety training records are kept in the Laboratory Safety Notebook.

The training record must include the following:

- Title and Description of the Training Course,
- UVM Personnel in attendance,
- Start and/or end date of training,
- Name of trainer/instructor.

II. Records Maintained for At-Risk Personnel

EHS shall maintain the following records on file for "at-risk" personnel for the duration of an individual's employment plus 30 years:

- The Risk Designation Forms,
- The Hepatitis B Vaccination Consent / Declination Forms,
- Medical records documenting receipt of all three (3) shots for those persons who were vaccinated, if available,
- Medical records documenting that the vaccinated person has had an antibody titer performed after the vaccination series, if they were vaccinated in or after 1999, if available.
- Medical records for UVM Personnel exposed to blood or OPIM during the performance of their duties at UVM, in accordance with 29 CFR 1910.1020

The University and/or sponsoring department or college will offer and/or arrange Hepatitis B Vaccination series and post-exposure medical evaluations at no cost to UVM Personnel enrolled in this ECP. Medical evaluations will be administered confidentially. The University's access to information is limited to the information contained in the designated Physician or Licensed Health Care Professional's (PLHCP) written documents provided for claims records.

III. Sharps Injury Log

As per OSHA 29 CFR 1904.8, all work-related needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material shall be documented and recorded in a Sharps Injury Log. The Department of Risk Management shall maintain the Sharps Injury Log, additionally will review it annually or as needed.

In addition to the 29 CFR 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps should also be recorded in a Sharps Injury Log that is maintained by UVM Risk Management and reviewed annually or as needed.

The details of all exposure incidents must be recorded, including:

- The date of the incident
- The type and brand of the device involved, if available
- The department or work area where the incident occurred
- An explanation of how the incident occurred
- Follow-up measures to help prevent reoccurrence

SITE-SPECIFIC EXPOSURE CONTROL PLAN

Managers and Supervisors are responsible for developing a Site-Specific Exposure Control Plan as an attachment to this ECP within their designated college, unit, or department. Manager and Supervisor's duties are to ensure sure it is carried out at the workplace and evaluate the plan regularly to make sure controls and methods provide adequate protection when job conditions change.

Each site-specific plan will include the following:

- Contact information and name of responsible person, job title, or office for implementing the site-specific plan
- Contact information and name to direct questions or concerns pertaining to this ECP or site-specific plan
- List job titles for which are determined to have occupational exposure to blood or OPIM
- List of required PPE, engineering and other controls to reduce potential exposure
- Description of the training required: course title(s), training provider(s)
- Describe how and where required records are maintained
- Name of responsible person, job title, or office for ensuring medical actions are performed
- Any additional information specific to the work area and procedures

IMPLEMENTATION OF CONTROLS AND METHODS FOR COMPLIANCE

The following outlines the specific procedures, engineering controls and work practices UVM Departments, Colleges and Units will use at a minimum to reduce or eliminate exposure to BBP or OPIM. The Site-Specific Control Plans (*Appendix A*) shall be completed to include additional methods to implement.

I. The Exposure Control Plan

The ECP is made available and explained to "at risk" personnel during an initial and annually thereafter BBP training.

The ECP is reviewed and updated annually or as needed by EHS.

II. Universal Precautions

Universal Precautions must be used to prevent exposure to bloodborne pathogens and other infectious materials in the workplace. This is accomplished by:

- Treating all blood and OPIM as if they were infectious,
- Avoiding direct contact with blood and OPIM,
- Utilizing the proper engineering and administrative controls, as well as the necessary PPE, to prevent exposure.

III. Engineering and Administrative Controls

Engineering and administrative controls must be used to the extent feasible to minimize exposure to and prevent injury or illness. These methods are effective because they physically change the work environment to reduce known or potential contaminants and hazards.

Engineering controls constitute the first line of defense against exposure to infectious agents by reducing or removing the hazard or placing a barrier between the worker and the hazard.

Administrative controls are measures that reduce the risk of exposure to infectious agents by altering the manner in which a task or procedure is performed.

Such controls include, but are not limited to:

- Isolate or enclose the work process or of employees (i.e., seal the doorway to where work is being performed).
- Use local exhaust, general dilution, and air filtering ventilation (i.e., chemical fume hoods, building exhaust, and biological safety cabinets).
- Change the work process (i.e. wet mop vs. dry sweep).

Engineering and administrative controls shall be evaluated and maintained on a regular schedule, documented, and where applicable certified. If implemented controls are observed or otherwise determined ineffective, they shall be repaired or replaced.

For more information, please visit Job Hazard Analysis (JHA).

IV. Personal Protective Equipment

PPE includes all clothing and devices designed to protect personnel from workplace hazards. PPE constitutes the last line of defense against exposure to infectious agents and should not replace but work in conjunction with engineering, administrative, or procedural controls for safety. PPE should be worn when the implementation of engineering and work practice controls is not sufficient to eliminate the risk of exposure.

UVM Personnel that are required to wear PPE during normal work operations or working in a classroom, research laboratory, workshop, or during some non-routine or emergency operations shall be provided adequate PPE at no cost to themselves. PPE shall be available in appropriate sizes and used to prevent BBP and OPIM from passing through to or reaching an individual's personal clothing, skin, eyes, nose, mouth, or other mucous membranes under normal working conditions. Alternative PPE shall be provided to those that may be allergic to the PPE normally available.

If PPE should become torn, punctured, or otherwise damaged, it shall be replaced or repaired as soon as possible to ensure its effectiveness.

All PPE must be removed and properly stored or disposed of in designated areas before leaving the work area. It is prohibited to wear known or possibly contaminated PPE in hallways, breakrooms or eating areas, restrooms, or other areas where cross contamination should be avoided.

UVM Personnel must wear PPE as required and when instructed by a Hazard Assessment, established Job Hazard Analysis (JHA), supervisor, and/or EHS. Additional information and requirements may also be obtained from:

- Manufacturer's instructions and product descriptions
- Standard Operating Procedures (SOP)

For more information regarding PPE, please visit Personal Protective Equipment.

V. Work Area Restrictions

Only authorized personnel should have access to work areas where handling or processing of BBP or OPIM occurs. Appropriate signage should be posted at the entrance to each work area.

In work areas where there is risk of exposure to infectious materials, personnel are not allowed to eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses.

It is prohibited that food and drink be stored in refrigerators, freezers, shelves, cabinets, countertops or bench tops, or in the same area where infectious materials are stored, processed, or handled.

All procedures and tasks should be conducted in a manner that minimizes splashing, spraying, splattering and generation of droplets of infectious materials. Mouth pipetting and handling infectious materials with bare hands are strictly forbidden.

It should be ensured that doors to work areas function appropriately and should be kept closed while handling or processing of specimens.

VI. Housekeeping

Good housekeeping is crucial for the prevention of exposure to infectious materials. Clean and sanitary work areas should be maintained. It should be ensured that regularly scheduled, or as needed, cleaning and methods for decontamination of work surfaces and equipment are performed.

Areas that become contaminated with infectious materials should be decontaminated as soon as possible. All infectious materials and contaminated sharps should be disposed of properly in biowaste boxes and sharps containers, respectively. Infectious materials should be properly labeled and stored in secondary containers.

VII. Handwashing Facilities

Handwashing facilities shall be available to UVM Personnel who are at risk of exposure to blood and OPIM. UVM Personnel shall wash their hands immediately or as soon as possible after conducting work and removing gloves or other PPE.

If there isn't any handwashing facility near the location where exposure may occur, supervisors must provide other alternatives such as antiseptic towelettes or an antiseptic cleanser and paper towels (or clean cloth/towel). In that case, the hands should be washed with soap and water as soon as possible.

Supervisors should list the location of alternative cleansing stations and ensure that they are accessible and well maintained at all times.

VIII. Laundering of Reusable Personal Protective Equipment

Effected departments/colleges/units must arrange for laundering of reusable PPE worn by UVM personnel during the performance of their duties. PPE must be laundered either by approved vendors

or in departmental washers specifically used for that purpose. Washing PPE at home is strictly forbidden.

To prevent the spread of infectious agents while handling contaminated laundry, the following procedures should be used:

- Wear gloves and additional clothing coverings as necessary when handling and/or sorting contaminated laundry
- Handle contaminated laundry as little as possible, with minimal agitation
- Place contaminated laundry in leak-proof containers lined with a red biohazard bag before transport.
- Contaminated laundry shall not be sorted or rinsed in the work area of use.

Please contact safety@uvm.edu if you have questions about approved vendors.

IX. Emergency Showers, Eyewashes, and Drench Hoses

Safety showers and eyewashes/drench hoses, or in their defect, a safety station with eyewash solutions shall be made available in buildings where infectious materials are being handled, such as research and teaching laboratories. Safety showers and eyewashes/drench hoses should be flushed, at a minimum, once a month, to ensure proper functioning and prevent the growth of microorganisms. If water appears muddy, discolored, or with debris, the equipment should be flushed more frequently. Flushings should be recorded in a flush log and uploaded onto SciShield.

Eyewash stations consisting of an eyewash solution should be properly maintained, ensuring that the solution is not expired or contaminated.

X. Sharps Use and Handling

Sharps are devices or items that can penetrate the skin including, but not limited to, needles, capillary tubes, scissors, scalpels, Pasteur and serological pipettes, pipette tips, pointed or edged plastic or glass, instruments, and broken glass.

Reusable sharps that are contaminated shall not be stored or processed in containers which require personnel to reach in by hand.

Bending, recapping, or needle removal of contaminated sharps shall be conducted using mechanical means or a one-handed technique. Two-handed methods of shearing, breaking, bending, or removal of contaminated needles are prohibited.

Broken glassware shall not be picked up directly with hands. A brush and dustpan, tongs, or forceps should be used. Contaminated broken glass and contaminated sharps shall be placed in a readily accessible and appropriately labeled container as soon as possible.

For additional information on how to collect and dispose of biologically contaminated sharps at UVM, please visit Biowaste Management.

XI. Waste Containers

Contaminated sharps and materials shall be disposed of as soon as possible. Waste containers and reuseable receptacles shall meet the following requirements:

- Easily accessible
- Remain upright, avoiding being tipped or knocked over
- Closable

- Puncture resistant
- Leakproof on the sides and bottom
- Properly labeled and/or color coded
- Replaced as needed to avoid being over filled

If the exterior of the primary container experiences a leak, puncture, or other damage causing contamination, that primary container shall be placed in a secondary container. The secondary container shall meet the same requirements and characteristics as the primary container.

Before moving containers, appropriate personnel shall close the container immediately. The container shall be handled, stored, transported, or shipped in a manner that prevents protrusions, spills, and leakage.

XII. Specimen Handling and Transport

Preparing, processing, handling, and transporting specimens contaminated with or consisting of blood or OPIM shall be conducted in a manner which reduces splashing, spraying, and aerosolized droplets. Mouth pipetting or suction of such specimens is prohibited.

Blood and OPIM specimens should be placed in containers which prevent leaking during collection, handling, processing, storage, transport, or shipping. The container should be labeled and color coded red, or otherwise appropriately identified.

Blood and OPIM specimens will be placed in a secondary container before transporting them to labs on the same floor. When transporting the samples to a different floor or building, a tertiary container must also be used. The use of secondary and tertiary containment practices helps prevent leakages during the collection, handling, processing, storage, and transport of biological samples. The containers used for this purpose should be labeled with a biohazard label.

XIII. Regulated Medical Waste Disposal

Regulated Medical Waste (RMW), also known as infectious or biohazardous waste, generated at UVM must be disposed of safely following the regulations of the Vermont Department of Environmental Conservation (DEC) and other federal and state regulations.

Infectious waste must be identified as such, segregated from the normal solid waste stream, and treated accordingly.

For procedures regarding the collection and disposal of biohazardous waste at UVM, please visit Biowaste Management.

XIV. Contaminated Equipment, Instruments, Devices and Other Items

Equipment, instruments, devices and other items that may or knowingly become contaminated with BBP or OPIM must be inspected, decontaminated, or properly disposed of and replaced as soon as possible. In addition, contaminated equipment must be decontaminated prior to servicing, shipping, or final disposal, unless it is not possible.

All bins, pails, cans, or similar receptacles intended for reuse should be inspected and decontaminated on a regular basis or as needed.

If decontamination is not feasible, proper labeling shall be attached to the item stating which part and areas that are known or potentially contaminated.

EPA's Registered Antimicrobial Products Effective Against Bloodborne Pathogens should be referenced for approved products and procedures for proper decontamination. Equipment that cannot be decontaminated, or that is regularly used in laboratories with infectious materials (for work, storage, or disposal), should be properly labeled.

XV. Communication of Hazards (Labels and Signs)

Any waste container, refrigerator, freezers, and containers used to store, transport or ship blood or OPIM must be labeled with an appropriately sized red or orange biohazard label that may be accompanied by the word "biohazard".

BIOHAZARD

All infectious materials that leave the workplace must be appropriately labeled.

Laboratories in which human blood or OPIM are used must have BSL-2 door signs posted on all entrances.

Only approved red biohazard bags will be used for the collection of biowaste in solid closable waste containers. Also, only approved sharps containers displaying the biohazard sign will be used for the collection of contaminated sharps.

Managers and supervisors will ensure that all measures regarding communication of hazards are followed by personnel.

HEPATITIS B VACCINATION AND TITER

Training shall provide training to "at risk" personnel on the Hepatitis B vaccine as explained in Information and Training. The Hepatitis B vaccination series should be administered, as soon as possible, within 10 working days of initial assignment and prior to being assigned work with potential for exposure to BBP/OPIM, and to personnel designated "at risk" who request the vaccine.

Vaccination is highly recommended unless:

- The person has previously received the series and has a high antibody titer.
- Antibody testing reveals that the person has developed immunity against the Hepatitis B virus.
- A medical evaluation shows that vaccination is contraindicated.

Post-vaccination testing for antibodies to Hepatitis B surface antigen (anti-HBs) shows whether the vaccine elicited a sufficient immune response against HBV and is recommended by the CDC. The OSHA BBP standard requires that the CDC guidelines be followed. For these reasons, all UVM personnel receiving the HBV vaccine series to comply with the BBP standard should have a post-vaccination titer done within two months of the last Hepatitis B vaccine dose.

"At risk" personnel must read the Hepatitis B Vaccine Information (*Appendix D*) and sign the Consent / Declination Form (*Appendix C*). Persons who decline vaccination may request and obtain the vaccine at a later date. The Consent / Declination Form shall be kept within a UVM personnel file in the

Department/College/Unit the UVM Personnel works in, as well as filed with EHS, following security and privacy rules.

Managers and Supervisors shall assure that employees who decline to accept hepatitis B vaccination offered by UVM sign the statement in *Appendix C*.

> Title: Hepatitis B Vaccine Declination (Mandatory) - 1910.1030 App A
>
> *"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."*

Following training and Consent/Declination Form, the hepatitis B vaccine and vaccination series shall be made available to all UVM Employees who are determined to have an occupational exposure risk, i.e., "at risk" employees, at no cost to the employee.

EMERGENCY RESPONSE TO AN EXPOSURE

In case of exposure to blood or other potentially infectious materials, it is crucial to act fast to prevent possible serious health problems. All UVM Personnel should promptly and safely leave the work area, report the incident to a manager or supervisor, and the potentially exposed individual visit an emergency health care facility as soon as possible.

The following are key steps to implement following a known or potential exposure:

I. Seek First Aid and/or Medical Attention Immediately

1. Remove contaminated clothing.
2. Wash hands and any other skin with soap and tepid water for 15 minutes, or flush mucous membranes with water for 15 minutes as soon as possible.
3. In the event of a small injury, first aid should be administered. Natural bleeding of the wound is encouraged at the exposed area, apply an antiseptic, and cover with sterile dressing.
4. Seek medical attention immediately; depending on the severity of exposure/injury, go to an occupational health provider or call UVM police (dial 911) for assistance in proceeding to the emergency room. Never walk yourself to the ER if you are severely injured or sick.
5. A confidential medical evaluation should be arranged as soon as possible.

II. Report on the Exposure

An exposure incident should be reported immediately to a manager or supervisor.

1. Notify your supervisor of the exposure.
2. The Supervisor **must** complete, with your assistance, an Employer First Report of Injury (PDF) (if you are an employee) or an Incident Report (PDF) (for non-employees) within 72 hours of the incident.
3. Submit the completed form to risk.management@uvm.edu using UVM's File Transfer Service.

For more details on incident reporting and to download the forms, please visit Incident and Claim Reporting Procedures | Risk Management | The University of Vermont.

III. Seek Post-Exposure Evaluation and Medical Follow-Up

Contact an occupational health provider within 24 hours of the exposure - the sooner, the better - to make an appointment for a post-exposure follow-up:

- If you are a UVM employee, contact Champlain Medical Urgent Care at 802-448-9370
- If you are a student, contact the Student Health Center at 802-656-3350

The occupational health provider will need to know the details of the exposure and your immunization status, including:

- The source and route of exposure: e.g., contaminated needlestick.
- Information about the potentially infectious material: e.g., department and name of patient it came from.
- Your immunization status.
- The nature of medical attention given in the first place.

A healthcare professional will:

- Evaluate the exposure.
- Determine if post-exposure prophylaxis should be administered.
- Decide if any other tests or medication are necessary.
- Send you a copy of your medical evaluation.

You may consult with your private physician instead of your occupational health provider. In that case, you should forward any medical information to EHS to help resolve any Worker's Compensation claim.

In addition, EHS will review the circumstances in which the exposure happened including:

- The location, date, and time of the exposure
- The task that was being performed when the exposure occurred
- The type of device or instrument used for the task
- The PPE and/or engineering and work practice controls used
- The safety training records of the exposed person

DEFINITIONS

At Risk Employee	UVM Personnel are considered to be at-risk for exposure to bloodborne pathogens if it is reasonably expected that they could come into contact with bloodborne pathogens or other potentially infectious materials in the course of the personnel's normal duties; this may include emergency responders but does not include "good Samaritans." This may include students and affiliates performing work-related duties on behalf of UVM, but does not include students conducting research on a voluntary basis, visiting scientists involved in research, and students in health science or biomedical science classes.
Blood	means human blood, human blood components, and products made from human blood.
Bloodborne Pathogens	means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
Clinical Laboratory	means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
Contaminated	means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
Contaminated Laundry	means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
Contaminated Sharps	means 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.
Decontamination	means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
Engineering controls	means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.
Exposure Incident	means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
Handwashing facilities	means a facility providing an adequate supply of running potable water, soap, and single-use towels or air-drying machines.
Licensed Healthcare Professional	is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.
HBV	means hepatitis B virus.
HIV	means human immunodeficiency virus.
Needleless systems	means a device that does not use needles for: (1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;

	(2) The administration of medication or fluids; or (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.
Occupational Exposure	means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
Other Potentially Infectious Materials	means: (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
Parenteral	means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.
Personal Protective Equipment	is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
Production Facility	means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.
Regulated Waste	means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
Research Laboratory	means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.
Sharps with engineered sharps injury protections	means a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.
Source Individual	means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
Sterilize	means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions	is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
Work Practice Controls	means 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).

University of Vermont

APPENDIX A

Site-Specific Exposure Control Plan

University of Vermont

Department of Environmental Health & Safety
Occupational Health & Safety Office

321 Ryan Street,
Essex, Vermont 05452

Bloodborne Pathogens Site-Specific Exposure Control Plan

Identifying Respiratory Hazards

In accordance with OSHA regulations and industry best work practices, a hazard exists any time UVM Personnel (employees (faculty/staff), students, and visitors, including contractors and consultants) may be exposed to blood or other potentially infectious materials (OPIM).

When a hazard cannot be eliminated, it is the employer's obligation to the extent feasible to minimize exposure to and prevent injury or illness by changing procedures, redesigning the work environment, and implement the use of personal protective equipment (PPE).

This site-specific plan applies to all UVM Personnel assigned or working in the Department/College/Unit listed below who are "at risk" during normal assigned job tasks, work operations, courses of study in a classroom, research in a laboratory, or workshop, and during some non-routine or emergency operations.

This site-specific exposure control plan outlines the practices and controls used to mitigate risks for occupational exposure to bloodborne pathogens (BBP) and other potentially infectious materials (OPIM).

Applicable VOSHA Regulation:

OSHA 29 CFR 1910.1030 Bloodborne pathogens

Department/College/Unit		
Building Address		
Site-Specific Plan Supervisor(s) (*Manager, Supervisor, or Principal Investigator (PI)***)**		
Print Name	Email	Phone
Print Name	Email	Phone

The duties of the Plan Supervisor(s) named above are to oversee the following:

- Development of this site-specific plan and make sure it is carried out at the workplace
- Evaluate this plan annually and update as needed
- Make sure procedures are followed
- Ensure and document that personnel have submitted the Hepatitis B Vaccine form within 10 working days of initial assignment and prior to being assigned work with potential for exposure to BBP/OPIM.
- Ensure and document that personnel receive training on this site-specific plan

For EHS Use Only	
Reference No.:	Date Approved:

The Department/College/Unit of _____

has evaluated the use of or working around blood, OPIM, and infectious particles at this facility and in the following locations or positions or during the following duties, tasks or activities:

List of Building(s)/Location(s)/Room Number(s)
Please list and describe areas this site-specific plan applies

Job Position Title/Activity	**Identified Hazard**	**Frequency** *(routinely, rarely, or emergency use)*

TRAINING AND DOCUMENTATION		
Required Training(s)		
Course Title	*Description*	*Provider*
Training Records		
Describe procedures in maintaining training records		

PERSONAL PROTECTIVE EQUIPMENT		
UVM Personnel impacted by this Site-Specific plan have been trained and have available to them the following selected personal protective equipment:		
Description	**Manufacturer/Make**	**Sizes**

STORAGE FOR PERSONAL PROTECTIVE EQUIPMENT
PPE will be stored in the following clean location(s):
Building/Location/Room Number

ENGINEERING CONTROLS OR EQUIPMENT REQUIRED
Describe

WORK PRACTICES
Describe

SHARP SAFETY
Describe Procedures and Training

LAUNDRY SERVICES
List Vendor and Describe Procedures

DECONTAMINATION AND WASTE DISPOSAL
Describe Procedures and Training
For routine cleaning procedures:
For spills:
For packaging and disposal procedures:

RECORDKEEPING
The following records will be kept: A copy of this completed Site-Specific Plan Employee training records Employee medical records The records will be kept at the following digital and/or physical location(s):

University of Vermont

APPENDIX B

At Risk Designation Form

Updated: 2025.11.11

University of Vermont

Department of Environmental Health and Safety
Occupational Health and Safety Office
321 Ryan Street, Essex, Vermont 05452
ohealth@uvm.edu ● (802) 656-7233

Department of Risk Management
284 East Avenue, Burlington, Vermont 05405
risk.management@uvm.edu ● (802) 656-3242

Infectious Materials Risk Designation Form (Hepatitis B)

This form must be completed for every at-risk employee and should be kept in the department's personnel files. At-risk designation for new employees must be made within ten (10) days of the employee's arrival at work, and the employee must be offered the Hepatitis B vaccine within this time period.

If the employee consents to receive the vaccine, complete the Medical Authorization Form, and should schedule an appointment at a time of their convenience during their normal working hours. Appointments can be scheduled by calling the UVM approved outpatient clinic:

Champlain Medical Urgent Care
150 Kennedy Drive
South Burlington, VT 05403
802-448-9370

At-risk employees need to bring a completed copy of this form and the Medical Authorization Form to their first vaccination appointment.

All required training must be completed before starting their work. Training can be completed in one of the following formats:

- ☐ Online CITI training "OSHA Bloodborne Pathogens"
- ☐ UE Training: Bloodborne Pathogens Protecting Yourself On Campus
- ☐ In-person (to schedule with EHS staff, please email ohealth@uvm.edu)
- ☐ Other (*specify*): _____

Completion of training, for instance a copy, PDF, or screenshot, shall be provided to ohealth@uvm.edu.

The following named employee is at-risk for exposure to bloodborne pathogens or other potentially infectious materials, as defined below, while performing his/her duties in my department.

Employee Name (*First, Last*): _____

Employee NETID: _____

Employee Position Title: _____

Department/College/Unit: _____

Supervisor Name (*First, Last*): _____

_____	_____	_____
Print Name (Supervisor or Principal Investigator)	***Signature***	***Date***

Maintain a copy of this form with the employee's personnel records.
If you have any questions, please contact Occupational Health & Safety Office at ohealth@uvm.edu.

University of Vermont

APPENDIX C

Hepatitis B Consent/Declination Form

Updated: 2025.11.11

University of Vermont

Department of Environmental Health and Safety
Occupational Health and Safety Office
321 Ryan Street, Essex, Vermont 05452
ohealth@uvm.edu ● (802) 656-7233

Department of Risk Management
284 East Avenue, Burlington, Vermont 05405
risk.management@uvm.edu ● (802) 656-3242

Hepatitis B Vaccine Consent/Declination Form

CONSENT _____ (*initials)*

I have read the Hepatitis B Vaccine Information Statement and have had the opportunity to ask questions and to understand the benefits and risks of receiving the Hepatitis B vaccination. I understand that I must receive 3 doses of the vaccine during a 6-month period, at the scheduled dates, in order to achieve maximum protection. However, as with all vaccines, there is no guarantee that I will become immune to Hepatitis B or that I will not experience side effects.

I understand that I should NOT receive this vaccine if:

1. I am allergic to yeast (e.g. bread) or any other component of the vaccine. I should tell my doctor if I have any severe allergies;
2. I have had an allergic reaction to a previous dose of Hepatitis B vaccine;
3. I am moderately or severely ill at the time the vaccine is scheduled (e.g., I have a fever or I am immunocompromised).
4. I am pregnant, planning a pregnancy, or breastfeeding during the course of the Hepatitis B vaccine. If I become pregnant while receiving the vaccination series, I will notify both my obstetrician and my occupational care provider and discontinue vaccination.

I understand that the Hepatitis B vaccine is being offered due to the potential risk of occupational exposure to HBV, and that the injections are being administered for a job-related reason and not for the purpose of providing general health care. This vaccine is only part of the protection needed for safe job performance.

I understand that if I ended employment before completing the series, the University is not obligated to provide future vaccines. I understand that is my responsibility, and I agree to make arrangements to complete the series with inoculations at 1 and 6 months after the initial dose.

I understand that the vaccine will be genetically engineered HB vaccine and I will be given an administered dose in the deltoid muscle.

_____	_____	_____
Print Name (Employee)	***Employee Signature***	***Date***

DECLINE _____ (*initials)*

I understand that due to my risk for 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 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 want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I have read the Hepatitis B Vaccine Information Statement and have had the opportunity to ask questions and understand the benefits and risks of the Hepatitis B vaccination. I do not wish to receive the Hepatitis B vaccine and decline vaccination.

_____	_____	_____
Print Name (Employee)	***Employee Signature***	***Date***

APPENDIX D

Hepatitis B Vaccine Information

CDC Publication - Hepatitis B Vaccine: What You Need to Know (1/31/2025)

Hepatitis B Vaccine:
What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

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** 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** 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 pregnant woman 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 6–18 months of age. **The birth dose of hepatitis B vaccine is an important part of preventing long-term illness in infants and the spread of hepatitis B in the United States.**

Anyone **59 years of age or younger** who has not yet gotten the vaccine should be vaccinated.

Hepatitis B vaccination is recommended for **adults 60 years or older** at increased risk of exposure to hepatitis B who were not vaccinated previously. **Adults 60 years or older** who are not at increased risk and were not vaccinated in the past may also be vaccinated.

Hepatitis B vaccine may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

Hepatitis B vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination 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 until a future visit.

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Pregnant or breastfeeding women who were not vaccinated previously should be vaccinated. Pregnancy or breastfeeding are not reasons to avoid hepatitis B vaccination.

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, fever, headache, and fatigue (feeling tired) can happen after hepatitis B vaccination.

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 members 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. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. 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.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at **www.fda.gov/vaccines-blood-biologics/vaccines**
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/vaccines**.