

Code No. 403.3 COMMUNICABLE DISEASES - EMPLOYEES

Employees with a communicable disease will be allowed to perform their customary employment duties provided they are able to perform the essential functions of their position and their presence does not create a substantial risk of illness or transmission to students or other employees. The term "communicable disease" shall mean an infectious or contagious disease spread from person to person, or animal to person, or as defined by law.

Prevention and control of communicable diseases shall be included in the school district's bloodborne pathogens exposure control plan. The procedures shall include scope and application, definitions, exposure control, methods of compliance, universal precautions, vaccination, post-exposure evaluation, follow-up, communication of hazards to employees and record keeping. This plan shall be reviewed annually by the superintendent and school nurse.

The health risk to immunodepressed employees shall be determined by their personal physician. The health risk to others in the school district environment from the presence of an employee with a communicable disease shall be determined on a case-by-case basis by the employee's personal physician, a physician chosen by the school district or public health officials.

It shall be the responsibility of the superintendent, in conjunction with the school nurse, to develop administrative regulations stating the procedures for dealing with employees with a communicable disease.

Legal Reference: School Board of Nassau County v. Arline, 480 U.S. 273 (1987).
29 U.S.C. § 794, 1910

(2010).

42 U.S.C. §§ 12101 et seq.

(2010).

45 C.F.R. Pt. 84.3 (2010).
Iowa Code § 139A; 141A

(2011).

641 I.A.C. 1.2-.7.

Cross Reference: 401.5 Employee Records
403.1 Employee Physical

Examinations

507.3 Communicable

Diseases - Students Adopted: 12/10/09 Reviewed: 12-04-19

Revised: 12-12-19

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An employee who is at work and who has a

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communicable disease which creates a substantial

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risk to a student, coworkers, or others at the
workplace shall report the condition to the

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Superintendent any time the employee is aware

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that the disease actively creates such risk.

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Health data of an employee is confidential and it

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shall not be disclosed to third parties. Employee

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medical records shall be kept in a file separate
IASB POLICY REFERENCE MANUAL - 2012

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from their personal file.

HEPATITIS B VACCINE INFORMATION AND RECORD

The Disease

Hepatitis B is a viral infection caused by the Hepatitis B virus (HBV) which causes death in 1-2% of those infected. Most people with HBV recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis.

HBV may be a causative factor in the development of liver cancer. Immunization against HBV can prevent acute hepatitis and its complications.

The Vaccine

The incidence of side effects is very low. No serious side effects have been reported with the vaccine. Ten to 20 percent of persons experience tenderness and redness at the site of injection and low grade fever. Rash, nausea, joint pain, and mild fatigue have also been reported. The possibility exists that other side effects may be identified with more extensive use.

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The HBV vaccine is produced from yeast cells. It has been extensively tested for safety and effectiveness in large scale clinical trials.

Approximately 90 percent of healthy people who receive two doses of the vaccine and a third dose as a booster achieve high levels of surface antibody (anti-HBs) and protection against the virus. The HBV vaccine is recommended for workers with potential for contact with blood or body fluids. Full immunization requires three doses of the vaccine over a six-month period, although some persons may not develop immunity even after three doses.

There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization.

Dosage and Administration

The vaccine is given in three intramuscular doses in the deltoid muscle. Two initial doses are given one month apart and the third dose is given six months after the first.

Possible Vaccine Side Effects

HEPATITIS B VACCINE INFORMATION AND RECORD

CONSENT OF HEPATITIS B VACCINATION

I have knowledge of Hepatitis B and the Hepatitis B vaccination. I have had an opportunity to ask questions of a qualified nurse or physician and understand the benefits and risks of Hepatitis B vaccination. I understand that I must have three doses of the vaccine to obtain immunity.

However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience side effects from the vaccine. I give my consent to be vaccinated for Hepatitis B.

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Signature of Employee (Consent for Hepatitis B vaccination) Date

Signature of Witness Date

REFUSAL OF HEPATITIS B VACCINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B virus infection. I have been given the opportunity to be vaccinated with 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 continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature of Employee (refusal for Hepatitis B vaccination) Date

HEPATITIS B VACCINE INFORMATION AND RECORD

RELEASE FOR HEPATITIS B MEDICAL INFORMATION

I hereby authorize

_____ (individual or organization holding Hepatitis B records and address) to release to the Keota Community School District, my Hepatitis B vaccination records for required employee records.

Signature of Witness

Date

I hereby authorize release of my Hepatitis B status to a health care provider, in the event of an exposure incident.

I refuse because I believe I have (check one) _____

_____ started the series _____ completed the series

Signature of Employee
Date

Signature of Witness

Date

Hepatitis B Vaccination Date Lot Number Site Administered by

1 _____

2 _____

3 _____

Additional Hepatitis B status information:

Post-exposure incident: (Date, time, circumstances, route under which exposure occurred)

Identification and documentation of source individual:

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Code No. 403.3E1

Source blood testing consent:

HEPATITIS B VACCINE INFORMATION AND RECORD

CONFIDENTIAL RECORD

Description of employee's duties as related to the exposure incident:

Employee Name (last, first, middle)
Social Security No.

Copy of information provided to health care professional evaluating an employee after an exposure incident:

Job Title: _____

Attach a copy of all results of examinations, medical testing, follow-up procedures, and healthcare professional's written opinion.

Training Record: (date, time, instructor, location of training summary)

Code No. 403.3R1 UNIVERSAL PRECAUTIONS REGULATION

Universal precautions (UP) are intended to prevent transmission of infection, as well as decrease the risk of exposure for employees and students. It is not currently possible to identify all infected individuals, thus precautions must be used with every individual. UP pertain to blood and other potentially infectious materials (OPIM) containing blood. These precautions do not apply to other body fluids and wastes (OBFW) such as saliva, sputum, feces, tears, nasal secretions, vomitus and urine unless blood is visible in the material. However, these OBFW can be sources of other infections and should be handled as if they are infectious. The single most important step in preventing exposure to and transmission of any infection is anticipating potential contact with infectious materials in routine as well as emergency situations. Based on the type of possible contact, employees and students should be prepared to use the appropriate precautions prior to the contact. Diligent and proper hand washing, the use of barriers, appropriate disposal of waste products and needles, and proper