



## Hepatitis B Immunity Status Form

### Instructions

Your Hepatitis B immunity status, and the relevant documentary evidence required for this Form, should be discussed with your GP.

Identify your current Hepatitis B immunity status by ticking the applicable box and attaching the relevant evidence.

**Immune**

I hereby declare that I have completed the Hepatitis B immunisation program schedule and have an antibody level greater than 10 (>10 mIU/mL).

**Attached is documented evidence (serology report) confirming my immunity to Hepatitis B**

**I am Currently Undertaking a Hepatitis B Vaccination Program**

Date of my First Hepatitis B Vaccination..... \_\_\_\_\_

Date of my Second Hepatitis B Vaccination..... \_\_\_\_\_

Date of my Third Hepatitis B Vaccination..... \_\_\_\_\_

Dates of any subsequent Hepatitis B Vaccinations..... \_\_\_\_\_

Post-vaccination Blood Test Due..... \_\_\_\_\_

**Non-Responder**

I hereby declare that I have undertaken the Hepatitis B immunisation program schedule however **do not** hold an antibody level greater than 10 (<10 mIU/mL).

**Attached is documented history of my primary course, and additional immunisation (no less than 3) of Hepatitis B vaccine, and serology report indicating a current antibody level <10**

**Attached is the completed & signed Hepatitis B Declaration**

**Conscientious Objector**

Please indicate the appropriate reason

I hereby declare that I have a personal/philosophical/religious/medical belief against vaccination. I therefore have chosen not to participate in a Hepatitis B vaccination program.

**Attached is the completed & signed Hepatitis B Declaration**

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**Applicant's Name:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# HEPATITIS B DECLARATION

I, \_\_\_\_\_  
First Name Middle Name Last Name

Hereby declare that:

- I have discussed the benefits and risks of immunisation with my treating practitioner and taken into account the information provided.
- I understand that I may be exposed to the Hepatitis B virus whilst undertaking policing duties throughout a career as a QPS officer.
- I am aware of my risk of contracting the Hepatitis B virus and have discussed risks and prevention strategies with my treating practitioner.
- I am aware of the recommended management actions to apply in the event of a potential exposure to infected blood and bodily fluids.

Applicant signature:

Date:

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## TO BE COMPLETED BY A QUALIFIED MEDICAL PRACTITIONER

As a qualified medical practitioner, I hereby declare that the information provided by (*Applicant Name*) is a true and accurate representation of the applicant's current status of immunity to the Hepatitis B virus.

I hereby declare that I have (*Please tick*):

- Discussed the benefits and risks of immunisation with the applicant.
- Discussed occupational risk and prevention strategies to manage the risk of contracting Hepatitis B in a policing environment.
- Informed the applicant on management action to apply in the event of a potential exposure to infected blood and bodily fluids.

Name of qualified medical practitioner:

\_\_\_\_\_

Registration number: \_\_\_\_\_

Medical practitioner signature:

Date:

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# Hepatitis B in the Policing Environment – Fact Sheet

## What is Hepatitis B?

Hepatitis B is a virus that when contracted, inflames the liver. The Hepatitis B virus (HBV) is a blood-borne virus, simply meaning that the virus is transmitted through exposure to blood of an infected person. HBV can cause either acute (short-term) or chronic (long term) liver disease. The virus can survive for up to seven days in blood outside the body.

## How is it contracted?

HBV lives in blood or other bodily fluids, it is spread through blood-to-blood contact with an infected person. In the policing environment, the risk is created when infected blood comes into contact with member's blood through:

- Needles or other equipment which can cause a penetration wound
- Knives or other sharp edge weapons
- Spitting blood, biting with blood in the mouth
- Physical contact

## How is Hepatitis B *not* contracted?

HBV is not spread through spitting or saliva exchange, blood is required for there to be a risk. Bites that break the skin and draw blood are very low risk. Further to this HBV cannot be transmitted through:

- Coughing and sneezing
- Contact with faeces and urine
- Blood or saliva on a uniform or unbroken skin

## I have been exposed to blood or bodily fluid, what do I do?

Exposure Classification	Risk Factors	Action
<b>Definite exposure</b>	<ul style="list-style-type: none"> <li>• Skin penetrating injury with a needle contaminated with blood</li> <li>• Laceration or similar wound which causes bleeding and is produced by an instrument that is visibly contaminated with blood</li> </ul>	<ul style="list-style-type: none"> <li>• Apply first aid, wash site with soap and water or flush mucous membranes (eyes, mouth etc.) with water/saline</li> <li>• Attend hospital for blood test (baseline)</li> <li>• Complete incident report</li> <li>• Follow up with GP for further blood testing</li> </ul>
<b>Possible exposure</b>	<ul style="list-style-type: none"> <li>• Superficial injury with a needle contaminated with blood</li> <li>• A wound produced by an instrument contaminated with blood but not associated with visible bleeding</li> <li>• Prior (not fresh) wound or skin lesion contaminated with blood</li> <li>• Mucous membrane contact with blood</li> <li>• Human bite with blood exposure</li> </ul>	
<b>Doubtful exposure</b>	<ul style="list-style-type: none"> <li>• Superficial injury with a needle considered not to be contaminated with blood</li> <li>• Superficial wound not associated with visible bleeding produced by an instrument considered not to be contaminated with blood</li> </ul>	

	<ul style="list-style-type: none"> <li>• Prior wound or skin lesion contaminated with a body fluid other than blood and with no trace of blood</li> <li>• Human bite with no blood exposure e.g. saliva</li> </ul>	
<b>Non-exposure</b>	<ul style="list-style-type: none"> <li>• Intact skin visibly contaminated with blood or bodily fluid</li> <li>• Needle-stick with non-contaminated (clean) needle</li> </ul>	<ul style="list-style-type: none"> <li>• Apply first aid, wash site with soap and water or flush mucous membranes (eyes, mouth etc.) with water/saline</li> <li>• No blood testing required</li> <li>• Complete incident report</li> </ul>

### What are the symptoms?

Persons that contract HBV may not be aware they have contracted the virus as no symptoms occur during the acute stage. Possible early signs and symptoms may include:

- Feeling unwell
- Loss of appetite
- Dark urine
- Yellow skin known as jaundice
- Right upper abdominal pain

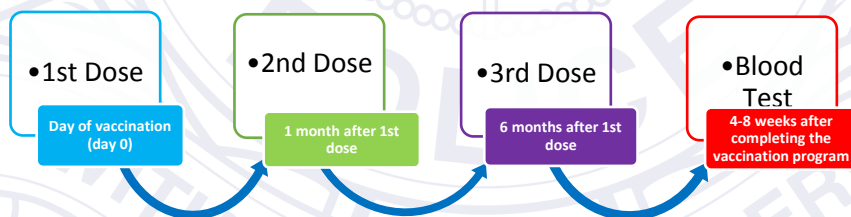
### How can I eliminate my risk?

Vaccination is the most effective method of preventing contraction of Hepatitis B. Vaccination involves three doses of HBV vaccine over six months, followed by a blood test after completion of the vaccination course to confirm immunity. Successful vaccination eliminates the risk of contracting HBV.

Antibodies to the Hepatitis B virus (anti-HBs) are measured by a blood test (serology test) to confirm whether an individual has gained immunity. An anti-HBs level greater than 10 confirms immunity against the virus (>10 mIU/mL).

### Hepatitis B vaccination program

The Hepatitis B vaccination program consists of a 3 dose schedule taken at 0, 1 and 6 months as illustrated in the diagram below:



### Do I need a booster dose of the vaccine?

Booster doses of the Hepatitis B vaccine are not recommended for those that have successfully completed the Hepatitis B vaccination program. This is due to the fact that completing a primary course provides long-lasting protection. Although antibody levels may decline with time and become undetectable in blood test reports (anti-HBs levels are <10), immune memory persists and will respond upon re-exposure to the virus.

## What is a non-responder?

A non-responder is one of the low percentage of people who do not build up an adequate immune response after receiving two, 3-shot series of the HBV vaccine. In other words, they complete one series of the HBV vaccine, as shown above, however the blood test reveals anti-HBs levels below 10. The series is repeated and again the blood test indicates anti-HBs levels below 10. This is the maximum HBV vaccinations that can be undertaken. Non-responders are considered to not be able to achieve immunity for HBV.

## What is a conscientious objector?

A conscientious objector is an individual that chooses not to participate in a vaccination program. Non-participation can be based on a number of reasons including:

- Personal reasons
- Philosophical opinions
- Religious views
- Medical beliefs

## I am a non-responder or conscientious objector, how can I minimise my risk?

- Treat all blood and body fluids as infectious
- Always utilise PPE
  - Approved gloves when handling blood or bodily fluids
  - Wear face shields and eyewear where there is a risk of being splashed in the face
- Adopt safe search techniques
  - Slow systematic approach to searching
  - Do not slide hand when searching
  - Use tools to examine hard-to-access areas rather than your hand
  - Do not put your hand in places you cannot see
- Avoid exposing broken skin
  - Cover wounds/cuts/blisters with water proof dressings
  - Avoid contact with a person's open wounds
- Safe handling and disposal of sharps
  - Always hold the syringe by the barrel with a gloved hand
  - Never move your hands across your body when handling a sharp
  - Dispose sharps in sharps container (a yellow, rigid walled container displaying the biohazard label and symbol)
  - If a sharps container is not accessible, dispose the sharp in a thick plastic drink bottle

## For further information visit:

ANZPAA, Police and Blood-Borne Viruses

<http://www.anzpa.org.au/our-work/publications/blood-borne-viruses>

Queensland Health, Hepatitis B

<http://conditions.health.qld.gov.au/HealthCondition/condition/8/118/74/hepatitis-b>

Hepatitis Queensland

<http://www.hepqld.asn.au/>

Immunise Australia Program

<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/immunise-hepb>