

HACKETTSTOWN REGIONAL MEDICAL CENTER
Administrative Policy and Procedure

SECTION: EMPLOYEE HEALTH

Number: EH-02
Number of Pages: 1 of 1
Issue Date: May 2005

TITLE: HEPATITIS B VACCINE POLICY

PURPOSE:

To outline the process by which Hepatitis B Vaccine is available.

POLICY:

All employees at risk of having an occupational exposure (a reasonably anticipated skin, eye, mucous membrane or parenteral contact) to blood or other potentially infectious material may choose to be protected from the Hepatitis B virus.

PROCEDURE:

The Hepatitis B Vaccine series will be offered upon hire to all at-risk employees and to employees following an exposure, if indicated. The vaccine will be given free of charge, with written consent, after the employee has reviewed the CDC Hepatitis B Vaccine information sheet.

Employees who refuse the Hepatitis B vaccine will sign the declination.

The vaccine will be given according to vaccine manufacturer's instructions.

The employee will be responsible for returning on the specified dates for the necessary injections. The Employee Health Office will send the employee a reminder when the subsequent doses of the vaccine are due. Failure to return at the time indicated interrupts the vaccine series, possibly resulting in inadequate response.

If the employee should leave employment prior to completion of the vaccine series, she/he will be responsible for obtaining any remaining doses.

Two months following completion of the Hepatitis B series, a blood test will be requested to check for response to the vaccine. The employee will be notified of the result.

Hackettstown Regional Medical Center

Name _____ Dept. _____

Social Security Number _____ DOB _____

Please read the following and check off the appropriate box.

I understand that due to my occupational exposure to blood and other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have read the information provided to me on Hepatitis B vaccination. Any questions I had have been answered.

I have completed the Hepatitis B vaccine series.

Dates: _____

I am currently receiving the Hepatitis B vaccine series.

Dates: _____

I am interested in receiving the Hepatitis B vaccine in accordance with Hackettstown Community Hospital's policy.

I decline receiving the Hepatitis B vaccine at this time and will sign the waiver below.

Signature _____ Date _____

(Sign below only if refusing the vaccine at this time.)

DECLINATION

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

Signature _____ Date _____