

HACKETTSTOWN COMMUNITY HOSPITAL
Administrative Policy and Procedure

SECTION: Employee Health

Number: EH-07
Number of Pages: 1 of 1
Issue Date: March 2005
Reviewed/Revised Date:

TITLE: VARICELLA VACCINE POLICY

PURPOSE:

To outline the process by which Varicella Vaccine is available.

POLICY:

All employees at risk of having an occupational exposure (a reasonable anticipated skin, eye, mucous membrane or parenteral contact) to Varicella may choose to be protected from the Varicella virus (chicken pox).

PROCEDURE:

The Varicella Vaccine will be offered upon hire to all 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 Varicella Vaccine information sheet.

Employees who refuse the Varicella Vaccine will sign the declination.

The vaccine will be given according to the vaccine manufacturer's instruction.

The employee is responsible for making an appointment to receive for the Varicella Vaccine if he/she has a negative Varicella titer. If written documentation has been provided for a positive Varicella titer, no vaccine is needed.

It is the employee's responsibility to schedule a three-month follow-up appointment after the administration of the Varicella Vaccine. A blood test will be requested to check for response to the vaccine. The employee will be notified of the result via written correspondence.

**CONSENT FOR ADMINISTRATION OF VARICELLA VACCINE
AND
VACCINE ADMINISTRATION RECORD**

"I have read or have had explained to me the information for this consent form about Varicella (chicken pox). I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the Varicella Vaccine and ask that the vaccine checked below be given to me or to the person named below for whom I am authorized to make this request."

VACCINE TO BE GIVEN: **Varicella** _____

Information about the person to receive the vaccine: (Please Print)

Last	First	Middle Initial	Birth Date	Age
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Street	City	County	State	Zip
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Social Security #

Signature of person receiving vaccine or parent/guardian	Date
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Vaccine: _____ **Manufacturer:** _____

Lot Number: _____ **Exp. Date:** _____

Site of Administration of Vaccine: Rt. Deltoid _____ Lt. Deltoid _____ S/C _____

Address where vaccine given:

Employee Health
Hackettstown Community Hospital
651 Willow Grove Street
Hackettstown, New Jersey 07840

Date Given	Signature of Person Administering Vaccine	Title
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VARICELLA VACCINATION DECLINATION

I understand that due to possible occupational exposure to Varicella, I may be a risk of acquiring Varicella infection. I have been given the opportunity to be vaccinated with the Varicella Vaccine at no charge to me.

However, I decline Varicella vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Varicella, a potential serious disease. If in the future I want to be vaccinated with Varicella Vaccine, I can receive the vaccination at no charge to me.

Signature

Date