SHASTA COLLEGE
OFFICE OF HUMAN RESOURCES

TO: All Employees
FROM: Laura Cyphers Benson, Associate Vice President of Human Resources
SUBJECT: HEPATITIS B VACCINATION PROGRAM

In accordance with the new OSHA (Occupational Safety and Health Administration) standards for Occupational Exposure to Bloodborne Pathogens: Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV), employees, who by virtue of their work assignments, could be reasonably anticipated to have contact with blood or other potentially infectious materials (i.e., body fluids; organs or other tissues from a human; blood, organs, or other tissues from experimental animals infected with HBV or HIV) must be offered the opportunity to receive a Hepatitis B vaccination at no cost to the employee.

The Shasta-Tehama-Trinity Community College District requires that employees opting for the vaccination must sign a consent form and that those employees who decline to accept the Hepatitis B vaccination must sign a declination statement. For employees outside the specified departments, a review will be made to determine whether or not the college will provide the vaccination.

The departments where employees could reasonably anticipate exposure are: Maintenance, Custodial and Transportation; Public Safety and Athletics; Nursing and Wellness; Food Services; and Security.

There is a training requirement for initial participation prior to the vaccination series and annual updates. The Exposure Control Plan for Bloodborne Pathogens is available for review in the following locations: Physical Plant, Human Resources Office, Wellness/Health Services and Health Sciences.

WHAT IS HEPATITIS B?

Viral Hepatitis or Hepatitis B is a viral infection of the liver. This disease is caused by a virus, which is found in the blood and body fluids of infected people. Over half of those infected may never have symptoms and, therefore, the virus is unknowingly spread to others. Most people recover completely, however, the infection may incapacitate a person for several months. Approximately 1% of all cases progress to life threatening liver diseases such as cirrhosis and cancer of the liver.

WHAT IS THE HEPATITIS B VACCINATION?

This vaccination has been derived from yeast. No human products are involved in the manufacturing of this vaccine. It is recommended for all people who come into contact with human blood or body fluids. Side effects of the vaccine are minimal, however, those who are severely allergic to yeast or women who are pregnant should not receive this vaccine.

HOW IS THE VACCINE ADMINISTERED?

The vaccination process consists of three separate injections into the shoulder area. The injections are administered over a six-month period according to the following schedule:

First dose: On elected date (i.e., September 1);
Second dose: One month later (i.e., October 1);
Third dose: Six months after the first dose (i.e., March 1)
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First dose: On elected date (i.e., September 1);
Second dose: One month later (i.e., October 1);
Third dose: Six months after the first dose (i.e.; March 1)

Please indicate your intentions by checking the appropriate response below:

YES ______ MY JOB ASSIGNMENT INCLUDES CONTACT WITH BLOOD AND BODY FLUIDS. I wish to participate in the Hepatitis B Vaccination Program including the formal education.

NO ______ I have been informed of the above matter. I do not wish to participate in the Hepatitis B Vaccination Program.

I understand that due to my 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. 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 exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I understand that the immunization would be at my expense.

NO ______ My assignment does not require occupational exposure to blood or body fluids.

NO ______ I have been vaccinated and /or have had Hepatitis B.

Signature: __________________________________________ Date: _______
Print Name: _____________________________________________
Department: _____________________________________________
Position: ________________________________________________

Further questions regarding information contained in this memo may be directed to Student Wellness/Health Services.

Please return this form to the Human Resources Office.