

APPENDIX II – New Employee Hepatitis B Vaccination Information

Welcome to UNC Charlotte!

Your new job classification has previously been identified as having a potential occupational exposure to blood or other potentially infectious materials (OPIM). Job tasks you may be asked to perform that constitute as occupational exposure are outlined in UNC Charlotte's Bloodborne Pathogens Exposure Control Plan. This document outlines how the University minimizes your exposure, as well as your responsibilities related to bloodborne pathogens. Bloodborne Pathogens Exposure Control Plan is managed by Environmental Health and Safety (EHS) in accordance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens standard.

By being enrolled in the Bloodborne Pathogens program, you must do the following:

1. Complete Bloodborne Pathogens training on Skillport. Log into [Skillport](#) using your NinerNet credentials, and search for the module using the course ID number **esh_sah_b19_sh_enus**.
2. Review the attached Hepatitis B and Hepatitis B vaccination information.
3. Decide whether to consent or decline receiving the Hepatitis B vaccination.
 - a. If you decide to consent to receiving the vaccination, read and complete the top portion of the form. Then contact the Student Health Center to schedule your appointment within 15 days to receive the first dose. You must take a copy of this email and the completed "Consent for Hepatitis B Vaccination" form to the Student Health Center at the time of your appointment.
 - b. If you decide to decline receiving the Hepatitis B vaccination, read and complete the bottom portion of the form, and return to EHS within 15 days.

Forms may be returned to EHS by stopping by EHS, inter-departmental mail, fax or attaching in an email.

Any requests for medical records or questions regarding the Bloodborne Pathogens program should be referred to EHS. You may reach the office via phone (704-687-1111) or email (ehsoffice@uncc.edu).

Information on Hepatitis B Virus and Vaccination

Hepatitis B is a viral infection caused by the Hepatitis B virus (HBV). It is transmitted via exposure to contaminated human blood or other potentially infectious materials (OPIM). HBV infection can result in severe liver disease with symptoms of jaundice, dark urine, extreme fatigue, anorexia, nausea, abdominal pain, and occasionally rash and pain in the joints. Hospitalization is required in about 20% of the more severe cases of HBV infection. Most people with Hepatitis B recover completely, but approximately 5% to 10% of infected individuals become carriers of the virus throughout their lifetime. However, they run a risk of developing liver cirrhosis or cancer, both of which can be fatal. Pregnant carriers may transmit the HBV through the placenta with approximately 90% of infected infants becoming carriers.

Immunization for Hepatitis B is available, at no cost, to employees whose job duties place them at risk of exposure to human blood or OPIM. These job classifications and duties are outlined in the Exposure Control Plan. The Hepatitis B vaccine is a noninfectious yeast-based vaccine. Since the vaccine is prepared from yeast, there is no risk of contamination from human blood or plasma, so it cannot cause infection. No serious adverse reactions have been attributed to the vaccine. As with any vaccine, there is the possibility that the vaccine could reveal rare adverse reactions not observed in the clinical trials. Reported potential reactions include:

- Injection site soreness, swelling, warmth, itching, redness, bruising, nodule formation
- Low grade fever (less than 101°F), potentially within 48 hours following vaccination
- Tiredness/weakness
- Headache
- Nausea and/or diarrhea
- Sore throat and/or upper respiratory infection
- Dizziness
- Muscle aches
- Joint pain

Immunization for Hepatitis B consists of 3 intramuscular vaccinations. The first dose is given on the elected date, the second dose is given one month later, and the third dose is given six months after the first dose.

While most everyone can safely receive Hepatitis B vaccine, the following persons may want to consult their usual medical provider before vaccination: females who are pregnant or nursing, persons with known cardio-pulmonary compromise, persons with history of allergic reactions to yeast, thimerosal, or formaldehyde, or persons who are currently ill with a fever.

Although the vaccine protects against Hepatitis B, it does not protect against other infections (such as Hepatitis A, Hepatitis C, or HIV).

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Consent for Hepatitis B Vaccination

I have read and understand the information on Hepatitis B virus and vaccination. I have discussed any concerns or questions with the clinic personnel. I understand that there is no guarantee that vaccination will be effective or that the vaccine will be free of side effects. I understand that my participation in the Hepatitis B vaccination program is entirely voluntary, although recommended for me, because I work in an environment at UNC Charlotte which presents a reasonable anticipation of my exposure to potentially infectious materials. I understand that I am responsible for scheduling and keeping my appointments to receive the Hepatitis B vaccine in accordance with the recommended series.

I have opted to receive the Hepatitis B vaccination. I hereby consent to the administration of the Hepatitis B vaccine in 3 doses over the next 6 months at the Student Health Center.

_____	_____	_____
Employee Name (Printed)	Employee Signature	UNCC ID Number
_____	_____	
Department	Signature Date	

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Hepatitis B Vaccination Declination

I understand that due to my occupational 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 the 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.

_____	_____	_____
Employee Name (Printed)	Employee Signature	UNCC ID Number
_____	_____	
Department	Signature Date	

Please answer the following question that applies to you by selecting Yes or No.

- Yes No Are you declining because you do not wish to receive the HBV vaccine at this time?
- Yes No Are you declining because you have already received the HBV vaccine?