

## Appendix B: New Employee Hepatitis B Vaccination Information

Welcome to UNC Charlotte!

Your job classification has 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 University minimizes your exposure, as well as your responsibilities related to bloodborne pathogens. The 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](#). The UNC Charlotte Bloodborne Pathogens Exposure Control Plan is available and located on the [Environmental Health and Safety](#) website.

By being enrolled in the Bloodborne Pathogens Exposure Control Plan, you must do the following:

1. Complete Bloodborne Pathogens training. You will be assigned Bloodborne Pathogens training from one of the following online modules. Contact EHS with any questions you may have regarding training content or the Bloodborne Pathogens Exposure Control Plan.
  - a. University New Employees: To access training, log in to the [Learning and Development Portal](#) using your NinerNet credentials. Click "Assigned Training" and complete the training. If you do not see the Bloodborne Pathogens training, there may be a 24-hour delay in the system.
  - b. Research and Laboratory Employees: The CITI Bloodborne Pathogens training will be assigned by the Division of Research
2. Decide whether to consent or decline receiving the Hepatitis B vaccination and complete each section of the form.
  - a. If you decide to consent to receiving the vaccination, please contact the Student Health Center to schedule an appointment.
  - b. If you decide to decline receiving the Hepatitis B vaccination, please complete the Hepatitis B Vaccination Declination form.
3. Review the [Hepatitis B virus and vaccination information](#).

Please complete the Hep B form electronically via DocuSign **or** print and submit the 3rd page of the attached Hep B Consent / Declination form to EHS by XX-XX-XXXX.

Questions regarding the Bloodborne Pathogens Exposure Control Plan should be referred to EHS. You may reach the office via phone, 704-687-1111 or email ([ehsoffice@charlotte.edu](mailto:ehsoffice@charlotte.edu)).

### **Information on Hepatitis B Virus and Vaccination**

1. 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 HBV through the placenta with approximately 90% of infected infants becoming carriers.
2. 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:
  - a. Injection site soreness, swelling, warmth, itching, redness, bruising, nodule formation
  - b. Low grade fever (less than 101°F), potentially within 48 hours following vaccination
  - c. Tiredness/weakness
  - d. Headache
  - e. Nausea and/or diarrhea
  - f. Sore throat and/or upper respiratory infection
  - g. Dizziness
  - h. Muscle aches
  - i. Joint pain
3. Immunization for Hepatitis B consists of intramuscular vaccinations. The doses and frequency are determined by the manufacturer. The dose schedule information will be provided by the Student Health Center prior to the first dose.

4. 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).**

**UNC Charlotte**

**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?

## DocuSign Process

### PowerForm Signer Information


Thank you for initiating this UNC Charlotte Hepatitis B Packet.  
Please fill in your name and NinerNet email (not an alias) below.

Please enter your name and email to begin the signing process.

#### Employee

**Your Name: \***

**Your Email: \***



**BEGIN SIGNING**

## UNC Charlotte

## Consent for Hepatitis B Vaccination

I have read and understand the information on the 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 at the Student Health Center.**

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

## UNC Charlotte

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