

BLOODBORNE PATHOGENS STANDARD HEPATITIS B VACCINATION

I. POLICY

The City of Mishawaka will offer, at no cost, the Hepatitis B vaccine to all employees who could be "reasonably anticipated" to face contact with blood and other potentially infectious materials as the result of performing their job duties.

II. PROCEDURES

- A. The City will offer the Hepatitis B vaccine, at no cost, to current employees and new hires who:
1. Are identified by OSHA as Emergency Responders, Law Enforcement Officers or First Aid Personnel.
 2. Have been identified by the employer through the Department of Human Resources as employees who meet the standard criteria for the Hepatitis B vaccination. Identified employees must sign a voluntary vaccination acknowledgement of the offer, or a vaccination declination form, whichever applies. The Hepatitis B vaccine series will be offered through the St. Joseph County Health Department.
- B. The City may also offer the Hepatitis B vaccine, at no cost, to current employees and new hires who are outside the employer identified group but request the vaccine because job duties place them in potential exposure situations. The following procedure will apply:
1. The employee requesting the vaccine will be given a brochure describing types of viral Hepatitis and preventative measures and sign off that it was read.
 2. Using the approved form, the employee will apply to the Department of Human Resources for the Hepatitis B vaccine stating the reason(s) for the request.
 3. After review of the application, the employee will be notified of the decision.
 4. If the request is denied, the St. Joseph County Health Department will serve as binding arbitrator if needed.
 5. If the request is approved, the Hepatitis B vaccine series will be offered at the St. Joseph County Health Department at which time the voluntary vaccination acknowledgment of the offer will be signed.

HEPATITIS B VACCINATION REQUEST FORM

DATE: _____

NAME: _____ DEPARTMENT: _____

JOB CLASSIFICATION: _____

Employee or Supervisor: Describe below why the Hepatitis B Vaccine is being requested and return form to the Department of Human Resources

Supervisor's Signature: _____

EMPLOYEE VACCINATION ACCEPTANCE

I, the undersigned, acknowledge that the Hepatitis B vaccination being offered by the City of Mishawaka is being taken on a voluntary basis. The Hepatitis B vaccination is being offered to all applicable employees of the City in an attempt to better protect its employees from the potential chance of acquiring Hepatitis B. Known side effects of the injection is mild local tenderness at the site of injection and the possibility of a low-grade fever.

Name: _____ Date: _____

EMPLOYEE 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 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 I want to be vaccinated, I can receive the vaccination series at no charge to me.

Name: _____ Date: _____

HR Decision (Yes/No): _____ HR Signature: _____ Date: _____ Remarks: _____ _____

Vaccination Dates: _____