

OSHA Notice

Consumer-Directed Personal Assistance Services and Support (CD-PASS) Option Occupational Exposure to Bloodborne Pathogens/Hepatitis B Acknowledgement

Occupational Safety and Health Administration (OSHA) standards effective June 4, 1992 require that employers make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure. The cost to provide vaccinations is an administrative expense and reimbursable through the Financial Management Services (FMS).

Universal Precautions

Information is provided and reviewed by the employer and the employee regarding the use of Universal Precautions. Universal Precautions will be used during the provision of services as applicable and appropriate.

Hepatitis B Vaccination

1. Employer hereby notifies employee of the availability of the Hepatitis B vaccine at no cost to the employee. The vaccine is administered in a prescribed series of three injections over a six month period: Dose 1 is followed 30 days later by Dose 2. Dose 3 is administered five months after Dose 2.
2. The employee may elect to receive or decline the Hepatitis B vaccination.
3. The employee is responsible for requesting from the healthcare provider administering the vaccination additional information specific to the efficiency, safety, benefits, method of administration, and potential side effects of the Hepatitis B vaccination.

Employee Statement:

I AGREE to receive the Hepatitis B vaccination and understand that I will be reimbursed by the FMS by faxing to (918) 879-1267 within 30 days of presenting a "paid" receipt for each vaccination of the series received **while employed** by the CD-PASS Member/Employer.

Employee Statement:

I DECLINE the Hepatitis B vaccination at this time and further understand and agree: Due to my occupational exposure to blood and other potentially infectious materials I may be at risk of acquiring a Hepatitis B virus infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no cost 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 with Hepatitis B vaccine, I can receive the vaccination series at no cost to me.

EMPLOYER AND EMPLOYEE ACKNOWLEDGE "UNIVERSAL PRECAUTIONS" AND "HEPATITIS B VACCINATION" INFORMATION PRESENTED IN THIS DOCUMENT.

Employer Signature/Date

Employee Signature/Date