TO: Nursing Students and Faculty

Subject: Hepatitis B Information Sheet

I understand that, due to my attendance in clinical experience, exposure to blood or other potentially infectious materials is a very real possibility. As a result of a possible exposure, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. North Country Community College has recommended that I receive the series of Hepatitis B vaccinations as an effective way of protecting myself from acquiring this infection. I understand that it is, however, my choice to make and that whatever I decide will not affect my status at NCCC.

I further understand that if I make the decision to decline the series of HBV vaccinations, I continue to be at risk of acquiring Hepatitis B, a serious disease. I also understand that my risk may be decreased by maintaining certain behaviors in the clinical setting and that these behaviors will be taught to me prior to entry into the clinical practicum. I further understand that learning these behaviors and maintaining these techniques and behaviors in the clinical setting are primarily my responsibility. I fully understand, however, that total protection can only be achieved by having active immunity for Hepatitis B.

In the event that I choose not to receive the series of HBV vaccinations, I take full responsibility for my decision and will not hold NCCC or the clinical agency in which I learn and practice my skills responsible if I should acquire the Hepatitis B virus. If I do choose to receive the series of HBV vaccinations, I understand that I (not NCCC) am responsible for any and all expenses incurred as a result of my decision to receive these vaccinations and/or titer.

To be permitted to enter a clinical area, all Allied Health Program faculty and students must read, complete, date and sign this form.

MY DATED SIGNATURE BELOW INDICATES THAT I HAVE READ AND UNDERSTAND THE PRECEDING INFORMATION ABOUT HEPATITIS B AS IT RELATES TO MY STATUS AS FACULTY OR STUDENT IN AN ALLIED HEALTH PROGRAM, THAT I MUST MAKE A DECISION TO:

- [ ] SUBMIT A COPY OF THE SERIES OF HBV VACCINATIONS (3 shots)
- [ ] SUBMIT A COPY OF LAB RESULTS SHOWING A POSITIVE TITER
- [ ] DECLINE THE SERIES OF HBV VACCINATIONS

Print Name

Signature ____________________________ Date ______________

CONTROL OF HEPATITIS INFECTION

a. Personnel who are suspected of being infected with hepatitis A virus (HAV) should not take care of patients until 7 days after the onset of jaundice. CATEGORY III

b. Screening for evidence of prior infections with hepatitis B virus (HBV) in personnel who work in dialysis centers or other high-risk areas should be done only when needed to institute appropriate control measures. CATEGORY I

c. Personnel who are known carriers of HbsAg should be counseled about precautions to minimize their risk of infecting others. CATEGORY I

d. 1) Personnel who have no exudative lesions on the hands and who are acutely infected with HBV, are known to be carriers of HbsAg, or have hepatitis non A/non B (NANB) should not be restricted from patient-care responsibilities, unless there is evidence of disease transmission. CATEGORY I

2) Personnel who have no exudative lesions on the hands and who are acutely infected with HBV, are known to be carriers of HbsAg, or have hepatitis NANB should wear gloves for procedures that involve trauma to tissues or direct contact with mucous membranes or non-intact skin. CATEGORY II

e. Personnel with exudative lesions on the hands who are HbsAg-positive should either wear gloves for all direct patient contact and when handling equipment that will touch mucous membranes or non-intact skin or abstain from all direct patient care. CATEGORY I

f. Dental personnel should consider routine use of gloves, masks, and protective eyewear when performing dental procedures. CATEGORY III

These suggestions are not meant to restrict hospitals from using additional precautions.

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