



## Hepatitis B Vaccine/Declination Statement

### I. Selected Statements of Regulations and Organization Philosophy

The Occupational Safety and Health Administration of the US Department of Labor (OSHA) issued regulations regarding occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other blood-borne pathogens. Under these regulations, employers in the health care industry are required to implement measures to prevent HBV & HIV exposure to employees. HBV vaccine is one such measure, which provides active immunity against Hepatitis B only. Currently there is not a vaccine that provides immunity against HIV.

"HEALTH CARE WORKERS ARE AT RISK OF DISEASE FROM POTENTIAL OCCUPATIONAL EXPOSURE COMMON IN THE HEALTHCARE INDUSTRY, PERHAPS THE GREATEST RISK BEING OCCUPATIONAL EXPOSURE TO HEPATITIS B VIRUS (HBV), HUMAN IMMUNODEFICIENCY VIRUS (HIV), and OTHER BLOOD BORNE PATHOGENS."

EZ Staffing, Inc. and its agents recognize that immunizations are paramount in nature to all concerned. EZ Staffing, Inc. has adopted and supports OSHA regulations, USPHS recommendation, and the findings of CDC as they relate to HBV, HIV and blood borne pathogens. EZ Staffing, Inc. informs its employees by means and methods of this and other printed information; by verbal instruction, etc. regarding the overall Exposure Prevention and Control Programs.

### II. Education & Acceptance

All employees may reasonably anticipate occupational exposure to blood or other potentially infectious materials should consider receiving the HBV Vaccine.

- Hepatitis B Virus is a vaccine produced through recombinant DNA technology. It is safe and effective at producing lifelong immunity against Hepatitis B for those with normal immune functions, or who have demonstrated an anti-HB response following vaccination. It does not produce immunity against HIV infections. The vaccine is given in series of three (3) doses over a period of six months.
- HBV & HIV is spread through contact with blood, body fluids, and infection that enters the body through contact with open wounds and mucous membranes.
- Immunization/vaccination is a reasonable approach to control exposure to risk levels in many classes and especially in health care workers. Employees are encouraged to seek and maintain safe levels of immunization against diseases that are "high risk" or "high priority" by the nature of their infectious rates, their prevalence, and/or their potential for effects to the employee, their family and the community.

Educations in the form of printed materials regarding these diseases are available to the staff member and any related parties that request them. These printed materials are included in the Blood-borne Pathogens study guide under the section "What is HBV?"

- I request to receive the HBV Vaccine.
- I am aware of my rights to receive the HBV Vaccine and I would like to be tested. (At employees cost)

### III. Declination

- I have been informed of the modes of transmission of blood-borne pathogens including the Hepatitis B Virus.
- I have been instructed on EZ Staffing, Inc. exposure control plans and understand the procedure to follow if an exposure incident occurs.
- I have also been instructed on and understand the efficiency, safety, and method of administration, benefits, and possible adverse reactions of the Hepatitis B Vaccine.

- I have been previously tested for the HBV antibodies through another facility or agency and decline further testing.
- I am aware of my rights to be tested and I do not want to test.

I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring a HBV infection. I have been given the opportunity to be vaccinated with HBV Vaccine, at no charge to me. However, I decline HBV vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring HBV, a serious disease. I retain the right to receive immunization at no charge to me as an employee, in the form of a booster or a series of three immunizations (initial, one month after, and six months after the initial vaccine) with that right being irrevocably granted by public law.

### IV. Attestation & Indemnification / Hold Harmless

I \_\_\_\_\_, as an employee of EZ Staffing, Inc., do attest with full consideration of the statements of this document as prepared to my declination of testing and/or immunizations. These are true statements based on my decision without any coercion or influence. I have specifically been instructed on and understand the efficacy, safety, method of administration, benefits and possible adverse reactions of the vaccine(s). I am aware of my rights and I have been informed of my rights to have the immunization/ vaccination and/or testing as indicated based on the most current recommendations known of the CDC and NIOSH regulations.

In regard to this declination, I indemnify and defend EZ Staffing, Inc., its directors, its management, employees, agents and representatives to hold all threatened or initiated legal proceedings, claims, investigations or hearings of any nature whatsoever resulting in any manner directly or indirectly from any exposures to negligence, acts, omissions, or failures related to the immunization aspect of the Exposure Prevention and the related Infection Control and Exposure Control Plan of EZ Staffing, Inc. I have declined as a conscious decision this specific area of participation with the standard response. I continue to accept all other aspects of the Infection Control and Exposure Control Plan. I am aware that I am expected to comply with the Infection Control Plan and any of its obligations set forth in the Policies and Procedures of EZ Staffing, Inc. which may be changed from time to time as an administrative / managerial decision. Also I will comply with the varied policies, procedures, and practices of any client facilities engaging my services as provided at the time of this declination or in the future.

I have read and fully understand the information on this form.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Classification / Department

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date