

**Ocean View School District
17200 Pinehurst Lane
Huntington Beach, CA 92647
Human Resources & Health Services
(714) 847-2551**

MEMORANDUM

TO: NEW PERMANENT EMPLOYEES

RE: BLOODBORNE PATHOGEN PLAN/HEPATITIS B VACCINE

The Ocean View School District recommends certain classifications of employees receive the Hepatitis B vaccine due to risk of exposure to bloodborne pathogens. The following job classifications have been designated to be at risk:

Certificated Job Classifications

- Nurses
- Teachers of Severely Handicapped Students

Classified Job Classifications

- Bus Driver
- Child Care Attendant
- Custodian
- Head Custodian
- Instructional Assistant - Applied Behavior Analysis
- Instructional Assistant - Severely Disabled
- School Health Technician
- School Office Clerk
- School Office Manager

If you are being hired as a permanent employee into one of the above positions, please complete the attached consent/waiver form indicating whether you have or have not previously received the Hepatitis B vaccine or whether or not you plan to receive the Hepatitis B vaccine.

If your job classification is not listed above or you are being hired as a substitute in the above classifications and you wish to obtain the Hepatitis B vaccine, you should contact your physician.

If you do experience a blood exposure during the course of your employment, please report it to the District Nurse, School Health Technician, or School Office Manager at your work site.

If you have any other questions regarding the Ocean View School District's Bloodborne Pathogen Plan, please consult the *Exposure Control Plan for Bloodborne Pathogens* or the *Bloodborne Pathogen Exposure Log and Follow Up Forms* located at each school site.

Ocean View School District
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HEPATITIS B IMMUNIZATION CONSENT/WAIVER FORM

Employee's Name _____ Phone Number _____
(Please print)

Employee's Address _____ Birth Date _____

(City) (Zip code) Email Address _____
(Please print clearly)

Position _____ School Site/Department _____

I have seen the video *Bloodborne Pathogens for School Employees* as part of the pre-employment hiring process.

1. I understand a series of three injections of Hepatitis B vaccine is needed to become protected. (Occasionally, more vaccine is needed if the first series does not result in immunity)
2. If I do not become protected from receiving the vaccine, or if I choose not to receive the vaccine at this time, I understand I will need post-exposure treatment if I have direct contact with blood or other body fluids at work.
3. I understand that due to my occupational (job classification listed on previous page) exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I may contact my health care provider to receive the vaccine in order to be protected.
4. If my job classification is not listed on the previous page and I wish to receive the vaccine, I may contact my health care provider to receive the vaccine.

(AFTER VIEWING THE VIDEO, PLEASE SELECT ONE OF THE BELOW)

I have read and I understand the above information and intend to receive the Hepatitis B vaccine series (three doses) at my own expense (co-pay) and will provide a copy of the completed immunization card to the Human Resources/Classified Personnel Office. .

Signature _____ Date _____

OR

I have already had the Hepatitis B vaccine series. Please provide copy of immunization card.
(Hepatitis B vaccine series required for public school students, if born after 1985)

Signature _____ Date _____

OR

I have read and I understand the above information and do not wish to receive the Hepatitis B vaccine series (three doses). I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

Signature _____ Date _____

Employee Name _____ Site _____

**Ocean View School District
Human Resources**

I have seen the video *Bloodborne Pathogens for School Employees*, as part of the pre-employment hiring process.

I am a certificated _____ employee.

OR

I am a classified _____ X _____ employee.

Your Signature

Date

Print Your Name