

APPENDIX C- Hepatitis B Vaccination

**HEPATITIS B VACCINATION
ACCEPTANCE/DECLINATION STATEMENT**

Check **one** of the following:

[] I have received the HBV vaccination series on: _____
Date/Year

[] I decline participation in the vaccination series.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B Virus infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccination at this time. I understand that by declining this vaccination, I continue to be at risk of acquiring Hepatitis B, a serious disease.

If, in the future, I continue to have exposure to blood or other potentially infectious materials and I wish to be offered the Hepatitis B vaccine, I can be vaccinated at that time at no charge to me.

[] I accept participation in the hepatitis B program and wish to receive the vaccination series.

Print Name

Signature

DePaul ID #

Department

Supervisor (for employees)

Date

APPENDIX D: SIGNAGE



Appendix E: Checklist for Student BBP Exposure

Checklist for Student BBP Exposure

If you are exposed to blood or other potentially infectious material:	
1	Immediately flush exposed skin with soap and water and exposed mucus membranes with water.
2	<p>At DePaul: Immediately report the incident to your instructor so that you can make decisions about how to obtain confidential post-exposure evaluation and follow-up. The incident should also be reported to the School of Nursing.</p> <p>At RFUMS site: Immediately report the incident to your instructor so that you can make decisions about how to obtain confidential post-exposure evaluation and follow-up. The incident should be reported to the School of Nursing at (773) 325-7280.</p> <p>Off Site: Follow the post-exposure policy of the institution where the exposure occurred, and then report the incident to School of Nursing.</p>
3	<p>At DePaul: If you would like to obtain this confidential post-exposure evaluation and follow-up from Advocate Illinois Masonic Medical Center you may contact DePaul Public Safety at (773) 325-7777. Public Safety will facilitate transportation to Advocate Illinois Masonic Medical Center.¹</p> <p>Off Site: Follow the instructions of the institution or go to a nearby emergency facility.</p>
4	The emergency room practitioner will assess the information about the exposure to determine the transmission risk, prophylaxis recommendations, and necessary follow-up.
5	If a contaminated sharp was involved in the exposure incident, complete the Sharps Injury Log (Appendix A to SON BBP ECP) and return the completed form to the School of Nursing.

NOTE: THIS CHECKLIST IS INTENDED AS A QUICK GUIDE. PLEASE REFER TO SECTION 11.2 FOR FULL EXPOSURE PROCEDURES.

¹ Students are responsible for costs associated with the emergency room visit, post-exposure evaluation, prophylaxis, and/or any follow-up tests.