

SRM Safety and Risk Management 31 Center St Oneonta, NY 13820 Office: 607-441-5340 Fax: 607-441-5542

### Memo to: ONC BOCES Personnel

## FROM: Joshua M. Reiss, Safety-Risk Officer/Program Coordinator

### **Re:** Hepatitis B (HBV) Vaccines

As per ONC BOCES Board Policy #7025.1, "Employees in Categories I and II below will be offered preventative vaccines at the expense of the employer. Category III employees are **not** covered under the standards."

**CATEGORY I:** School nurses, nurse's aides. Certain special education teachers and assistants for preschool, moderately and severely handicapped. Occupational education teachers in the areas of nursing or dental assistance. Employees named by the Board of Education to render first aid and medical assistance.

**CATEGORY II:** Certain special education teachers and LTA's, special education counselors, special education supervisors, custodians, coaches, trainers and bus drivers.

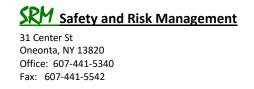
**CATEGORY III:** All remaining school personnel.

If you are a Category I or II employee, and have been identified as a potential at-risk individual under the BOCES Blood-borne Pathogens policy, please indicate on the attached *STATEMENT OF EMPLOYEE'S DECISION* whether you wish to **receive or** 

**decline** the series of three (3) immunizations to protect you from Hepatitis B (HBV) virus, *sign and return to the Safety Risk office no later than September 16<sup>th</sup> of the current year.* There is no cost to Category I or II employees of the Otsego Northern Catskills BOCES. Again, you are reminded that our office needs the forms returned indicating your decision. If you decline, you may elect to receive this vaccine at a later date by submitting a request in writing, and it will be provided at no charge. Also, the injections are a series of three and you must receive all three to be properly protected. The immunizations will be available through the Bassett Healthcare Network, Family Practices in Stamford and Oneonta this year.

# It is your responsibility to follow up with your supervisor for budgeting purposes.





#### STATEMENT OF EMPLOYEE'S DECISION RE: HEPATITIS B VACCINE School Year

I have read or have had explained to me the information set forth on the attached document associated with the risks and benefits of the *Hepatitis B Vaccine*. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the Hepatitis B vaccine.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself under Category I or II.



At this time, I choose to RECEIVE the vaccine.

At this time, I choose to DECLINE the offered Hepatitis B vaccine. Instead, I would like to have the blood test for existing antibody/immunity to Hepatitis B at my cost and understand that

if the blood test shows that I do not already have immunity to Hepatitis B, that I am entitled to

receive the vaccine at any time in the future, under Category I or II at my employer's expense.

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 under Category I or II at no charge to me.

My Supervisor's Name and Phone Number:\_

My Current Position/Location\_

### PLEASE PRINT:

Last Name	First	MI	
Street Address	City	ST	Zip Code
County	Phone number where I can be reached from 8-3:30, M-F		