

HEPATITIS B VACCINE GUIDANCE PROGRAM DOCUMENT



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1. Introduction

This document provides guidance to all principal investigators, supervisors, laboratory and non-laboratory staff, and department administrators on how to ensure personnel with the potential for occupational exposure to bloodborne pathogens are offered and provided with the Hepatitis B vaccine. This document outlines the necessary steps to receive, accept, and/or decline the offer for Hepatitis B vaccination.

2. Hepatitis B and the Hepatitis B vaccine

Hepatitis B is a vaccine-preventable liver infection caused by the hepatitis B virus (HBV). Hepatitis B is spread when blood, body fluids, or other potentially infectious materials (OPIM) enters the body of someone who is susceptible. This can happen through a splash to the mucous membranes (eyes, nose, and mouth), needlesticks, or cuts through the skin.

Not all people newly infected with HBV will have symptoms, but for those that do, symptoms can include fatigue, poor appetite, stomach pain, nausea, and jaundice. For many people, hepatitis B is a short-term illness. For others, it can become a long-term, chronic infection that can lead to serious and even life-threatening health issues like cirrhosis or liver cancer.

The Hepatitis B vaccination regimen typically consists of a sequence of three injections administered over a specified timeframe. While there is some flexibility in the schedule, certain minimum intervals between doses must be adhered to:

- A minimum of four weeks should elapse between the first and second doses.
- There should be a minimum gap of eight weeks between the second and third doses.
- A minimum of 16 weeks should pass between the first and third doses.

At UCR, an alternative option is available: the 2-dose series of the Heplisav-B® (HepB-CpG) Vaccine. This particular vaccine will be administered at our third-party Occupational Health Clinic, following this schedule:

- Two doses should be given with a minimum interval of at least 4 weeks between them.

For more details on this vaccination schedule, you can refer to the following link below:

<https://www.heplisavb.com/why-heplisav-b/>

Additional information about the vaccine can be obtained through the health care provider.

3. Roles and Responsibilities

a. Principal Investigators/Supervisors

The Principal Investigator (PI) or Supervisor is responsible for ensuring that all personnel are aware of all hazard risks in the work environment and receive the appropriate trainings to mitigate these risks. PIs should update and certify their Laboratory Hazard Assessments at <https://ehs.ucop.edu> on an annual basis or when laboratory hazards or personnel changes. Supervisors should ensure that non-laboratory staff complete all required training.

b. Personnel

Laboratory and non-laboratory personnel, including PIs and supervisors, who have the potential for occupational exposure to bloodborne pathogens are responsible for ensuring that they are up to date with all required safety trainings, including Bloodborne Pathogens Online, through the UC Learning Center (<https://ucrllearning.ucr.edu/>). Personnel who have the potential for occupational exposure include:

- Laboratory personnel working with human derived materials
- Police and first responders
- Childcare services providers
- Student Recreation personnel
- Clinicians and medical care providers

c. Biosafety Officer(s)

The Biosafety Officer(s), is a person who is qualified by training and/or experience to evaluate hazards associated with laboratory procedures involving Blood Borne Pathogens, who is knowledgeable about the facility biosafety plan, and who is authorized by the employer to establish and implement effective control measures for laboratory biological hazards.

d. Environmental Health and Safety (EH&S)

EH&S provides funding to cover the costs of the Hepatitis B vaccine for all employees who have the potential for occupational exposure to bloodborne pathogens and requests the vaccine.

e. Occupational Health Coordinator

The Occupational Health Coordinator (OHC) is responsible for developing and coordinating occupational health programs to ensure the health and welfare of the campus community and to achieve compliance with applicable local, state, and federal laws, rules, and regulations for the University’s Occupational Health programs. The OHC reviews all requests for the Hepatitis B vaccine and provides guidance on how to obtain the vaccine, including referrals, as appropriate.

4. Contact Information

Name	Program	Phone Number	Email
Julian Corral	Occupational Health Coordinator	951-827-5170	Julianc@ucr.edu
Karla Hill	Occupational Health Director	951-827-5170	karlah@ucr.edu
Environmental Health & Safety Occupational Health		951-827-5528	ehsocchealth@ucr.edu
Tran Phan	Biosafety Officer/High Containment Lab Director	951-827-4246	tran.phan@ucr.edu
Tiffany Kwok	Research Safety Programs Manager	951-827-4244	tiffany.kwok@ucr.edu
Environmental Health & Safety Biosafety Group	https://ehs.ucr.edu/laboratory/biosafety	951-827-5528	ehsbiosafety@ucr.edu

5. Bloodborne Pathogens Training & Hepatitis B Vaccination Offer

Individuals with the potential for occupational exposure to bloodborne pathogens are required to take the **Bloodborne Pathogens Online** course (course code RI-ESECO0004-UCL0L0016) through the [UC Learning Center](#).

The Hepatitis B vaccination offer is incorporated within the Bloodborne Pathogens training course. Prior to completion of the training course, personnel will be re-directed to the Hepatitis B vaccine offer. Individuals must complete this portion before they are allowed to complete the training and receive credit for the Bloodborne Pathogens Online course.

Since Bloodborne Pathogens training is required annually, personnel will be presented with the vaccination offer on an annual basis.

6. How to Accept or Decline the Hepatitis B Vaccination Offer

Personnel will be directed to the first page of the Hepatitis B vaccine offer. In which they will select from the following options:

- A. Personnel can select from a list of language options at the top right of the page.
- B. Personnel can select from one of the 4 options below:
 - 1) "I would like to receive the Hepatitis B vaccine at no cost to me."
 - 2) "I would like to have a blood sample drawn for an antibody titer at no cost to me."
 - 3) "I have already been immunized against the Hepatitis B virus." This option is appropriate for individuals who have already accepted the vaccine or have been vaccinated elsewhere.
 - 4) "I do not wish to receive the Hepatitis B vaccine at this time. I have previously declined the Hepatitis B vaccination but now request the vaccine." if they have previously declined the vaccine but would like to receive the vaccine now.

English ▼

A



Hepatitis B Vaccination Declaration/Declination

UC Riverside provides free Hepatitis B vaccination to its employees who may come into contact with human materials such as blood, blood products, body fluids, tissues, cell lines, or other potentially infectious material (OPIM) during their job responsibilities. It is mandatory for employers to inform "at-risk" employees of their right to be vaccinated, even though vaccination remains optional. However, employers must confirm that employees have been notified of this right.

Please select **one** option:

B

I would like to receive the Hepatitis B vaccine at no cost to me.	<input type="radio"/>
I would like to have a blood sample drawn for an antibody titer at no cost to me.	<input type="radio"/>
I have already been immunized against the Hepatitis B virus.	<input type="radio"/>
I do not wish to receive the Hepatitis B vaccine at this time.	<input type="radio"/>

Next

B - OPTION 1 If personnel, select option 1. I would like to receive the Hepatitis B Vaccine at no cost to me.



Hepatitis B Vaccination Declaration/Declination

UC Riverside provides free Hepatitis B vaccination to its employees who may come into contact with human materials such as blood, blood products, body fluids, tissues, cell lines, or other potentially infectious material (OPIM) during their job responsibilities. It is mandatory for employers to inform "at-risk" employees of their right to be vaccinated, even though vaccination remains optional. However, employers must confirm that employees have been notified of this right.

Please select **one** option:

I would like to receive the Hepatitis B vaccine at no cost to me.	<input checked="" type="radio"/>
I would like to have a blood sample drawn for an antibody titer at no cost to me.	<input type="radio"/>
I have already been immunized against the Hepatitis B virus.	<input type="radio"/>
I do not wish to receive the Hepatitis B vaccine at this time.	<input type="radio"/>

Next

- Please proceed by selecting "Next," and you will be directed to the subsequent page where your date of birth will be required to generate the referral for the Hepatitis B vaccine.

English ▼

Please provide your birthdate to generate a clinic referral.

Previous

Next

- Provide date of birth and proceed by selecting "Next," and you will be directed to the subsequent page where individuals will be asked to fill out their contact information and their supervisor's name.

Fill in the following information to confirm completion of the form and return to Bloodborne Pathogens training.

Please provide your employee ID. Your EIN can be found in your Dashboard on the UCPATH website: ucpath.universityofcalifornia.edu or If you are a student provide student ID number.

First Name

Last Name

Net ID

UCR Employee/Student ID Number

UCR Email

Supervisor's Name

Supervisor's Email

Departments Name

Previous

Next

- Proceed by selecting "Next." Upon submission, individuals will receive a confirmation screen.

We appreciate your submission of the Hepatitis B Vaccination Declaration/Declination Form.

Your response has been received and recorded.

Should you have any questions or require further assistance, please don't hesitate to reach out to the Occupational Health Coordinator at ehsochealth@ucr.edu or call at (951) 827-5170.

We will guide you through the process of receiving a referral and provide instructions for obtaining services at one of the designated occupational health clinics.

It's important to note that all referrals will adhere to the end dates specified in the UCR contract agreements. When seeking services, remember to bring your UCR ID for verification.

Additionally, please proceed with the Bloodborne Pathogens Training to complete the eCourse.

- Individuals will receive an email from EH&S Occupational Health with a copy of their vaccine request. The Occupational Health Coordinator will review the request and contact the individual to direct them to the appropriate location to receive the vaccine. Locations will be off campus.

Attention - Individuals will then be asked to return to the Bloodborne Pathogens Online training to complete the course and receive credit for the training.

Vaccination

Hepatitis B Vaccination

All UCR participants must complete the form. Please click this button to begin.

You may elect to decline the vaccine.



B - OPTION 2 If personnel select option 2. I would like to have a blood sample drawn for an antibody titer at no cost to me.



Hepatitis B Vaccination Declaration/Declination

UC Riverside provides free Hepatitis B vaccination to its employees who may come into contact with human materials such as blood, blood products, body fluids, tissues, cell lines, or other potentially infectious material (OPIM) during their job responsibilities. It is mandatory for employers to inform "at-risk" employees of their right to be vaccinated, even though vaccination remains optional. However, employers must confirm that employees have been notified of this right.

Please select **one** option:

I would like to receive the Hepatitis B vaccine at no cost to me.	<input type="radio"/>
I would like to have a blood sample drawn for an antibody titer at no cost to me.	<input checked="" type="radio"/>
I have already been immunized against the Hepatitis B virus.	<input type="radio"/>
I do not wish to receive the Hepatitis B vaccine at this time.	<input type="radio"/>

Next

- Please proceed by selecting "Next," and you will be directed to the subsequent page where your date of birth will be required to generate the referral for the Hepatitis B vaccine.

Please provide your birthdate to generate a clinic referral.

Previous

Next

- Provide date of birth and proceed by selecting "Next," and you will be directed to the subsequent page where individuals will be asked to fill out their contact information and their supervisor's name.

Fill in the following information to confirm completion of the form and return to Bloodborne Pathogens training.

Please provide your employee ID. Your EIN can be found in your Dashboard on the UCPATH

website: ucpath.universityofcalifornia.edu or If you are a student provide student ID number.

First Name

Last Name

Net ID

UCR Employee/Student ID Number

UCR Email

Supervisor's Name

Supervisor's Email

Departments Name

Previous

Next

- Proceed by selecting "Next." Upon submission, individuals will receive a confirmation screen.

We appreciate your submission of the Hepatitis B Vaccination Declaration/Declination Form.

Your response has been received and recorded.

Should you have any questions or require further assistance, please don't hesitate to reach out to the Occupational Health Coordinator at ehsochealth@ucr.edu or call at (951) 827-5170.

We will guide you through the process of receiving a referral and provide instructions for obtaining services at one of the designated occupational health clinics.

It's important to note that all referrals will adhere to the end dates specified in the UCR contract agreements. When seeking services, remember to bring your UCR ID for verification.

Additionally, please proceed with the Bloodborne Pathogens Training to complete the eCourse.

- Individuals will receive an email from EH&S Occupational Health with a copy of their vaccine request. The Occupational Health Coordinator will review the request and contact the individual to direct them to the appropriate location to receive the vaccine. Locations will be off campus.

Attention - Individuals will then be asked to return to the Bloodborne Pathogens Online training to complete the course and receive credit for the training.

Vaccination

Hepatitis B Vaccination

All UCR participants must complete the form. Please click this button to begin.

You may elect to decline the vaccine.



B- OPTION 3

If personnel select option 3, I have already been immunized against the Hepatitis B virus is selected.



Hepatitis B Vaccination Declaration/Declination

UC Riverside provides free Hepatitis B vaccination to its employees who may come into contact with human materials such as blood, blood products, body fluids, tissues, cell lines, or other potentially infectious material (OPIM) during their job responsibilities. It is mandatory for employers to inform "at-risk" employees of their right to be vaccinated, even though vaccination remains optional. However, employers must confirm that employees have been notified of this right.

Please select **one** option:

I would like to receive the Hepatitis B vaccine at no cost to me.	<input type="radio"/>
I would like to have a blood sample drawn for an antibody titer at no cost to me.	<input type="radio"/>
I have already been immunized against the Hepatitis B virus.	<input checked="" type="radio"/>
I do not wish to receive the Hepatitis B vaccine at this time.	<input type="radio"/>

Next

- Proceed by selecting "Next," and you will be directed to the subsequent page where individuals will be asked to fill out their contact information and their supervisor's name.

Fill in the following information to confirm completion of the form and return to Bloodborne Pathogens training. Please provide your employee ID. Your EIN can be found in your Dashboard on the UCPATH website: ucpath.universityofcalifornia.edu or If you are a student provide student ID number.

First Name

Last Name

Net ID

UCR Employee/Student ID Number

UCR Email

Supervisor's Name

Supervisor's Email

Departments Name

Previous

Next

- Proceed by selecting "Next." Upon submission, individuals will receive a confirmation screen. Once submitted, individuals will receive a confirmation screen.

We appreciate your submission of the Hepatitis B Vaccination Declaration/Declination Form.

Your response has been received and recorded.

Should you have any questions or require further assistance, please don't hesitate to reach out to the Occupational Health Coordinator at ehsocchealth@ucr.edu or call at (951) 827-5170.

We will guide you through the process of receiving a referral and provide instructions for obtaining services at one of the designated occupational health clinics.

It's important to note that all referrals will adhere to the end dates specified in the UCR contract agreements. When seeking services, remember to bring your UCR ID for verification.

Additionally, please proceed with the Bloodborne Pathogens Training to complete the eCourse.

- Individuals will receive an email from EH&S Occupational Health with a copy of their vaccine request.

Attention - Individuals will then be asked to return to the Bloodborne Pathogens Online training to complete the course and receive credit for the training.

Bloodborne Pathogens Resources | Exit

Vaccination

Hepatitis B Vaccination

All UCR participants must complete the form. Please click this button to begin.

You may elect to decline the vaccine.

UNIVERSITY OF CALIFORNIA
Hepatitis B Vaccine Declaration

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 me; however, I decline hepatitis B vaccination at this time. 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 at no charge to me.

Signature _____ Date _____

Print Name _____

Obtain or decline the vaccination
[Learn more >>](#)

B – OPTION 4

If personnel select option 4, I do not wish to receive the Hepatitis B vaccine at this time.



Hepatitis B Vaccination Declaration/Declination

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Please select **one** option:

I would like to receive the Hepatitis B vaccine at no cost to me.	<input type="radio"/>
I would like to have a blood sample drawn for an antibody titer at no cost to me.	<input type="radio"/>
I have already been immunized against the Hepatitis B virus.	<input type="radio"/>
I do not wish to receive the Hepatitis B vaccine at this time.	<input checked="" type="radio"/>

Next

- Proceed by selecting "Next," and you will be directed to the subsequent page where individuals will be asked to fill out their contact information and their supervisor's name.

Fill in the following information to confirm completion of the form and return to Bloodborne Pathogens training. Please provide your employee ID. Your EIN can be found in your Dashboard on the UCPATH website: ucpath.universityofcalifornia.edu or If you are a student provide student ID number.

First Name

Last Name

Net ID

UCR Employee/Student ID Number

UCR Email

Supervisor's Name

Supervisor's Email

Departments Name

Previous

Next

- Proceed by selecting "Next." and confirm declination with your initials.

Confirm Declination

If you choose to decline the Hepatitis B vaccine at this time, please read and initial the following statement:

**TITLE 8: GENERAL INDUSTRY SAFETY ORDERS, SECTION 5193
BLOODBORNE PATHOGENS/SHARPS INJURY PREVENTION:**

As per subsection (f)(2)(D), the employer requires employees who decline the hepatitis B vaccination to sign the following statement:
I understand that my occupational exposure to blood or body fluids puts me at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I acknowledge that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If I have continued occupational exposure to blood or body fluids in the future and decide to receive the Hepatitis B vaccine, I can obtain the vaccination series at no charge to me.

Please initial this statement to indicate your understanding and agreement



Previous

Next



- Once submitted, individuals will receive a confirmation screen.

We appreciate your submission of the Hepatitis B Vaccination Declaration/Declination Form. Your response has been received and recorded.

Should you have any questions or require further assistance, please don't hesitate to reach out to the Occupational Health Coordinator at ehsocchealth@ucr.edu or call at (951) 827-5170.

We will guide you through the process of receiving a referral and provide instructions for obtaining services at one of the designated occupational health clinics. It's important to note that all referrals will adhere to the end dates specified in the UCR contract agreements. When seeking services, remember to bring your UCR ID for verification.

Additionally, please proceed with the Bloodborne Pathogens Training to complete the eCourse.

Attention - Individuals will then be asked to return to the Bloodborne Pathogens Online training to complete the course and receive credit for the training.

Vaccination

Hepatitis B Vaccination

All UCR participants must complete the form. Please click this button to begin.

You may elect to decline the vaccine.

