



**SPOON
RIVER
COLLEGE**

Department of Nursing
23235 N. Co. 22
Canton, IL 61520
Ph: (309) 649-6227
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NURSING

HEPATITIS B VACCINATION INFORMATION

Hepatitis B vaccine is used to protect individuals from Hepatitis B virus (HBV) infection acquired on the job is usually the result of a needle stick or an accident involving sharps, and other hospital procedures associated with exposure to the virus including phlebotomy, intravenous line placement, bronchoscopy, intubation and airway suctioning. Hepatitis B vaccine is a method of preventing HBV infection.

All Spoon River College nursing students working in hospital areas that involve direct patient contact with blood products or patient care items are urged to receive the Hepatitis B vaccine on a voluntary basis. The vaccine is given in a series of three injections over a six-month period. Vaccine is available at county health departments and private physician's offices.

General Policy

- The vaccine is recommended, but voluntary.
- Students who do not wish to receive this vaccine must sign a waiver stating that he/she has been informed about the risk of Hepatitis B virus infection, but refuses to be vaccinated against it.
- Students who have had a prior proven Hepatitis B infection, pregnant women or students who may be asked to have a screening test for antibody to the Hepatitis B antigen to determine the need for vaccination.
- Students who are unsure about a previous personal history of Hepatitis B infection may be asked to have a screening test for antibody to the Hepatitis B antigen to determine the need for vaccination.
- Hepatitis B vaccine is for protection only from Hepatitis B infection. Other hepatitis virus infection may still occur. Consequently, all needle sticks and other possible infection exposure problems must be reported.
- Hepatitis B vaccine does not protect individuals from Human Immunodeficiency Virus (HIV) infections. Following universal blood and fluid precautions (barrier protection, safety guidelines and needle precaution) will minimize the risk of HIV infection, as well as HBV. Note: the transmission of Hepatitis B Virus (HBV) is much more probable than transmission of Human Immunodeficiency Virus (HIV).

SPOON RIVER COLLEGE
Department of Nursing
Hepatitis B Vaccination Record

Name: _____

Address: _____

Telephone #: _____

Clinical sites utilized by Spoon River College require health occupation students show proof of either receiving the series of three Hepatitis B vaccine immunizations or sign a waiver indicating that the student has chosen to not receive the vaccination series at this time. If the series of three Hepatitis B vaccine immunizations are not complete, the waiver must be signed.

1. I have elected to receive the Hepatitis B vaccination series:

Dates: 1st vaccine _____ 2nd vaccine _____ 3rd vaccine _____

OR

2. Waiver signed & attached: Yes _____ No _____

SPOON RIVER COLLEGE
Department of Nursing
Student Waiver of Hepatitis B Vaccination

I, _____, a student Spoon River College, Canton or Macomb, Illinois, have been informed by the college nursing administration, faculty and/or staff that it is recommended that I receive the Hepatitis B vaccine for Hepatitis B virus infection. I am aware of the risks involved by not receiving such Hepatitis B vaccine, but choose not to take the vaccination or have it totally completed at this time.

Signature: _____

Witness: _____

Date: _____

PLEASE RETURN TO:
Department of Nursing
Spoon River College
23235 N. Co. 22
Canton, IL 61520