

STUDENT BLOODBORNE PATHOGENS GUIDELINES

1. On the first day of class students will receive information concerning the recommendation of West Kentucky Community and Technical College that each student receive the Hepatitis B vaccine. They will be informed of the benefits and the risks of the vaccine. The student will provide evidence of vaccination or sign a declination form.
2. Students will participate in a bloodborne pathogens training session during class time and will sign a form indicating completion.
3. A list will be provided to the clinical facilities, which contains those students who have signed a declination statement. Documentation of students receiving the vaccine (name and date of vaccination) will also be provided.

COMMUNITY COLLEGE SYSTEM HEPATITIS B REQUIREMENT

The Community College System has the following requirement:

After admission and prior to enrollment in an allied health, early childhood or nursing program, each student must show evidence that he/she:

- a) has received Hepatitis B vaccination, or
- b) is in the process of receiving the Hepatitis B vaccine series

A signed declination form must be submitted if a student chooses not to receive the Hepatitis B vaccination.

APPENDIX A

West Kentucky Community and Technical College
BLOODBORNE PATHOGENS INSTRUCTIONAL SESSION

Faculty/Staff/Student

I attended the instructional session on bloodborne pathogens on
(date and time) _____

taught by _____

I understand the regulatory text (Title 29 CFR 1910.1030) and West Kentucky Community and Technical College OSHA Infection Control Compliance Plan is available in West Kentucky Community and Technical College Policy Manual and also in the following areas: Maintenance and Operations, Personnel, Dean of Academic Affairs Office, Library, and the Nursing Coordinator's Office.

I understand the symptoms of bloodborne diseases and the modes of transmission of bloodborne pathogens. An explanation was given on the exposure control plan and appropriate engineering controls, work practices, and personal protective equipment I need on my job or in the instructional area.

I understand how to locate, use, remove, decontaminate and/or dispose of appropriate personal protective equipment for the tasks that I do.

I have received information on the hepatitis B vaccine and understand my options for taking the vaccine. I understand the signs and labels used to identify biohazardous materials.

NAME (PLEASE PRINT)

SIGNATURE

DEPARTMENT

APPENDIX D

WEST KENTUCKY COMMUNITY AND TECHNICAL COLLEGE

INFECTION CONTROL PROGRAM

STATEMENT OF UNDERSTANDING UNIVERSAL PRECAUTIONS HEPATITIS B VACCINE

STUDENT

NAME: _____

SOCIAL SECURITY NUMBER: _____

- I acknowledge that I have been informed of the Occupational Safety and Health Administration (OSHA) Standard on bloodborne pathogens that makes universal precautions mandatory in all healthcare settings.

Student's Signature: _____

- Hepatitis B Vaccination Declination:

I understand that due to my clinical exposure to blood or other potentially infectious materials during my training program I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been informed that West Kentucky Community and Technical College recommends that I take the hepatitis B vaccination prior to entering clinical training. I understand that by declining this recommendation to take the hepatitis B vaccine I will be at risk of acquiring hepatitis B, a serious disease. I understand that if, in the future, I want to be vaccinated I can take the vaccine series at any time. If I choose to do this I will furnish, West Kentucky Community and Technical College with proof of vaccination within 10 days of taking the vaccination.

Student's Signature: _____

-OR-

- I had the hepatitis B vaccination on and have submitted proof of vaccination to West Kentucky Community and Technical College (documentation attached).

Student's Signature: _____

Date Signed: _____

TO BE SIGNED BY LEGAL GUARDIAN IF STUDENT IS A MINOR.

As the legal guardian of the above named student, I understand and agree to the above conditions for enrollment.

Guardian's Signature: _____

Date Signed: _____