



Dear Staff Member:

The Occupational Safety and Health Administration (OSHA) passed regulations in December of 1991 concerning occupational exposure to bloodborne pathogens such as Hepatitis B (HBV) and human immunodeficiency virus (HIV). This set of regulations has been established to protect all American workers from the health hazards related to exposure to blood or other potentially infectious materials.

OSHA's rule applies to all employees occupationally exposed to blood or other potentially infectious materials. "Occupational exposure" means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or body fluids containing blood while performing job duties.

Training will be conducted at camp and information provided on this topic. However, one part of the OSHA standard must be dealt with by you directly now. All occupationally exposed employees must be **offered** the Hepatitis B vaccination series. The vaccination is a series of three shots, to be given at 0, 1, and 6 months. Costs in some areas range from \$100 to \$400 per person for the series. In your position at camp, you may deal with the possibility of exposure. Therefore, you are given the option of obtaining the Hepatitis B vaccination series. As the camp season is only two months long, for continuity purposes, it would be wise for you to begin the series of vaccinations with your own physician. Any shot of this series received **during employment** at camp will be paid for by Camp Nejedada.

This vaccination, as stated above, is optional. If you do not wish to receive the vaccinations at this time, we are required to receive a signed statement from you so indication. A copy of that statement is on the back of this form. Please sign and return the statement to us before or upon arrival at camp if you do not plan to receive the inoculations. If you have already had the series, please so indicate on the statement enclosed.

Whether you choose to be vaccinated or not, please continue to follow all rules of safety in you work practices, which includes the wearing of personal protective equipment such as gloves when helping with others' blood testing or any other possible risk condition.

By Order of the Medical Committee

To: CAMP NEJEDA

FROM: _____

- 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. 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 while in the employ of Camp Nejedada and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Please check one box, sign below, and return before camp.

- I have received the Hepatitis B vaccination.
- I have not received the Hepatitis B vaccination, and decline to do so.
- I have not received the Hepatitis B vaccination, and wish to.

Signed _____ Date _____