



HEPATITIS B VACCINE GUIDANCE PROGRAM

A practical guide for completing the UCR Hepatitis B vaccination offer



Purpose

This guide explains who is included in the program, the three response options, how to complete the Hepatitis B Declaration/Declination Form, and what happens after submission.

1. Program Overview

UC Riverside provides Hepatitis B prevention services for personnel with potential occupational exposure to blood, blood products, body fluids, human tissues, cell lines, or other potentially infectious materials (OPIM). Personnel complete the required Bloodborne Pathogens process and indicate whether they want vaccination, Occupational Health review, or to decline vaccination.

Three choices

1. Receive the Hepatitis B vaccination series, if medically appropriate.
2. Ask Occupational Health to review your records and determine whether an anti-HBs blood test (titer) is appropriate.
3. Decline the Hepatitis B vaccination at this time.

2. About Hepatitis B

Hepatitis B is a vaccine-preventable liver infection caused by the hepatitis B virus (HBV). Occupational exposure can occur through needlesticks, cuts or breaks in the skin, or splashes to the eyes, nose, or mouth. Some infections cause no symptoms; others may cause fatigue, poor appetite, stomach pain, nausea, or jaundice. Chronic infection can lead to serious liver disease.

Vaccine schedules described in the current UCR guidance

The vaccine schedule depends on the vaccine product and the individual's vaccination history. The healthcare provider will determine the medically appropriate vaccine and schedule.

- **Traditional 3-dose series:** At least 4 weeks between doses 1 and 2; at least 8 weeks between doses 2 and 3; and at least 16 weeks between doses 1 and 3.
- **Heplisav-B® 2-dose series:** Two doses administered at least 4 weeks apart.
- **Hepatitis B Surface Antibody (anti-HBs) Titer**
- An **anti-HBs titer** is a blood test that measures antibodies to hepatitis B surface antigen and can be used to document immunity following Hepatitis B vaccination.
- UCR Occupational Health may recommend an anti-HBs titer when clinically appropriate based on the individual's vaccination history, available records, occupational exposure, and other relevant information.
- **If a titer is recommended:**
 - ❖ Occupational Health will provide instructions for completing the blood test.
 - ❖ The individual completes the test at the designated clinic or laboratory.
 - ❖ The occupational health physician reviews the laboratory results.
 - ❖ If the result documents immunity, Occupational Health records the result as documentation of Hepatitis B immunity.
 - ❖ If the result does **not** demonstrate adequate immunity, Occupational Health will review the individual's vaccination history and determine whether additional vaccination, repeat testing, or other clinical follow-up is appropriate.
- **Already have a Hepatitis B titer result?**
Provide the official laboratory report to Occupational Health for review. Documentation should include the actual laboratory result rather than only a statement that the individual is "immune."
- **Important:** An anti-HBs titer is **not automatically required for everyone** who completes the Hepatitis B form. Selecting the Occupational Health review option allows Occupational Health to review the

individual's vaccination history and documentation and determine whether a titer or other follow-up is appropriate. The clinical review is completed by one of UCR's contracted occupational health providers, either UCI Center for Occupational and Environmental Health (UCI COEH) or Riverside Medical Clinic (RMC).

3. Who Is Included

Examples of personnel identified in the current UCR guidance include:

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

4. Roles and Responsibilities

Role	Responsibility
PI / Supervisor	Identify hazards, ensure personnel understand exposure risks, maintain applicable hazard assessments, and ensure required training is completed.
Personnel	Complete required Bloodborne Pathogens training and respond to the Hepatitis B vaccination offer.
Biosafety	Evaluate biological hazards and support appropriate exposure-control measures.
Occupational Health	Review requests, coordinate eligible services, and provide referral or follow-up instructions.

5. Bloodborne Pathogens Training and Vaccination Offer

Individuals with potential occupational exposure complete the Bloodborne Pathogens Online course through the UC Learning Center. The current guidance lists course code RI-ESECO0004-UCL0L0016. The Hepatitis B vaccination offer is part of this process and is presented annually with the required training.

6. Receive the Hepatitis B Form Link

After completing the Bloodborne Pathogens training, individuals will receive a Google Form link to access the [Hepatitis B Vaccination Form](#).

7. Start the Hepatitis B Form

The form first explains the UCR Hepatitis B vaccination program and the available choices. Read the information before continuing.



Hepatitis B vaccination

Declaration / Declination of Hepatitis B Vaccination

The University of California, Riverside (UCR) provides the Hepatitis B vaccination series at no cost to employees whose job duties involve occupational exposure to blood, blood products, body fluids, human tissues, cell lines, or other potentially infectious materials (OPIM).

In accordance with the **California Code of Regulations, Title 8, Section 5193 (Bloodborne Pathogens)**, employers are required to make the Hepatitis B vaccination available to employees with occupational exposure and to inform them of their right to receive the vaccination. While the University is required to offer the vaccine, acceptance of the vaccination is voluntary.

As part of its Occupational Health Program, **UCR may also offer a Hepatitis B surface antibody (anti-HBs) blood test (titer)** when clinically appropriate to determine whether an employee has documented immunity to Hepatitis B. This laboratory test is an additional clinical service provided by Occupational Health and **is not required by the Cal/OSHA Bloodborne Pathogens Standard**.

As part of this process, you must acknowledge that you have been informed of your right to receive the Hepatitis B vaccination and indicate your preference below.

- **Receive the Hepatitis B vaccination series**, if medically appropriate.
- **Request an Occupational Health review** to determine whether an anti-HBs blood test (titer) is appropriate based on your vaccination history or documentation of immunity.
- **Decline the Hepatitis B vaccination** by completing the required declination statement below. If you initially decline the vaccination, you may request and receive the Hepatitis B vaccination at no cost at a later date, provided you continue to have occupational exposure, as required by **Title 8, CCR §519**.

This acknowledgment documents that you have been informed of your rights under the **Cal/OSHA Bloodborne Pathogens Standard (Title 8, CCR §5193)** and the Hepatitis B prevention services available through the UCR Occupational Health Program.

Please enter your UCR email below.

The form introduction explains the vaccination offer, optional Occupational Health review, and declination rights.

Step 1. Enter your identifying information

Enter your UCR email address, last name, first name, and UCR NetID or other requested identifier. Then select the Hepatitis B option that applies to you.

Please enter your UCR email below.

* Indicates required question

Email *

Your email

Last Name *

Your answer

First Name *

Your answer

UCR NetID

- **Employees:** Type the UCR Net ID (e.g., jducut001) or Your employee information number (EIN) can be found in your Dashboard on the [UCPath website](#)
- **Students:** Provide your student ID number or your UCR NetID is what you use to login to RWeb or register for classes (e.g., jducut001)

Your answer

Hepatitis B vaccination or Titer *

Which option best describes your preference?

☐ I would like to receive the Hepatitis B vaccination series, if medically appropriate.

☐ I want Occupational Health to review my records and determine whether an anti-Hepatitis B is appropriate

☐ I decline the Hepatitis B vaccination at this time.

Next

Clear form

Choose carefully

Option 1: Request vaccination.

Option 2: Request Occupational Health review to determine whether an anti-HBs blood test (titer) is appropriate.

Option 3: Decline vaccination at this time.

Step 2. Provide contact and department information

Enter the best phone number for clinical scheduling or follow-up, your supervisor or PI, and your department.

About you

Please provide your University affiliation and contact information. Include the best * phone number for the clinic to reach you if scheduling or follow-up for a clinical appointment is needed.

Your answer 

Supervisor

- **Employees:** Enter your supervisor's name
- **Students:** Please enter the name of your Principal Investigator (PI), faculty advisor, counselor, or team lead who supervises your work or academic activities.

Your answer 

Department

Your answer 

Step 3. Select your University affiliation

Choose the affiliation that best describes the activity requiring Bloodborne Pathogens training.

University affiliation *

Which option best describes your current affiliation for the activity requiring Bloodborne Pathogens training?

- ☐ UCR employee or paid UCR student employee — Includes faculty, staff, Graduate Student Researchers, and other individuals paid by UCR for this activity.
- ☐ UCR student participating in unpaid research or laboratory activities — The research activity is not part of paid UCR employment.
- ☐ UCR student participating in an unpaid academic, clinical, or educational activity — Includes coursework, medical school, clinical education, or clinical rotations that are not part of paid UCR employment
- ☐ Volunteer, or unpaid intern participating in research or laboratory
- ☐ Contractor, contingent worker, visiting researcher, or other
- ☐ I am unsure
- ☐ Other: _____

Step 4. Provide Student Health coverage information

Select the response that applies to your health coverage. The current form instructs employees and paid student employees to select the applicable “Not applicable” response.

Student Health coverage *

What type of health insurance do you have? NOTE: Employees and paid student employees should select “Not applicable.”

- ☐ Yes - I am enrolled in U-SHIP or G-SHIP
- ☐ No — I am not enrolled in U-SHIP or G-SHIP
- ☐ Unsure - I do not know whether I am enrolled
- ☐ Not applicable - I am a UCR employee, paid UCR student
- ☐ Not applicable - I am participating in research, volunteer work, or another activity being reviewed by Occupational Health.
- ☐ Other: _____

Step 5. Identify the activity requiring training

Select the role or activity that best explains why you are completing Bloodborne Pathogens training.

Role *

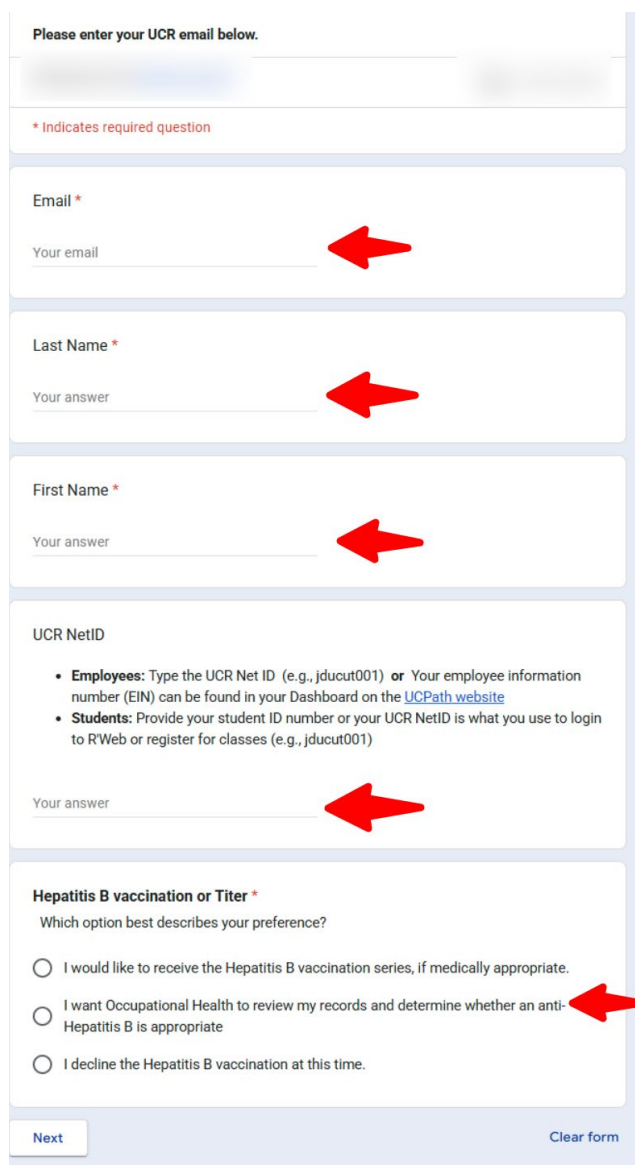
What activity requires you to complete Bloodborne Pathogens training?

- ☐ Research or Laboratory work
- ☐ Patient-care duties performed as part of my paid UCR employment
- ☐ Clinical education or a clinical rotation required by my academic program
- ☐ Academic coursework or another educational program requirement
- ☐ Volunteer or unpaid internship activities
- ☐ Other paid UCR employment duties
- ☐ I was instructed to complete the training, but I am unsure why
- ☐ Other: _____

7. What Each Option Means

Option 1 — Request Hepatitis B vaccination

Select this option if you would like to receive the Hepatitis B vaccination series, if medically appropriate. Complete the common form steps and submit the request. Occupational Health will review the request and provide referral or clinic instructions.



Please enter your UCR email below.

* Indicates required question

Email *

Your email

Last Name *

Your answer

First Name *

Your answer

UCR NetID

- **Employees:** Type the UCR Net ID (e.g., jducut001) or Your employee information number (EIN) can be found in your Dashboard on the [UCPath website](#)
- **Students:** Provide your student ID number or your UCR NetID is what you use to login to RWeb or register for classes (e.g., jducut001)

Your answer

Hepatitis B vaccination or Titer *

Which option best describes your preference?

☐ I would like to receive the Hepatitis B vaccination series, if medically appropriate.

☐ I want Occupational Health to review my records and determine whether an anti-Hepatitis B is appropriate

☐ I decline the Hepatitis B vaccination at this time.

Next

Clear form

Option 1 selection shown on the current form.

Option 2 — Request Occupational Health review

Select this option if you want Occupational Health to review your records and determine whether an anti-HBs blood test (titer) is appropriate. Complete the common form steps and submit the request. Occupational Health will review available information and determine appropriate follow-up.

Please enter your UCR email below.

* Indicates required question

Email *

Your email

Last Name *

Your answer

First Name *

Your answer

UCR NetID

- **Employees:** Type the UCR Net ID (e.g., jducut001) or Your employee information number (EIN) can be found in your Dashboard on the [UCPath website](#)
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Your answer

Hepatitis B vaccination or Titer *

Which option best describes your preference?

☐ I would like to receive the Hepatitis B vaccination series, if medically appropriate.

☐ I want Occupational Health to review my records and determine whether an anti-Hepatitis B is appropriate

☐ I decline the Hepatitis B vaccination at this time.

Next

Clear form

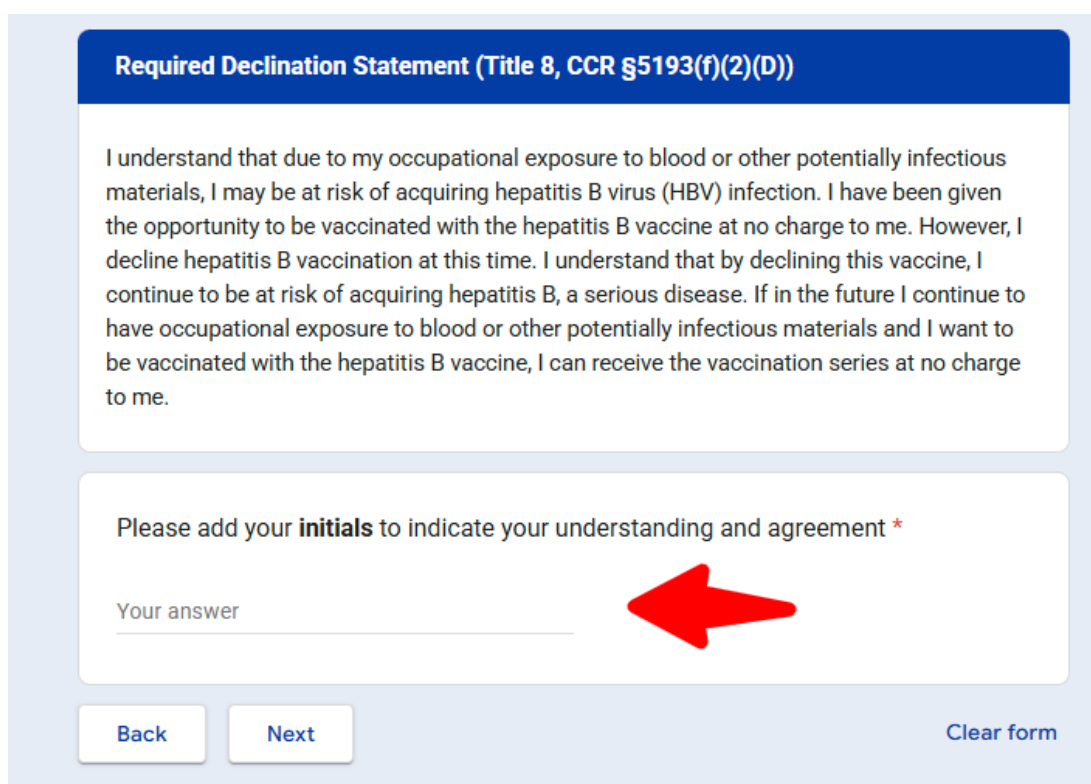
Option 2 selection shown on the current form.

Important

Option 2 requests an Occupational Health review. It does not mean that an anti-HBs blood test is automatically required for every individual.

Option 3 — Decline Hepatitis B vaccination

Select this option if you do not want the Hepatitis B vaccination at this time. The form requires you to review the declination statement and acknowledge it with your initials before continuing.



The screenshot shows a digital form interface. At the top, a blue header bar contains the text "Required Declination Statement (Title 8, CCR §5193(f)(2)(D))". Below this, a white text box contains a paragraph of text: "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 the 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 the hepatitis B vaccine, I can receive the vaccination series at no charge to me." Below the text box, another white box contains the instruction "Please add your **initials** to indicate your understanding and agreement *". Underneath this instruction is a text input field labeled "Your answer". A large red arrow points to this input field. At the bottom of the form, there are three buttons: "Back", "Next", and "Clear form".

Required Declination Statement (Title 8, CCR §5193(f)(2)(D))

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 the 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 the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Please add your **initials** to indicate your understanding and agreement *

Your answer

Back Next Clear form

Required declination statement and acknowledgment field.

If you initially decline vaccination, the current form states that you may request the vaccine later if you continue to have occupational exposure.

8. Submit the Form

Review your responses and select Submit. A confirmation screen will appear after submission.



Hepatitis B vaccination

Thank you for completing the Hepatitis B Vaccination Declaration/Declination Form.

EMPLOYEES

If your declaration indicates that you need the Hepatitis B vaccination series or an anti-HBs blood titer, Occupational Health will provide a referral and instructions for obtaining services through one of UCR's designated occupational health clinics. Please bring your UCR ID to your appointment for identification and verification.

STUDENTS

Students who are enrolled in U-SHIP or G-SHIP and have occupational exposure to bloodborne pathogens as part of their academic program or coursework may receive the Hepatitis B vaccination series and/or an anti-HBs blood titer through Student Health Services. If you are not enrolled in U-SHIP or G-SHIP, please contact Occupational Health at ehsOccHealth@ucr.edu for assistance.

QUESTIONS

If you have any questions or need additional assistance, please contact the Occupational Health Coordinator at ehsOccHealth@ucr.edu or (951) 827-5170.

[Edit your response](#)

[Submit another response](#)

Current form confirmation screen with general routing information.

9. What Happens After Submission

Occupational Health reviews requests that require vaccination or clinical follow-up and provides instructions for the appropriate service location.

Population	Routing described in the current form
Employees / paid student employees	Occupational Health provides referral and service instructions through a designated occupational health clinic when services are indicated.
Students in academic or clinical activities	Students enrolled in U-SHIP or G-SHIP may receive applicable services through Student Health Services. Students without U-SHIP/G-SHIP are instructed to contact Occupational Health for assistance.
Other affiliations	Occupational Health reviews the individual's affiliation and activity to determine appropriate routing.

Quick decision guide

- Want the vaccine?
- Choose Option 1.
- Have vaccination records or want Occupational Health to determine whether a titer is appropriate?
- Choose Option 2.
- Do not want vaccination now?
- Choose Option 3 and complete the declination acknowledgment.

10. Contact Information

Contact	Role / Program	Phone	Email
Occupational Health	EHSRM Occupational Health	951-827-9908	ehsocchealth@ucr.edu
Karla Hill	Occupational Health Director	951-827-5170	karlah@ucr.edu
Julian Corral	Occupational Health Coordinator	951-827-9908	julianc@ucr.edu
Biosafety Group	EHSRM Biosafety	951-827-5528	ehsbiosafety@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
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11. UCR Resources

Occupational Health: <https://ehs.ucr.edu/occupational-health>

Biosafety: <https://ehs.ucr.edu/laboratory/biosafety>

UC Learning Center: <https://ucrllearning.ucr.edu/>

Laboratory Hazard Assessment: <https://ehs.ucop.edu>