

**County of Inyo
Bloodborne Pathogen
Exposure Control Plan**

February 2020

**In the event of an exposure,
notify one of the following immediately:**

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I. PURPOSE

The County of Inyo provides a safe and healthful workplace. This Bloodborne Pathogens (BBP) Exposure Control Plan (ECP) documents the tools, training, and procedures provided to protect County employees from exposure to bloodborne pathogens as well as help them to respond should an exposure or infection occur. Specifically, the purpose of the BBPCP is threefold:

- A. Protect employees from health hazards related to occupational exposure to bloodborne pathogens, including Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV)
- B. Provide appropriate treatment and counseling for employees exposed to such bloodborne pathogens
- C. Comply with regulations, including Title IIX (8), California Code of Regulations, section 5193.

II. GENERAL RESPONSIBILITIES

Both the County and its employees play roles in maintaining a safe work environment and minimizing the risk of BBP infections. These roles can overlap, but the nature of the responsibility can differ. The following general guidelines distinguish the responsibilities.

Employee Responsibilities:

- Complete training/orientation as required
- Follow exposure control plan and universal precautions
- Use safe work practices, obey engineering controls, and use PPE correctly
- Obtain HBV vaccine or sign the declination form
- Report exposure incidents to supervisor and one of the contacts on the title page immediately
- Pursue follow-up care after an exposure
- Practice proper housekeeping
- Report any unsafe conditions to supervisor

Employer Responsibilities:

- Conduct training/orientations as required
- Establish this ECP and make it available to employees
- Provide appropriate PPE, safe work practices, and engineering controls
- Provide HBV vaccination and provide declination form
- Follow-up with employee after a potentially infectious incident
- Ensure worksites are maintained in clean and sanitary conditions
- Record and keep records of exposure incidents (sharp injury log)
- Label potentially infectious containers

III. RESPONSIBILITIES FOR SPECIFIC EMPLOYEES

In addition to general employee responsibilities, the Risk Manager, Department Heads, and Designated Employees have additional and specific responsibilities.

- Risk Manager: The Risk Manager oversees overall implementation, administration, and review. He also serves as County liaison with regulatory officials.
- Department Heads: Each Department Head is responsible for bloodborne pathogen exposure control of employees in their department. They are expected to take the initiative to involve employees on devising ways to increase employee safety.
- Designated Employee: Department Heads of the following departments designate one employee (“Designated Employee”) to be responsible for ECP execution and implementation: Health and Human Services Building and Maintenance, Sheriff/Jail, Probation, and District Attorney. A Designated Employee does the following for/within their department:
 - 1) Immediately notifies Supervising Nurse, Health Officer, or Risk Manager in the event of an employee blood borne pathogen exposure
 - 2) Keeps current on the ECP and required annual refresher training
 - 3) Ensures employees get the training and vaccinations required, especially including new employees and employees whose job tasks have changed
 - 4) Complies with County records retention policy on employee records (keep the past 3 years of ECP training records, and shred older ones)
 - 5) Oversees and seeks continuous improvements in blood borne pathogen work practice controls
 - 6) Sees to eliminate the use of needle devices where safe and effective alternatives are available
 - 7) Acquires and stocks adequate levels of personal protective equipment

IV. PLAN AVAILABILITY AND REVIEW

The ECP is available to employees at any time on the Inyo County website <https://www.inyocounty.us/risk/bbpc>. Employees are provided a copy during employee orientation. Employees required to achieve annual BBP training are also provided a copy at that time.

The ECP is available during normal office hours at the following locations:

- Risk Management, 163 May St, Bishop, CA
- Personnel Department (Independence)
- Health and Human Services (Bishop, Progress House, Lone Pine, Tecopa, and Independence)
- Sheriff’s Department (Bishop, Independence, Lone Pine, and Tecopa)

- Community Services in Tecopa
- County Services Building (Bishop)
- Probation (Bishop, Independence, Lone Pine)

The Risk Manager reviews and updates this ECP in cooperation with the Joint Labor/Management Safety Committee, the Health Officer, and the Supervising Nurse as follows:

- Annually
- When new or modified tasks and procedures are implemented, and/or when existing filled positions are revised, which may result in new or modified potential exposures
- When new functional positions are established that may involve potential exposures
- Upon employee request or suggestion (see Exhibit A "Bloodborne Pathogens Report/Recommendation form).

V. EXPOSURE DETERMINATION

Three exhibits are attached to this ECP that guide identification of potential exposure situations that employees may encounter:

- Exhibit B: Job classification in which all employees have occupational exposure to bloodborne pathogens
- Exhibit C: Job classifications in which some employees have occupational exposure to bloodborne pathogens
- Exhibit D: Tasks and procedures (performed by employees in the job classifications indicates in Exhibits B and C) in which occupational exposure to bloodborne pathogens may occur.

Each Designated Employee is responsible for revising and updating these lists as tasks, procedures, and classifications change. Revisions shall be forwarded the Risk Manager for review with the Safety Committee and inclusion in the plan.

VI. METHODS OF COMPLIANCE

Minimizing the risk of exposure and infection involves following universal precautions, appropriate engineering controls, safe work practices, personal protective equipment (PPE) requirements, and appropriate disposal and disinfection housekeeping procedures. By rigorously complying with these methods, employees eliminate or minimize their exposures to blood borne pathogens. These five are explained in the following.

Universal Precautions: The County practices and trains employees on universal precautions. All human blood and certain human bodily fluids (collectively known as potentially infectious materials) are treated as if they are known to be infectious

for HIV, HCV, HBV, and other BBPs. Typically relevant human bodily fluids include, but are not limited to, vomit, vaginal secretions, semen, and stool. Spit is generally not a BBP unless it is likely to include blood due to recent cuts in the face or mouth. If unsure whether an exposure could be infectious, always assume it to be infectious.

Engineering Controls: Engineering controls help to eliminate or reduce the likelihood of exposure by providing cleaning, maintenance, and other equipment that is designed to prevent contact with potentially infectious materials.

Engineering controls made available to at-risk employees include:

- Sharps disposal containers (puncture-resistant, labeled, and leak proof)
- Safer medical devices (such as sharps with engineered sharps injury protections and needleless systems)
- Self-sheathing needles, where possible
- Facilities for hand washing and personal sanitation
- Safer specimen containers (puncture-resistant, labeled, and leak proof)

Each Department Head is responsible for the maintenance and repair of engineering controls and consults with the Risk Manager on access and suitability of engineering controls.

Work Practice Controls: Safe work practices are used to increase the safety or processes. Controls in use depend on the tasks performed.

Examples of work practice controls may include:

- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens
- Food and drink is not kept in refrigerators, freezers, on countertops or in other storage areas where blood or other potentially infectious materials are present
- Mouth pipetting/suctioning of blood or other infectious materials is prohibited
- Wash hands with soap and water after removal of gloves or other personal protective equipment
- Wash hands and any other exposed skin with soap and water, and flush exposed mucous membranes with water, after contact with blood or OPIM. They also
- Contaminated needles and other contaminated sharps are not bent, recapped or removed unless it can be demonstrated that there is no feasible alternative or the action is required by specific medical procedure. In the two situations above, the recapping or needle removal is accomplished through the use of a medical device or a one-handed technique
- Contaminated reusable sharps are placed in appropriate containers immediately, or as soon as possible, after use
- Specimens of blood or other potentially infectious materials are placed in designated leak-proof containers, appropriately labeled, for handling and storage

- If outside contamination of a primary specimen container occurs, that container is placed within a second leak-proof container, appropriately labeled, for handling and storage. (If the specimen can puncture the primary container, the secondary container must be puncture-resistant as well)
- Equipment which becomes contaminated is examined prior to servicing or shipping and decontaminated as necessary (unless it can be demonstrated that decontamination is not feasible)
- An appropriate biohazard warning label is attached to any contaminated equipment, identifying the contaminated equipment, and identifying the contaminated portions
- Information regarding the remaining contamination is conveyed to all affected employees, the equipment manufacturer and the equipment service representative prior to handling, servicing or shipping.

Each Department Head is responsible for enforcement of safe work practices within their department.

Personal Protective Equipment (PPE): When used correctly, PPE does not permit blood or other potentially infectious material to path through. The County provides such equipment and training on its use at no cost to employees. The appropriate type of PPE to use varies with the task and degree of potential exposure, so check with your supervisor on selection, use, and maintenance. PPE may include gloves, goggles/eye protection, masks/face shields, mouth guards, resuscitation bags, pocket masks, and other ventilation devices. Hypoallergenic gloves, glove liners and similar alternatives are readily available to employees who are or may be allergic to gloves provided for other users.

Required PPE Maintenance Practices:

- All personal protective equipment is inspected periodically and repaired or replaced as needed to maintain its effectiveness
- Reusable personal protective equipment is cleaned, laundered and decontaminated as needed
- Single-use personal protective equipment (equipment that cannot be decontaminated) is safely discarded.

Required PPE Use Practices:

- Any garments penetrated by blood or other infectious materials are removed immediately, or as soon as feasible
- All personal protective equipment is removed prior to leaving a work area
- Gloves are worn whenever employees anticipate hand contact with potentially infectious materials, and when handling or touching contaminated items or surfaces
- Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured or otherwise lose their ability to function as an "exposure barrier"

- Disposable (single use) gloves shall not be washed or decontaminated for reuse
- Utility gloves are decontaminated for reuse unless they are cracked, peeling, torn or exhibit other signs of deterioration, at which time they are disposed of
- Masks and eye protection (such as goggles, face shields, etc.) are used whenever splashes or spray may generate droplets of infectious materials
- Protective clothing (such as gowns and aprons) shall be worn whenever potential exposure to the body is anticipated.

Each Department Heads is responsible for ensuring that appropriate personal protective equipment is readily available and properly maintained for tasks and procedures their employees may perform. Training is discussed in a later section.

Housekeeping (Disposal and Disinfection): Maintenance of work areas in clean and sanitary conditions is a critical part in minimizing risk of exposure. HIV may not survive long outside the human body, but HBV can survive for at least seven days on environmental surfaces, and HCV may be able to survive up to four days; therefore, disinfection and disposal are key to reducing the risks of blood and OPIM exposures.

Basic housekeeping, for purposes of this ECP, includes:

- Decontaminating work surfaces
- Removing and replacing protective coverings that have become contaminated (plastic wrap, foil, etc.)
- Inspecting and decontaminating containers that may be reused
- Using proper equipment to clean up spills
- Safety disposing of sharps

It is important to remember that areas must be cleaned before they are disinfected. Cleaners are products that remove soil, dirt, dust, organic matter, and germs. Cleaners work by washing the surface to lift dirt and germs off surfaces so they can be rinsed away with water. Disinfectants, on the other hands, are chemical products that destroy or inactivate germs and prevent them from growing. Disinfectants have no effect on dirt, soil, or dust. To be most effective, surfaces must be cleaned prior to disinfection. Employees must wear proper gloves and other PPE as necessary when using chemicals.

Janitorial/cleaning staff practices:

- All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials
- All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances
- After the completion of medical procedures
- Immediately (or as soon as feasible) when surfaces are overtly contaminated
- After any spill of blood or infectious material

- At the end of the work shift if the surface may have been contaminated during that shift
- Protective covering such as plastic wrap, aluminum foil, or imperviously - backed absorbent paper used to cover equipment and environmental surfaces shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift
- All pails, bins, and other receptacles intended for reuse which have a reasonable likelihood of becoming contaminated with blood or other potentially infectious materials are routinely inspected, cleaned and decontaminated on a regularly scheduled basis and are decontaminated immediately, or as soon as feasible, upon visible contamination
- Potentially contaminated broken glassware shall not be picked up by the hands and is to be picked up using mechanical means (such as dustpan and brush, tongs, forceps, etc.)
- Contaminated reusable sharps are stored in containers that do not require hand processing.

Handling of regulated waste (waste that contains recognizable fluid blood, fluid blood products, containers or equipment containing blood that is fluid):

- Discarded or bagged in containers that are: closable, puncture-resistant (as needed), leak proof (as needed), and labeled in red with the appropriate biohazard warning label
- Containers placed close to the sources of the waste
- Containers kept upright, routinely replaced, and not allowed to overfill
- Contaminated laundry (soiled with blood or OPIM) is handled as little as possible, not sorted or rinsed where it is used, and is placed and transported in appropriately labeled or color-coded containers.
- Appropriate PPE is used when handling contaminated laundry
- When moving/transporting regulated waste containers, they must be kept closed and enclosed within a secondary container (if necessary).

The following areas are cleaned and disinfected with bleach or similar disinfectant daily: Juvenile Detention Facility (when in operation), Health Clinics, Progress House, Jail, and restrooms in libraries, museums, and county office buildings. Restrooms and related facilities at parks and campgrounds are cleaned and disinfected with a lemon disinfectant every other day.

The Facilities Maintenance Manager is responsible for setting cleaning and decontamination schedules and ensuring compliance with those schedules. Each department head is responsible for coordinating with the Facilities Maintenance Manager as needed to ensure compliance with proper housekeeping.

VII. HEPATITIS B. VACCINATION PROGRAM

Exposure incidents can occur even with adherence to all exposure prevention practices. Hepatitis B vaccination is the best way to prevent contracting Hepatitis B.

To protect employees as much as possible from the possibility of Hepatitis B infection, a vaccination program has been implemented. This program is available, at no cost, to all employees who have probable occupational exposure to bloodborne pathogens. As part of their bloodborne pathogens training, employees receive information regarding Hepatitis B vaccination, including its safety and effectiveness. All employees are made aware of the vaccination program during bloodborne pathogens training.

The Risk Manager and Health Officer are responsible for setting up and operating the vaccination program. Department Heads are responsible for ensuring that employees within their Department who have probable occupational exposure to Bloodborne pathogens have received the Hepatitis vaccination within ten (10) working days of initial assignment. Vaccinations are performed under the supervision of a licensed physician or other health care professional. Employees who decline to take part in the vaccination program must sign the "Vaccination Declination Form" (Exhibit "F").

Any unvaccinated employee involved in an exposure incident shall be entitled to receive, at no cost, the Hepatitis B vaccination series. This shall be made available as soon as possible but in no event later than twenty-four hours after the exposure incident.

VIII. POST-EXPOSURE EVALUATION AND FOLLOW-UP

Exposure incidents can occur even with adherence to all exposure prevention practices. Adherence to procedures for post-exposure evaluation and follow-up, helps when exposures occur.

An exposure incident is defined as a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee's duties.

In the event of an exposure to possible infection by blood or other body fluid (especially involving a needle stick or sharps injury), immediately follow these steps without delay:

- a) Wash needle sticks and cuts with soap and water
- b) Flush splashes to the nose, mouth, or skin with water
- c) Irrigate eyes with clean water or saline
- d) Report incident to supervisor
- e) The exposed employee shall receive medical consultation and treatment (if required) as expeditiously as possible from the County supervising nurse or Health Officer.

Supervisor will notify the Department Head or Designated Employee (who notifies the Risk Manager or Health Officer) and gather the following information from the exposed employee:

- a. Description of the tasks being performed when the exposure incident occurred
- b. Source of transmission
- c. Port of entry
- d. PPE utilized
- e. Medical treatment obtained

Exposed employee works with supervisor to complete incident report (Exhibit "G") and submits promptly to Risk Manager. If exposure resulted from a sharp (object that penetrates the skin or any other part of the body, including, but not limited to: needle devices, lancets, broken glass and broken capillary tubes), the supervisor must complete the one-page Sharps Injury Log (Exhibit "H") within fourteen days from the date the incident was reported and submit to Risk Manager.

Next, the Risk Manager or Health Officer or other designated licensed healthcare provider investigates every employee exposure incident. Such investigations are initiated within 24 hours after an incident occurs, and they are documented with Incident Report (Exhibit "G").

In order to make sure employees receive the best and most timely treatment if an exposure to bloodborne pathogens occurs, the County has set up a comprehensive post-exposure evaluation and follow-up process. The Post-Exposure Prophylaxis process (Exhibit "I") will be used to verify that all steps in the process have been completed. The Health Officer or other designated licensed healthcare provider or his/her designee shall oversee this process.

After the Incident Report is evaluated, written recommendations are made for avoiding similar incidents in the future.

The County recognizes that the information involved in this process must remain confidential and will do everything possible to protect the privacy of the people involved.

Post-Exposure Documentation and Testing

The exposed employee shall provide the County with the following confidential information:

- i) Documentation regarding the routes of exposure and circumstances under which the exposure incident occurred; and
- ii) Identification of the source individual (unless infeasible or prohibited by law).

The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, the County shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available shall be tested and the results documented. Results of the source individual's testing shall be made available to the exposed employee, if it is obtained. At that time, the employee will be made aware of any applicable laws and regulations concerning disclosure of the identity and infectious status of a source individual. The exposed employee shall receive information related to the significance of the source individual's laboratory results and its implications.

The County's designee shall collect and test the blood of the exposed employee for HBV, HCV and HIV status after consent is obtained.

If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If within 90 days the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

After consultation and assessment of the employee's risk exposure, an appointment will be made for the employee with a qualified healthcare professional to discuss the employee's medical status. If it is determined that post exposure prophylaxis is recommended, employees will meet with the County's Health Officer as soon as possible. Employees have the option to consult with his/her private physician. The post exposure checklist shall be utilized. The Health Officer or other designated licensed healthcare provider will be available to consult with the healthcare professional on an as needed basis.

Information provided to the Healthcare Professional

To assist the healthcare professional, a number of documents will be forwarded including the following:

- 1) Copy of the Bloodborne Pathogens Standard.
- 2) A description of the exposure incident;
- 3) A description of the exposed employee's duties as they relate to the exposure incident;
- 4) The exposed employee's relevant medical records; and
- 5) Results of the source individual's blood testing, if available; and
- 6) Other pertinent information.

Healthcare Professional Written Opinion

After the consultation, the healthcare professional shall provide the Health Officer or other designated licensed healthcare provider with a written opinion evaluating the exposed employee's situation. A copy of this opinion shall be given to the

exposed employee. The written opinion shall contain only the following information:

- Confirmation that the employee has been informed of the results of the evaluation
- Confirmation that the employee has been told about any medical conditions resulting from the exposure incident which requires further evaluation or treatment.

With regard to the Hepatitis B vaccination, the opinion shall be limited to whether Hepatitis B vaccination is indicated for an employee and if the employee has received such vaccination.

All other findings or diagnoses will remain confidential and will not be included in the written report.

IX. RECORD KEEPING

The Health Officer or other designated licensed healthcare provider is responsible for setting up and maintaining medical records related to every reported exposed incident. Such records may be paper or electronic, and they must include:

- Name of employee
- Copy of employee's Hepatitis B Vaccination status with dates of vaccinations
- Medical records relative to employee's ability to receive vaccination
- Copies of the results of the examinations, medical testing and ongoing follow-up procedures which take place as a result of an employee's exposure
- Copy of the information provided to the consulting healthcare professional as a result of any exposure
- Copy of any information provided to the healthcare professional.

As with all information in these areas, the County will keep the information in these medical records confidential. We will not disclose or report this information to anyone without the employee's written consent (except as required by law). Medical records shall be retained for the duration of employment plus 30 years.

Each Department Head, in collaboration with the Risk Manager, is responsible for maintenance of records regarding employee training to facilitate and document employee training. Training records containing the following information are maintained for three years:

- Dates of all training sessions;
- Contents/summary of the training sessions;
- Names and job titles of the instructors (if applicable); and
- Names and job titles of employees attending the training sessions.

These training records are available for examination and copy to our employees and their representatives, as well as OSHA and its representatives. These records shall be maintained for three (3) years from the date of training.

The Risk Manager maintains a summary Sharps Injury Log in a manner that protects the confidentiality of injured employees. The log contains the following:

- Type and brand of device involved in incident
- Department or work area where incident occurred
- Explanation of the incident

X. LABELS AND SIGNS

Labeling containers that may contain blood or OPIM is an important part of preventing accidental infection. A biohazard warning labeling program has been implemented in the County using labels of the type shown on Exhibit "J" or, when appropriate, using Red "color-coded" containers. The department's Designated Employee is responsible for setting up and maintaining this program within their department.

The following items in the County are labeled:

- 1) Containers of regulated waste;
- 2) Refrigerators/freezers containing blood or other potentially infectious materials;
- 3) Sharps disposal containers;
- 4) Other containers used to store, transport or ship blood and other infectious materials;
- 5) Bags containing contaminated laundry; and
- 6) Contaminated equipment. The labels indicate which part of the equipment is contaminated.

On labels affixed to contaminated equipment, we have also indicated which portions of the equipment are contaminated.

XI. INFORMATION AND TRAINING

Well-informed and educated employees are keys to eliminating or minimizing exposure to blood and OPIM. Employees with potential for exposure shall attend and complete training at the time of the initial work assignment, annually, and whenever changes affect the potential for exposure (new job, new tasks, etc.).

Department Heads or their Designated Employees are responsible for compliance with the training requirements. The relevant training is typically administered by the Risk Manager via Target Solutions, an online educational portal. Other methods may include Classroom type atmosphere with personal instruction, videotape programs, and manuals.

Topics covered in the training program include, but are not limited to:

- The Bloodborne Pathogens Standard
- The epidemiology and symptoms of bloodborne diseases;
- The modes of transmission of bloodborne pathogens;
- The County's ECP (and where employees can obtain a copy);
- Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
- A review of the use and limitations of methods that will prevent or reduce exposure, including:
 - Engineering controls;
 - Work practice controls; and
 - Personal protective equipment.
- Selections and use of personal protective equipment including:
 - Types available;
 - Proper use;
 - Location within the facility;
 - Removal;
 - Handling;
 - Decontamination; and
 - Disposal.
- Visual warning of biohazard within our facility including labels, signs and "color-coded" containers
- Information on the Hepatitis B Vaccine, including efficacy, safety, method of administration, and benefits of vaccination
- Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- The procedures to follow if an exposure incident occur, including incident reporting.
- Information on the post-exposure evaluation and follow-up, including medical consultation that our facility will provide.
- Explanation of the signs and labels and/or color-coding for containers used for storage or transport of blood or other potentially infectious materials.

EXHIBITS

- A. Bloodborne Pathogens Report/Recommendation
- B. Job Classifications with likely blood/OPIM exposure
- C. Job Classifications with potential blood/OPIM exposure
- D. Work Activities with potential blood/OPIM exposure
- E. Vaccination Declination Form
- F. Exposure Incident Investigation Form
- G. Sharps Injury Log
- H. Post Exposure Prophylaxis
- I. Biohazard Warning Label
- J. Flyer