

# ***EXPOSURE CONTROL PLAN***

***(BLOOD BORNE PATHOGENS)***

FOR OTERO COUNTY EMPLOYEES  
DATE REVISED: June 1, 2008

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## SECTION I: PURPOSE OF THE PLAN

Otero County believes that there are a number of “good general principles” that should be followed when working with blood borne pathogens. These include the following:

1. It is prudent to minimize all exposure to blood borne pathogens.
2. Risk of exposure to blood borne pathogens should never be underestimated.
3. Each department should institute as many work practice and engineering controls as possible to eliminate or minimize employee exposure to blood borne pathogens.

We have implemented this Exposure Control Plan to meet the letter and intent of the OSHA Blood Borne Pathogens Standard. The objective of this plan is twofold:

1. To protect our employees from the health hazards associated with blood borne pathogens.
2. To provide appropriate treatment and counseling, should an employee be exposed to blood borne pathogens.

## SECTION II: GENERAL PROGRAM MANAGEMENT

### RESPONSIBLE PERSONS

There are four major "Categories of Responsibility" that are central to the effective implementation of the Exposure Control Plan. These are:

1. Personnel Department
2. Department Supervisors and Elected Officials
3. Safety Committee
4. Employees

The following sections define the roles played by each of these groups in carrying out the plan. Throughout this plan, employees with specific responsibilities are identified. If, because of promotion or other reasons, a new employee is assigned any of these responsibilities, the Personnel Coordinator is to be notified of the change so that records can be updated.

### PERSONNEL DEPARTMENT

The "Personnel Department" will be responsible for overall management and support of the Department's Blood borne Pathogen Compliance Program. Activities, which are delegated to the Personnel Department typically, include, but are not limited to:

1. Overall responsibility for implementing the Exposure Control Plan for the departments.
2. Working with management and other employees to develop and administer any additional blood borne pathogens related policies and practices needed to support the effective implementation of this plan.
3. Looking for ways to improve the Exposure Control Plan, as well as to revise and update the plan when necessary. The plan will be reviewed and/or updated annually.
4. Collecting and maintaining a suitable reference library on Blood borne Pathogens Standard and Blood Borne Pathogens Safety and Health Information.
5. Knowing current legal requirements concerning blood borne pathogens.
6. Acting as Department liaison during OSHA inspections.
7. Conducting periodic facility audits to maintain an up-to-date Exposure Control Plan.

The Personnel Department may require assistance in fulfilling its responsibilities, and each supervisor will assist as needed.

## DEPARTMENT SUPERVISORS and ELECTED OFFICIALS

Department supervisors and elected officials are responsible for exposure control in their respective work areas. They work directly with the Personnel Department and our employees to ensure that proper exposure control procedures are followed.

## SAFETY COMMITTEE

Our Safety Committee coordinator will be responsible for providing information and training to all employees who have the potential for exposure to blood borne pathogens. Activities falling under the direction of the coordinator include:

1. Maintain updated list of personnel requiring training (through Management.)
2. Developing suitable education/training programs.
3. Scheduling periodic training seminars for employees.
4. Maintaining appropriate training documentation such as "Sign in sheets"
5. Periodically reviewing the training programs with the Personnel Department and Supervisors to include appropriate new information.

The Otero County Health Office, the State Health Office, NM Association of Counties, or other appropriate professional trainers will provide the appropriate education and training.

## EMPLOYEES

As with all of our department activities, our employees have the most important role in our blood borne pathogens compliance program, for the ultimate execution of much of our Exposure Control Plan rests in their hands. In this role they must do things such as:

1. Know what tasks they perform that have occupational exposure.
2. Attend the blood borne pathogens training sessions annually.
3. Plan and conduct all operations in accordance with our work practice controls.
4. Develop good personal hygiene habits.

## AVAILABILITY OF EXPOSURE CONTROL PLAN TO EMPLOYEES

To help them with their efforts, the departments' Exposure Control Plan is available to our employees at any time. Employees are advised of this availability during their education/training

sessions. Copies of the Exposure Control Plan are kept in the following locations:

1. One per department supervisor and one per elected official
2. Personnel Department

#### REVIEW AND UPDATE OF THE PLAN

We recognize that it is important to keep our Exposure Control Plan up-to-date. To ensure this, the plan will be reviewed and updated under the following circumstances:

1. Annually, on or before August 1st of each year.
2. Whenever new or modified tasks and procedures are implemented which affect occupational exposure of our employees.
3. Whenever our employees' jobs are revised such that new instances of occupational exposure may occur.
4. Whenever we establish new functional positions within the department that may involve exposure to blood borne pathogens.

## SECTION III: EXPOSURE DETERMINATION

One of the keys to implementing a successful Exposure Control Plan is to identify exposure situations employees may encounter. To facilitate this in our department, we have prepared the following lists:

1. Job classifications in which all employees have occupational exposure to blood borne pathogens.
2. Job classifications in which some employees have occupational exposure to blood borne pathogens.
3. Tasks and procedures in which occupational exposure to blood borne pathogens occur (these tasks and procedures are performed by employees in the job classifications shown on the two previous lists).

The initial job classifications were compiled on or before Aug. 1, 2001, and were also updated during the Ralph Anderson study. The Personnel Department will work with the departments to revise and update these lists as our tasks, procedures, and classifications change.

### JOB CLASSIFICATIONS IN WHICH ALL EMPLOYEES HAVE EXPOSURE TO BLOOD BORNE PATHOGENS

<u>JOB TITLE</u>	<u>DIVISION</u>
Sheriff	Law Enforcement
Chief Deputy Sheriff	Law Enforcement
Chief of Detectives	Law Enforcement
Detective	Law Enforcement
Sergeant	Law Enforcement
Deputy	Law Enforcement
Detention Administrator	Law Enforcement
Detention Lieutenant	Law Enforcement
Detention Sergeant	Law Enforcement
Detention Nurse	Medical
Detention Officer	Law Enforcement
Maintenance Specialist Maintenance	Buildings/Grounds

**JOB CLASSIFICATIONS IN WHICH SOME EMPLOYEES MAY HAVE EXPOSURE TO  
BLOOD BORNE PATHOGENS**

JOB TITLE	DIVISION
Building and Grounds Employees	Building and Grounds
Range Master and Employees	Rifle Range
Road Department Employees	Road Department
Office/clerical staff, Purchasing	Administration
Clerks, Assessor's,	Administration
Treasurers, DWI, Indigent	Administration

**WORK ACTIVITIES INVOLVING POTENTIAL EXPOSURE TO BLOOD BORNE  
PATHOGENS**

Below are listed the tasks and procedures in our department which employees may come into contact with human blood or other potentially infectious materials, which may result in exposure to blood borne pathogens:

<u>TASK</u>	<u>JOB CLASSIFICATION</u>
Law Enforcement	<i>Sheriff's Office, Detention Center</i>
Any employee function where you may have physical contact with another person. Including but not limited to, assisting the public.	<i>ALL Employees</i>

## SECTION IV: METHODS OF COMPLIANCE

We understand that there are a number of areas that must be addressed in order to effectively eliminate or minimize exposure to blood borne pathogens in our department. The first five areas we deal with in our plan are the following:

1. The use of Universal Precautions.
2. Establishing appropriate Engineering Controls.
3. Implementing appropriate Work Practice Controls.
4. Using necessary Personal Protective Equipment.
5. Implementing appropriate Housekeeping Procedures

Each of these areas is reviewed with our employees during their blood borne pathogens related training (see the "Information and Training" section of this plan for additional information). By vigorously following the requirements of OSHA's Blood Borne Pathogens Standard in these five areas, we feel that we will eliminate or minimize our employees occupational exposure to blood borne pathogens as much as is possible.

### **A. UNIVERSAL PRECAUTIONS (GENERAL)**

In each department, we have begun the practice by written policy of "universal precautions", effective immediately. As a result, we treat all human blood and body fluids such as semen and vaginal secretions as if they are known to be infectious for HBV, HIV, and other blood borne pathogens.

In circumstances where it is difficult or impossible to differentiate between body fluid types, we assume all body fluids to be potentially infectious.

The Personnel Department is responsible for overseeing our Universal Precautions Program.

### **B. ENGINEERING CONTROLS**

One of the key aspects to our Exposure Control Plan is the use of Engineering Controls to eliminate or minimize employee exposure to blood borne pathogens. As a result, employees should use cleaning and maintenance and other equipment that is designed to prevent contact with blood or other infectious materials.

County Maintenance staff periodically works with department supervisors and elected officials to review tasks and procedures performed in our department where engineering controls can be implemented or updated. Their goal is to identify three things:

1. Operations where engineering controls are currently employed.
2. Operations where engineering controls can be updated.
3. Operations currently not employing engineering controls, but where engineering controls could be beneficial.

Each of these lists is reexamined during our annual Exposure Control Plan review and opportunities for new or improved engineering controls are identified. Any existing engineering control equipment is also reviewed for proper function and needed repair or replacement every 12 months or as needed, in conjunction with the department supervisor and elected official where the equipment is located.

ENGINEERING CONTROL EQUIPMENT	REVIEW REQUIREMENTS
Latex gloves in each county vehicle	Check yearly for wear/serviceability
Biohazard kits for all departments	Check yearly for adequate supply/serviceability

In addition to the engineering controls identified on this list, the following engineering controls are used throughout our department:

1. Hand washing facilities (or antiseptic hand cleansers and towels or antiseptic toilettes) which are readily accessible to all employees who have the potential for exposure.
2. Containers for contaminated sharps (needles) that are puncture resistant, color-coded and labeled with a biohazard-warning label, and is leak proof on the sides and bottom, as applicable.
3. Leak proof containers for temporary transport and storage of sharps, as applicable.

## **C. WORK PRACTICE CONTROLS**

In addition to engineering controls, our department uses a number of Work Practice Controls to help eliminate or minimize employee exposure to blood borne pathogens. Many of these Work Practice Controls have been in effect for some time. Any controls that we are using for the first time will be fully implemented before November 1, 1997.

The department supervisors and elected officials are responsible for overseeing the implementation of these Work Practice Controls. They will work in conjunction with the Personnel Department and the safety committee in order to effect this implementation.

Each department has adopted the following Work Practice Controls as part of our Blood Borne Pathogens Compliance Program:

1. Employees should wash their hands immediately, or as soon as feasible, after removal of potentially contaminated gloves or other personal protective equipment.

2. Following any contact of body areas with blood or any other infectious materials, employees should wash their hands and any other exposed skin with soap and water as soon as possible. They should also flush exposed mucous membranes with water.
3. Contaminated needles and other sharps are not bent, recapped or removed unless:
  - A. It can be demonstrated that there is no feasible alternative.
  - B. The action is required by specific procedure.
  - C. In the two situations above the recapping or needle removal is accomplished through the use of a medical device or a one-handed technique.
4. Contaminated needles are placed in sharp containers immediately, or as soon as possible.
5. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is potential for exposure to blood borne pathogens.
6. Food and drink are not kept in refrigerators, freezers, on countertops or in other storage areas where blood or there is potentially infectious materials are present.
7. All procedures involving blood or other infectious materials minimize splashing, spraying or other actions generating droplets of these materials.
8. Specimens of blood or other materials are placed in designated leak proof containers appropriately labeled for handling and storage.
9. If outside contamination of a primary specimen container occurs, that container is placed within a second leak proof container that is appropriately labeled for handling and storage.
10. Equipment, which becomes contaminated, is examined prior to servicing or shipping, and decontaminated as necessary.
11. An appropriate biohazard-warning label is attached to any contaminated article or evidence container.

When a new employee is hired, or an employee changes jobs within the department, the following process takes place by the department supervisor or elected official to ensure that they are trained in the appropriate work practice controls:

1. The employees job classification and the tasks and procedures that they will

perform are checked against the Job Classifications and Task Lists which we have identified in our Exposure Control Plan as those in which occupational exposure occurs.

2. If the employee is transferring from one job to another within each department, the job classifications and tasks/procedures pertaining to their previous position are also checked against these lists.
3. Based on this "cross checking", the new job classifications and/or tasks and procedures, which will bring the employee into occupational exposure situations, are identified.
4. The employee is then trained by the department supervisor or elected official, regarding any work practice controls that the employee is not experienced with.

## **D. PERSONAL PROTECTIVE EQUIPMENT**

Personal protective equipment is our employees' "last line of defense" against blood borne pathogens. Because of this, each department will provide (at no cost to the employee), the personal protective equipment that they need to protect them against such exposure. This equipment includes, but is not limited to:

1. Latex gloves
2. Safety glasses
3. Goggles
4. Face shields/masks
5. Barrier devices for CPR

Hypoallergenic gloves, glove liners and similar alternatives are readily available to employees who are allergic to the gloves each department normally uses.

The Personnel Department, working with department supervisors and elected officials, is responsible for ensuring that all department work areas have appropriate personal protective equipment available to employees.

Our employees are trained regarding the use of the appropriate personal protective equipment for their job classifications and tasks/procedures they perform. Initial training about personal protective equipment is available. Additional training is provided, when necessary, if an employee takes a new position or new job functions are added to their current position.

To determine whether additional training is needed, the employee's previous job classification and tasks are compared to those for any new job or function that they undertake. Their supervisor working with the safety committee provides any needed training.

To ensure that personal protective equipment is not contaminated and is in the appropriate condition to protect employees from potential exposure, our department adheres to the following practices:

1. All personal protective equipment is inspected periodically and repaired or replaced as needed to maintain its effectiveness.
2. Reusable personal protective equipment is cleaned, laundered and decontaminated as needed by AMERICAN LINEN AT (505) 526-6641.
3. Single use personal protective equipment (or equipment that cannot, for whatever reason, be decontaminated), is disposed of by forwarding that equipment to the Building and Grounds staff.

To make sure that this equipment is used as effectively as possible, our employees adhere to the following practices when using their personal protective equipment:

1. Any garments penetrated by blood or other infectious materials are removed immediately, or as soon as feasible, placed in water soluble bags, and then placed in red, biohazard bags for pick-up by American Linen by calling 505-526-6641.
2. All potentially contaminated personal protective equipment is removed prior to leaving a work area, or as soon as feasible.
3. Gloves are worn in the following circumstances:
  - A. Whenever employees anticipate hand contact with potentially infectious materials.
  - B. When handling or touching contaminated items or surfaces.
4. 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".
5. 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.
6. Masks and eye protection (such as goggles, face shields, etc.,) are used whenever splashes or sprays may generate droplets of infectious materials.
7. Protective clothing (such as coats) is worn whenever potential exposure to the body is anticipated.
8. DO NOT TAKE LAUNDRY HOME AS YOU MAY BE EXPOSED TO BIO HAZARDS!!!!

## **E. HOUSEKEEPING**

Maintaining each department in a clean and sanitary condition is an important part of our blood borne pathogens compliance program. To facilitate this, department supervisors and elected officials have set up a written schedule for cleaning and decontamination of the appropriate areas of the department. The schedule provides the following information.

1. The area to be cleaned/decontaminated
2. Day and time of scheduled work
3. Cleansers and disinfectants to be used (ex: bleach in a 1:10 solution)
4. Any special instructions as appropriate.

Using this schedule, building and grounds and/or custodial employees should use the following practices:

1. All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials:
  - A. Immediately (or as soon as feasible) when surfaces are overtly contaminated.
  - B. After any spill of blood or infectious materials
  - C. Daily for routine cleaning
2. Protective coverings (such as plastic trash bags or wrap, aluminum foil or absorbent paper) are removed and replaced:
  - A. As soon as it is reasonable when overtly contaminated.
  - B. At the end of the work shift if they may have been contaminated during the shift
  - C. All trash containers, pails, bins, and other receptacles intended for use routinely are inspected, cleaned and decontaminated as soon as possible if visibly contaminated
  - D. Potentially contaminated broken glassware is picked up using mechanical means (such as dustpan and brush, tongs forceps, etc.)

Building & grounds and/or custodial staff who is responsible for setting up the cleaning and decontamination schedule and making sure it is carried out within each department.

We are also very careful in each department in handling regulated waste (including used bandages, feminine hygiene products and other potentially infectious materials). Starting on or before November 1, 1997 the following procedures are used with all of these types of wastes:

1. They are discarded or "bagged" in containers that are:
  - A. Closeable
  - B. Puncture resistant if the discarded materials have the potential to Penetrate the container
  - C. Leak proof if the potential for fluid spill or leakage exists
  - D. Red in color or labeled with the appropriate biohazard warning Label
2. Containers for this regulated waste are placed in appropriated locations in our department within easy access of our employees and as close as possible to the sources of the waste.
3. Waste containers are maintained upright, routinely replaced and not allowed to Overfill
4. Contaminated laundry is handled as little as possible and is not sorted or rinsed where it is used.
5. Whenever our employees move containers of regulated waste from one area to another, the containers are immediately closed and placed inside an appropriate secondary container if leakage is possible from the first container.
6. Building and Grounds and/or custodial staff is responsible for the collection and handling of the departments contaminated waste.

## SECTION V: HEPATITIS B VACCINATION, POST EXPOSURE EVALUATION AND FOLLOW UP

Each department recognizes that even with good adherence to all of our exposure prevention practices, exposure incidents can occur. As a result, we have implemented a Hepatitis B Vaccination Program, as well as set up procedures for post exposure evaluation and follow up should exposure to blood borne pathogens occur.

### A. VACCINATION PROGRAM

To protect our employees as much as possible from the possibility of Hepatitis B infection, our department has implemented a vaccination program. This program is available, at no cost, to all employees who have occupational exposure to blood borne pathogens.

The vaccination program consists of a series of three inoculations over a six-month period. As part of their blood borne pathogens training, our employees have received information regarding Hepatitis vaccination, including its safety and effectiveness.

The Personnel Department is responsible for setting up and operating our vaccination program, which has been in effect since 1992.

Vaccinations are performed under the supervision of a licensed physician or other healthcare professional. All department employees are eligible to participate in the Hepatitis B vaccination program, however, if an employee declines to participate, he/she will be required to sign a form titled "Vaccination Declination Form", and the form will become a part of the employee's personnel record.

To ensure that all employees are aware of our vaccination program, it is thoroughly discussed in our blood borne pathogens training. We also have posted "Vaccination Program Notices" in prominent places throughout the department. These notices are posted when the program is available through the County/State Health Office.

### B. POST EXPOSURE EVALUATION AND FOLLOW UP

If one of our employees is involved in an incident where exposure to blood borne pathogens may have occurred there are two things that we immediately focus our efforts on:

1. Investigating the circumstances surrounding the exposure incident
2. Making sure that our employees receive medical consultation and treatment (if necessary) as expeditiously as possible.

The on-duty supervisor will investigate every exposure incident that occurs in our department.

This investigation is initiated within 24 hours after the incident occurs and involves gathering the following information:

1. When the incident occurred (date and time)
2. Where the incident occurred
3. What potentially infectious materials were involved in the incident
4. Under what circumstances the incident occurred
5. How the incident was caused
6. Personal protective equipment being used at the time of the incident
7. Actions taken as a result of the incident (decontamination, policy violations, etc)

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After this information is gathered, it is evaluated, a written summary of the incident and its cause is prepared, and recommendations are made for avoiding similar incidents in the future.

In order to make sure that our employees receive the best and most timely treatment, if an exposure to blood borne pathogens should occur, our department has set up a comprehensive post exposure evaluation and follow up process. We use a checklist to verify that all the steps in the process have been taken correctly. This process was implemented on or before November 1, 1997, and is overseen by the following:

1. Personnel Department
2. Safety Committee

We recognize that much of the information involved in this process must remain confidential, and we will, within the law, protect the privacy of the people involved.

As the first step in this process we provide an exposed employee with the following confidential information:

1. Documentation regarding the mutes of exposure and circumstances under which the exposure incident occurred.
2. Identification of the source individual (unless infeasible or prohibited by law).

Next, if possible, we test the source individual's blood to determine HBV and/or HIV infectivity. This information will also 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.

Finally, we collect and test the blood of the exposed employee for HBV and/or HIV status.

Once these procedures have been completed, an appointment is arranged for the exposed employee with a qualified health care professional to discuss the employee's status. This includes an evaluation of any reported illnesses, as well as any recommended treatment.

## **C. INFORMATION PROVIDED TO HEALTH CARE PROFESSIONALS**

To assist the health care professional, we forward a number of documents to them, including the following:

1. A copy of the Blood Borne Pathogens Standard.
2. A description of the exposure incident.
3. Other pertinent information.

## **D. HEALTH CARE PROFESSIONALS WRITTEN OPINION**

After the consultation, the health care professional provides the department with a written opinion evaluating the exposed employee's situation. We, in turn, furnish a copy of this opinion to the exposed employee. In keeping with this process' emphasis on confidentiality, the written opinion will contain only the following information:

1. Whether Hepatitis B Vaccination is indicated for the employee
2. Whether the employee has received the Hepatitis B vaccination
3. Confirmation that the employee has been informed of the results of the evaluation.
4. Confirmation that the employee has been told about any medical conditions resulting from the exposure incident which requires further evaluation or treatment.

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

## **E. MEDICAL RECORD KEEPING**

To make sure that we have as much medical information available to the participating health care professional as possible, the county maintains comprehensive medical records on our employees. The Personnel Technician is responsible for setting up and maintaining these records, which include the following information:

1. Name of the employee
2. Copy of the employee's Hepatitis B Vaccination status/ability to receive vaccination.
3. Copies of the results of examinations, medical testing and follow up procedures, as a result of an employee's exposure to blood borne pathogens.
4. A copy of the information provided to the consulting health care professional as a result of any exposure to blood borne pathogens.

All information in these medical records will be kept confidential. We will not disclose or report this information to anyone without the employee's written consent (except as required by law).

## SECTION VI: LABELS AND SIGNS

For department employees, one of the most obvious warnings of possible exposure to blood borne pathogens is a biohazard label. Because of this, we have implemented a comprehensive biohazard warning-labeling program in each department using red or orange "color-coded" biohazard labels on containers that may contain blood borne pathogens. The Building and Grounds Department is responsible for setting up and maintaining this program in each department.

On or before November 1, 1997, the following items in each department were 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. Laundry bags and containers.
6. Contaminated equipment.

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

We recognize that biohazard signs must be posted at entrances to HIV and HBV research laboratories and production facilities. However, we do not have these types of operations in our department, so we are not affected by these special signage requirements.

## **SECTION VII: INFORMATION AND TRAINING**

Having well informed and educated employees are extremely important when attempting to eliminate or minimize our employee's exposure to blood borne pathogens. Because of this, all employees who have the potential for exposure to blood borne pathogens are put through a comprehensive training program annually and furnished with as much information as possible on this issue. This program was set up so that employees would receive the required training on or before June 4, 1992. Employees will be retrained at least annually to keep their knowledge current. Additionally, all new employees, as well as employees changing jobs or job functions, will be given any additional training their new position requires at the time of their new job assignment.

The Personnel Department is responsible for seeing that all employees who have potential exposure to blood borne pathogens receive this training. They will be assisted by the County Health office, State Health office, NM Association of Counties, or other qualified professional.

### **A. TRAINING TOPICS**

The topics covered in our training program include, but are not limited to, the following:

1. The Blood Borne Pathogens Standard.
2. The epidemiology and symptoms of blood borne diseases.
3. The modes of transmission of blood borne pathogens
4. The County's BBP Exposure Control Plan (where employees can obtain a copy)
5. Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
6. A review of the use and limitations of methods that will prevent or reduce exposure, including:
  - A. Engineering controls
  - B. Work practice controls
  - C. Personal protective equipment
7. Selection and use of personal protective equipment including:
  - A. Types available
  - B. Proper use
  - C. Location within the building
  - D. Removal
  - E. Handling
  - F. Decontamination
  - G. Disposal

8. Visual warnings of biohazards within our department including labels, signs and "color coded" containers.
9. Information on the Hepatitis B Vaccine, including its:
  - A. Efficacy
  - B. Safety
  - C. Method of administration
  - D. Benefits of Vaccination
  - E. The County's free vaccination program
10. Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
11. The procedures to follow if an exposure incident occur, including incident reporting.
12. Information on the post exposure evaluation and follow up, including medical consultation that the department will provide.

## **B. TRAINING METHODS**

Each department's training presentations make use of several training techniques including, but not limited to, those listed below:

1. Classroom type atmosphere with personal instruction
2. Video taped programs
3. Training manuals/employee handouts
4. Employee review sessions

Because we feel that employees need an opportunity to ask questions and interact with their instructor, time is specifically allotted for those activities in each training session.

## **C. RECORD KEEPING**

To facilitate the training of our employees, as well as to document the training process, we maintain training records containing the following information:

1. Dates of all training sessions
2. Contents/summary of the training sessions
3. Names and qualifications of the instructors
4. Names and job titles of employees attending the training sessions.

These training records are available for examination and copying to our employees and their representatives, as well as OSHA and its representatives.

***REMEMBER- YOUR LIFE COULD BE ON THE LINE.  
ALWAYS USE THE PROPER PRECAUTIONS.***