

EXPOSURE CONTROL PLAN

BLOODBORNE PATHOGENS

COUNTY OF INYO

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EXHIBITS:

- A Bloodborne Pathogens Report/Recommendation
- B Job Classifications in Which All Employees Have Exposure to Bloodborne Pathogens
- C Job Classifications in Which Some Employees Have Exposure to Bloodborne Pathogens
- D Work Activities Involving Potential Exposure to Bloodborne Pathogens
- E Cleaning Schedule
- F Vaccination Declination Form
- G Exposure Incident Investigation Form
- H Sharps Injury Log
- I Post Exposure Prophylaxis
- J Biohazard Warning Label

**EXPOSURE CONTROL PLAN OF
THE COUNTY OF INYO
(BLOODBORNE PATHOGENS)**

I – PURPOSE

The County of Inyo is dedicated to:

A. Protecting its officials and employees from health hazards by reducing occupational exposure to Hepatitis B Virus (HBV), Hepatitis C. Virus (HCV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens; and

B. Providing appropriate treatment and counseling should an official or employee be exposed to bloodborne pathogens.

Therefore, the County of Inyo is implementing this Exposure Control Plan (hereinafter "ECP") in accordance with Title 8, California Code of Regulations, section 5193.

II - RESPONSIBILITIES

A. Risk Manager:

The Risk Manager shall be responsible for:

1. Overseeing the implementation and administration of the County of Inyo's ECP;
2. Ensuring that the ECP is reviewed and updated annually or whenever new or modified tasks and procedures are implemented which affect occupational exposure of officials and employees;
3. Acting as County liaison during OSHA inspections; and

B. Department Heads:

Department Heads are responsible for exposure control in their departments. The following departments shall designate an employee (hereinafter "Designated Employee") who is responsible for working directly with the Risk Manager in implementation of the ECP:

1. Health and Human Services
2. Building and Maintenance
3. Sheriff/Jail
4. Probation
5. District Attorney

C. Designated Employee:

Each department's Designated Employee shall be responsible for:

1. Coordinating with the Risk Manager in the implementation of the ECP within their department, including making sure employees are trained and vaccinated within their department;
2. Maintaining an up-to-date list of departmental personnel requiring training and the scheduling of said training;
3. Revising and updating the list of tasks and procedures in which occupational exposure to bloodborne pathogens may occur;

4. Overseeing the implementation of work practice control within their departments;
5. Purchasing and maintaining an adequate supply of personal protective equipment;
6. Immediately notifying the Health Officer or Risk Manager when an employee is involved in an incident where exposure to bloodborne pathogens occurs; and
7. Maintaining the records required under this plan.

D. Employees:

As with all of the County's activities, employees have the most important role in the bloodborne pathogens compliance program. Employees shall be responsible for:

1. Attending the bloodborne pathogens training sessions;
2. Knowing what tasks they perform that have occupational exposure;
3. Planning and conducting all operations in accordance with the County's work practice controls; and
4. Developing good personal hygiene habits.

III - GENERAL

A. Availability of the ECP to Employees:

The County's ECP is available to employees at any time. Employees are advised of this availability during their education and training sessions. The ECP is available on the Inyo County website www.inyocounty.us under "Policies." Copies of the ECP are kept in the following locations:

1. Risk Management (Bishop)
2. Personnel Department (Independence)
3. Health and Human Services (Bishop, Progress House, Lone Pine, Tecopa, and Independence)
4. Sheriff's Department (Bishop, Independence, Lone Pine, and Tecopa)
5. Community Services (Tecopa)
6. County Services Building (Bishop)
7. Probation (Bishop, Independence, Lone Pine)

B. Review and Update of the Plan:

The County recognizes that it is important to keep our ECP up-to-date. To ensure this, the plan will be reviewed and updated as follows:

1. Annually;
2. Whenever new or modified tasks and procedures are implemented which affect occupational exposure of employees;
3. Whenever employees' jobs are revised such that new instances of occupational exposure may occur; and
4. Whenever we establish new functional positions within our facility that may involve exposure to bloodborne pathogens.

The County also recognizes that the involvement of employees in reviewing and updating the ECP with respect to the procedures performed by employees in their respective work areas or departments is important to its success. Therefore, employees are encouraged to complete and forward to the Joint Labor/Management Safety Committee the "Bloodborne Pathogens Report/Recommendation" form attached as Exhibit "A." This may be accomplished by forwarding said Report to their labor representatives or to the Risk Manager.

IV - EXPOSURE DETERMINATION

A. One of the keys to implementing a successful ECP is to identify exposure situations employees may encounter. To facilitate this, the following lists have been prepared:

1. Job classification in which all employees have occupational exposure to bloodborne pathogens (Exhibit "B");
2. Job classifications in which some employees have occupational exposure to bloodborne pathogens (Exhibit "C");
3. Tasks and procedures in which occupational exposure to bloodborne pathogens occur (Exhibit "D"). These tasks and procedures are performed by employees in the job classifications shown on the two previous lists.

B. The department's Designated Employee shall be responsible for revising and updating these lists as tasks, procedures, and classifications change. These revisions shall be forwarded the Risk Manager for inclusion in the plan.

V - METHODS OF COMPLIANCE

A. The following areas must be addressed in order to effectively eliminate or minimize exposure to bloodborne pathogens in County facilities:

1. The use of universal precautions;
2. Establishing appropriate engineering controls;
3. Implementing appropriate work practice controls;
4. Using necessary personal protective equipment; and
5. Implementing appropriate housekeeping procedures.

B. Each of these areas is reviewed with employees during their bloodborne pathogens related training (see the "Information and Training" section of this Plain for additional information). By rigorously following the requirements of OSHA's Bloodborne Pathogens Standard in these five areas, employees' occupational exposure to bloodborne pathogens will be eliminated or minimized as much as possible.

1. Universal Precautions:

The County practices universal precautions; therefore, we treat all human blood and bodily fluids as if they are known to be infectious for HBV, HCV, HIV and other bloodborne pathogens. Examples of bodily fluids include, but are not limited to: vomitus, vaginal secretions, semen and stool.

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

2. Engineering Controls:

One of the key aspects of our ECP is the use of engineering controls to eliminate or minimize employee exposure to bloodborne pathogens. As a result, employees use cleaning, maintenance and other equipment that is designed to prevent contact with blood or other potentially infectious materials.

The Risk Manager shall periodically work with department managers and supervisors to review tasks and procedures performed in our facility where engineering controls can be implemented or updated. Each department head or Designated Employee shall inspect on a regular basis engineering control equipment for proper function and needed repair or replacement to ensure their effectiveness.

Engineering controls in our facility include, but are not limited to:

a. Hand washing facilities (or antiseptic hand cleanser and towels or antiseptic towelettes), which are readily accessible to all employees who have potential for exposure;

b. Needle devices that effectively reduce the risk of an exposure incident;

c. Containers for contaminated sharps which have the following characteristics

i) Puncture-resistant

ii) Color-coded or labeled with a biohazard warning label; and

iii) Leak-proof on the side and bottom.

d. Specimen containers which are:

i) Leak-proof

ii) Color-coded or labeled with a biohazard warning label; and

iii) Puncture-resistant, if necessary.

3. Work Practice Controls:

In addition to engineering controls, the County uses a number of work practice controls to help eliminate or minimize employee exposure to bloodborne pathogens. Many of these work practice controls have been in effect for some time.

a. Each department head or Designated Employee is responsible for overseeing the implementation of the following work practice controls within their department:

i) Employees wash their hands immediately, or as soon as feasible, after removal of potentially contaminated gloves or other personal protective equipment;

ii) Following any contact of body areas with blood or any other infectious materials, employees wash their hands and any other

exposed skin with soap and water as soon as possible. They also flush exposed mucous membranes with water;

iii) 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.

iv) Contaminated reusable sharps are placed in appropriate containers immediately, or as soon as possible, after use;

v) 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;

vi) 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;

vii) Mouth pipetting/suctioning of blood or other infectious materials is prohibited;

viii) Specimens of blood or other potentially infectious materials are placed in designated leak-proof containers, appropriately labeled, for handling and storage;

ix) 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);

x) 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);

xi) An appropriate biohazard warning label is attached to any contaminated equipment, identifying the contaminated equipment, and identifying the contaminated portions; and

xii) 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.

b. When a new employee comes to the County, or an employee changes jobs, the Designated Employee is responsible for ensuring the following process takes place:

i) The employee's job classification and the tasks and procedures that they will perform are checked against the Job Classifications and Task Lists which have been identified in the ECP as those in which occupational exposure occurs;

ii) If the employee is transferring from one job to another, the job classifications and tasks/procedures pertaining to their previous position are also checked against these lists;

iii) 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; and

iv) The Designated Employee ensures that the employee is trained by the facility training coordinator or another instructor regarding any work practice controls that the employee is not experienced with.

4. Personal Protective Equipment:

a. Personal protective equipment is the "last line of defense" against bloodborne pathogens. Because of this, the County provides (at no cost to our employees) the personal protective equipment they need to protect themselves against such exposure. This equipment includes, but is not limited to:

- Gloves
- Eye protection
- Goggles
- Face shields/masks
- Mouthpieces
- Resuscitation bags, pocket masks or other ventilation devices
- Hypoallergenic gloves, glove liners and similar alternatives are readily available to employees who are allergic to the gloves our facility normally uses.

b. Each department head or Designated Employee is responsible for ensuring that all work areas in their department have appropriate personal protective equipment for their job classifications and tasks or procedures they perform. 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 they undertake. Any needed training is provided by their department manager or supervisor working with the County's training coordinator.

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

i) All personal protective equipment is inspected periodically and repaired or replaced as needed to maintain its effectiveness;

ii) Reusable personal protective equipment is cleaned, laundered and decontaminated as needed.

iii) Single-use personal protective equipment (or equipment that cannot, for whatever reason, be decontaminated) is disposed of.

d. 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:

i) Any garments penetrated by blood or other infectious materials are removed immediately, or as soon as feasible;

ii) All personal protective equipment is removed prior to leaving a work area;

iii) Gloves are worn in the following circumstances:

- Whenever employees anticipate hand contact with potentially infectious materials;
- When handling or touching contaminated items or surfaces.

iv) 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";

v) Disposable (single use) gloves shall not be washed or decontaminated for reuse;

vi) 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;

vii) Masks and eye protection (such as goggles, face shields, etc.) are used whenever splashes or spray may generate droplets of infectious materials; and

viii) Protective clothing (such as gowns and aprons) shall be worn whenever potential exposure to the body is anticipated.

5. Housekeeping:

a. Maintaining the County in a clean and sanitary condition is an important part of our ECP. To facilitate this, the County has set up a written schedule for cleaning and the method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present and tasks or procedures being performed in the area. This schedule is attached as Exhibit "E."

b. Using this schedule, our janitorial/cleaning staff employs the following practices:

i) All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials;

ii) After the completion of medical procedures;

iii) Immediately (or as soon as feasible) when surfaces are overtly contaminated;

iv) After any spill of blood or infectious material;

v) At the end of the work shift if the surface may have been contaminated during that shift';

vi) 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;

vii) 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.

viii) 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.); and

ix) Contaminated reusable sharps are stored in containers that do not require "hand processing."

The Facilities Maintenance Manager is responsible for setting up the cleaning and decontamination schedule and making sure it is carried out within County facilities.

c. The County is also dedicated to carefully handling regulated waste (waste which contains recognizable fluid blood, fluid blood products, containers or equipment containing blood that is fluid). The following procedures are used with all of this type of waste:

i) They are discarded or bagged in containers that are:

- Closable;
- Puncture-resistant if the discarded materials have the potential to penetrate the container;
- Leak proof if the potential for fluid spill or leakage exists;
- Red in color or labeled with the appropriate biohazard warning label.

d. Containers for this regulated waste are placed in appropriate locations in our facility within easy access of our employees as close as possible to the sources of the waste.

e. Waste containers are maintained upright, routinely replaced and not allowed to overfill.

f. Laundry, which has been soiled with blood or other potentially infectious materials, is handled as little as possible and is not sorted or rinsed where it is used. Contaminated laundry shall be placed and transported in appropriately labeled or color-coded containers. Any employee handling contaminated laundry shall wear protective gloves and other appropriate personal protective equipment.

g. Whenever 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.

h. Each department head or Designated Employee is responsible for coordinating with the Facilities Maintenance Manager for the collection and handling of our facility's contaminated waste.

VI - HEPATITIS B. VACCINATION, POST-EXPOSURE EVALUATION AND FOLLOW-UP

The County recognizes that even with good adherence to all 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 bloodborne pathogens occur.

A. Vaccination Program:

1. 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 vaccination, including its safety and effectiveness.

2. 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" attached hereto as Exhibit "F."

3. 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.

4. To ensure that all employees are aware of the vaccination program, it is thoroughly discussed in our bloodborne pathogens training.

B. Post-Exposure Investigation, Evaluation and Follow-up:

1. If an employee is involved in an exposure incident, defined as a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties, the following steps shall be immediately taken:

a. The employee must immediately notify his/her department head or Designated Employee;

b. The department head or Designated Employee shall immediately notify the Health Officer or Risk Manager;

c. The employee must immediately complete the incident report (attached as Exhibit "G") and forward to Risk Management;

d. An investigation into the circumstances surrounding the exposure incident shall be conducted; and

e. The exposed employee shall receive medical consultation and treatment (if required) as expeditiously as possible.

2. If an employee is involved in an incident resulting in an injury 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), these additional steps shall be taken:

a. The exposed employee's supervisor shall complete, within fourteen days from the date the incident is reported to the employer, the Sharps Injury Log (attached hereto as Exhibit "H"). The Sharps Injury Log provides the following information:

- Date and time of exposure incident;
- Type and brand of sharp involved;
- Job classification of the exposed employee;
- Department where exposure occurred;
- Procedure being performed by the employee;
- How the incident occurred;
- The body part involved;
- Whether the sharp had engineered sharps injury protection;
- Whether the protective mechanism was activated;
- Whether the injury occurred before the protective mechanism was activated, during activation or after activation;
- If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury; and
- The employee's opinion about whether any other engineering, administrative or work practice control could have prevented the injury.

3. The Risk Manager or Health Officer or other designated licensed healthcare provider investigates every exposure incident that occurs in our facility. This investigation shall be initiated within 24 hours after the incident occurs utilizing the Incident Report (Bloodborne Pathogens) attached as Exhibit "G".

4. 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, attached as 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.

5. After the Incident Report (Bloodborne Pathogens) is evaluated, written recommendations are made for avoiding similar incidents in the future.

6. 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.

7. The post-exposure process is as follows:

a. 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).

b. 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.

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

d. 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.

e. Concurrent to steps a, b, and c, and 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.

C. 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.

D. 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:

1. Confirmation that the employee has been informed of the results of the evaluation; and
2. 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.

E. Medical Recordkeeping:

The Health Officer or other designated licensed healthcare provider is responsible for setting up and maintaining these medical records, which contains the following information:

1. Name of the employee;
2. A copy of the employee's Hepatitis B Vaccination status;
3. Dates of any vaccinations;
4. Medical records relative to the employee's ability to receive vaccination;
5. 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 to bloodborne pathogens;
6. A copy of the information provided to the consulting healthcare professional as a result of any exposure to bloodborne pathogens; and
7. A 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.

VII - LABELS AND SIGNS

One of the most obvious warnings of possible exposure to bloodborne pathogens is a biohazard label. Because of this, 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.

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

VIII - INFORMATION AND TRAINING

A. Having well informed and educated employees is extremely important when attempting to eliminate or minimize exposure to bloodborne pathogens. Because of this, all employees who have the potential for exposure to bloodborne pathogens shall attend and complete a training program.

B. Employees will be retrained 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.

C. The Designated Employee shall ensure that all employees who have potential exposure to bloodborne pathogens receive this training.

D. Training Topic - the topics covered in our training program include, but are not limited to, the following:

1. The Bloodborne Pathogens Standard itself;
2. The epidemiology and symptoms of bloodborne diseases;
3. The modes of transmission of bloodborne pathogens;
4. The County's ECP (and 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; and
 - c. Personal protective equipment.
7. Selections and use of personal protective equipment including:
 - a. Types available;
 - b. Proper use;
 - c. Location within the facility;

- d. Removal;
- e. Handling;
- f. Decontamination; and
- g. Disposal.

8. Visual warning of biohazard within our facility 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; and
- e. Our facility'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 our facility will provide.

13. Explanation of the signs and labels and/or color-coding for containers used for storage or transport of blood or other potentially infectious materials.

E. Training Methods - The County's training presentations make use of several training techniques including, but not limited to:

- 1. Webinars;
- 2. Classroom type atmosphere with personal instruction;
- 2. Videotape programs; and
- 3. Training manuals

F. Recordkeeping - 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 job titles of the instructors (if applicable); and
4. 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.