



POLICY AND PROCEDURE	
SUBJECT/TITLE:	Exposure Control Plan
APPLICABILITY:	All Staff
CONTACT TITLE & DIVISION:	Diane Thompson, RN, MSN; Director of Nursing
ORIGINAL DATE ADOPTED:	11/15/2022
LATEST EFFECTIVE DATE:	11/15/2022
REVIEW FREQUENCY:	Annually
BOARD APPROVAL DATE:	N/A
REFERENCE NUMBER:	200-025-P

A. PURPOSE

The purpose of this policy is to provide an Exposure Control Plan (ECP) that aims to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with *OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."*

B. POLICY

This policy applies to all Canton City Public Health Staff

C. BACKGROUND

N/A

D. GLOSSARY OF TERMS

Bloodborne pathogens: infectious microorganisms present in blood that can cause disease in humans. These pathogens include but are not limited to: Hepatitis B virus (HBV), Hepatitis C virus (HCV), and human immunodeficiency virus (HIV), the virus that causes AIDS.

Other potentially infectious materials (OPIM): any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. This includes but is not limited to: semen, vaginal secretions, saliva, urine, feces, emesis, tears, nasal secretions, and wound secretions.

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Engineering Controls: devices that isolate or remove the bloodborne pathogens hazard from the workplace (i.e. self sheathing needles).

Work Practice Controls: practices that reduce the possibility of exposure by changing the way a task is performed (i.e. practices with handling sharps, laundry, specimens, and cleaning surfaces).

E. PROCEDURES & STANDARD OPERATING GUIDELINES

The ECP is a key document to assist our organization in implementing and ensuring compliance with OSHA’s Bloodborne Pathogens Standard, thereby protecting our employees.

This ECP includes:



- Determination of employee exposure by job role and tasks
- Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment (PPE)
 - Practices related to:
 - Sharps disposal
 - Personal Protective Equipment
 - Specimens
 - Housekeeping,
 - Laundry
 - Waste Containers,
 - Labeling
 - Employee Input
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees with labels and signs
- Provide information and training to employees
- Worker medical and training recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

The Director of Nursing with the support of the Medical Director is responsible for implementation of the ECP. The Director of Nursing will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure. Contact phone number: (330) 489-3322.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

The Director of Nursing (or designee) will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The Director of Nursing (or designee) will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact phone number: (330) 489-3322.

The Director of Nursing (or designee) will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. Contact phone number: (330) 489-3322.



The Director of Nursing (or designee) will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact phone number: (330) 489-3322.

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at our establishment in which all employees have occupational exposure:

<i>Job Title</i>	<i>Department/Location</i>	<i>Task/Procedure</i>
Medical Director	Nursing Department	Handling sharps, Blood and OPIM exposure
Nurse Practitioner	Nursing Department	Handling sharps, Blood and OPIM exposure
Director of Nursing	Nursing Department	Handling sharps, Blood and OPIM exposure
Public Health Nurse II/III	Nursing Department	Handling sharps, Blood and OPIM exposure
Health Services Coordinator	Nursing Department	Handling sharps, Blood and OPIM exposure
Clinical Receptionist	Nursing Department	Blood and OPIM exposure

<i>Job Title</i>	<i>Department/Location</i>	<i>Task/Procedure</i>
Disease Intervention Specialist	Nursing Department	Handling sharps, Blood and OPIM exposure
Early Intervention Specialist	Nursing Department	Handling sharps, Blood and OPIM exposure
Linkage to Care Specialist	Nursing Department	Handling sharps, Blood and OPIM exposure
Dental Program Manager	Nursing Department	Handling sharps, Blood and OPIM exposure
WIC Assistant	WIC Department	Handling sharps, Blood and OPIM exposure
Laboratory Director	Lab Department	Handling sharps, Blood and OPIM exposure
Laboratory Technician	Lab Department	Handling sharps, Blood and OPIM exposure

The following is a list of job classifications in which some employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

<i>Job Title</i>	<i>Department/Location</i>	<i>Task/Procedure</i>
Sanitarian I/II	Community Services (EH)	Handling of Biological and Chemical Waste
Sanitarian III	Special Services (EH)	Handling of Licensed Pesticides Asbestos Exposure Lead Dust Exposure
EH Tech (part-time)	Community Services (EH)	Handling of Licensed Pesticides
WIC Director	WIC Department	Hematocrit Testing
Dietitian	WIC Department	Hematocrit Testing
Lactation Consultant	WIC Department	Breast Feeding Support
WIC Peer Helper	WIC Department	Breast Feeding Support
Epidemiologist	OPHII	Handling Biological Samples
Medical Director		



NOTE: Part-time, temporary, contract, and per diem employees are covered by the bloodborne pathogens standard. The expectation is that these employees provide written verification of bloodborne pathogens training and are familiar with the ECP standards protocol.

IMPLEMENTATION OF EXPOSURE CONTROL METHODS

Universal Precautions

All employees will utilize universal precautions. This means they are to treat all human blood and OPIM as if known to be infectious for bloodborne pathogens

Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

- Non-glass capillary tubes
- Non-glass vacutainers
- Benchtop splash shield
- Safety syringes (Recapping or removal of any needle from the hub is not permitted. A new needle, syringe or lancet is used with each procedure and discarded immediately after use in a sharps container)
- One-way airway
- Disposable exam gloves
- Sharps containers
- Needle/syringe grinders
- Covered trash containers
- Biohazard trash containers in each clinic room
- No food and drink are permitted in patient care areas: examination rooms, stat lab, rest rooms
- No food and drink will be stored in the vaccine refrigerator or in any other area of the stat lab.

Sharps Disposal/Needle Sharps

The procedure for handling sharps disposal containers is: Sharps containers in use will be stored in an upright position. They will be considered full when a syringe will no longer drop and lay flat in the container.

The procedure for managing needle grinders: Needle grinders will be considered full when the Container Full light is activated. The needle grinder opening is to remain closed when not in use. The needle grinding opening should be cleaned when visibly soiled using universal precautions.

Canton City Public Health is licensed by Ohio Environmental Protection Agency (EPA) as an infectious waste generator. The license is maintained by the laboratory department.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded red. Sharps disposal containers are available in the nursing department storage room.



Sharps disposal containers are to be inspected and maintained or replaced by BBP Trained CCPH staff whenever necessary to prevent overfilling. Sharps containers are sealed and transported to the laboratory to be disposed of as Infectious Waste in accordance with Ohio Environmental Protection Agency standards. Needle grinders are to be inspected and maintained regularly by the staff nurse assigned to the exam room. The container full light on the needle grinding machine indicates the waste container is full. The needle grinding waste containers are to be replaced when full to prevent overfilling. Needle grinding waste will be transported to the laboratory to be disposed of as Infectious Waste in accordance with Ohio Environmental Protection Agency standards Refer to the 200-019 Use of Needleshark NS-950 policy and procedure for more information.

Personal Protective Equipment (PPE)

PPE is provided to employees at no cost to them. (Refer to PPE policy for specifics). Training in the use of the appropriate PPE for specific tasks or procedures is provided by the nursing department.

The types of PPE available to employees are as follows:

- Gloves
- Safety glasses/Goggles and/or face shields
- Lab coats
- Masks
- N-95
- Utility gloves
- Resuscitation equipment

PPE is located in the nursing department's clinical rooms and/or storage room and may be obtained through nursing department staff. The Director of Nursing (or designee) is responsible for ensuring that PPE is available.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in the appropriate areas – trash containers, biohazard container, and laundry bag.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.

Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

Specimens

All specimens will be shipped in compliance with Division 6.2 packaging and shipping rules and regulations. The lab personnel are trained to properly ship specimens. Specimens being transported from



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the clinical area to lab will be placed in a closed plastic container with a red biohazard symbol prior to transport. This is to help ensure a reduce risk of exposure in case or spills or drops.

Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section “Labels”), and closed prior to removal to prevent spillage or protrusion of contents during handling.

All used sharps are disposed of in the sharps disposal container or placed in the needle grinder immediately after use.

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

At this facility, the examination rooms will be cleaned and decontaminated according to the following schedule:

- Exam rooms used for patient care will be cleaned by the nurse/nursing department staff member assigned to that examination room that day. All exam tables, venipuncture tables, and culture areas are to be paper-covered during use. Covers on exam tables are changed after each client use. Any other surface will be cleaned at the end of the clinic unless contaminated with blood or body fluids during use.
- Areas noticed to be soiled with blood or body fluids will be:
 - a. wiped up with disposable towels;
 - b. disposable towels will be discarded in a plastic lined container;
 - c. contaminated area will be washed with soap and water; and
 - d. contaminated rea will be washed with Bacdown or other approved disinfectant and allowed to air dry according to product direction.

Laundry

Lab coats are provided to cover uniforms during patient contact. Lab coats remain at the health department and are laundered at CCPH’s expense. Individual staff members are responsible for ensuring that they have clean lab coat to utilize during patient care. Lab coats are to be changed immediately if they become soiled and replaced with a clean coat. Clean lab coats are to be worn for off-site clinics. Contaminated lab coats will be laundered by a professional laundering company. Laundering will be performed by Dutch Girl Cleaners or an affiliated company on a regular basis.

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation
- Place wet contaminated laundry in leak-proof, labeled containers before transport. Use either red bags or bags marked with the biohazard symbol for any laundry grossly contaminated with biohazard materials for this purpose.
- Contaminated laundry is placed in biohazard bag and then in laundry bag;

Waste Containers



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At this facility, all waste containers must have disposable liners. These liners and their contents are dumped and the liners changed every day by a contracted cleaning group. The container used for body fluids other than blood is a large trash container with a lid. The containers are covered at all times except during STI clinics. These bags are tied and knotted before removal from the trash container. These containers are visually examined by the nurse using them. Any damage is immediately reported to the Director of Nursing (or designee) for repair or replacement. Bag liners are purchased by the nursing department.

At this facility, speculums and any other objects that may come into contact with blood or body fluids are discarded into a biohazard container located in each clinic room. Every two weeks (or sooner if full or if the bag has been compromised) at the end of the clinic, the nurse ties and knots the bag prior to removing from the container. These bags will then be taken to the designated location determined by the lab.

Labels

The following labeling methods are used in this facility:

Equipment to be Labeled Label Type (size, color)

Contaminated speculum and other STI clinic supplies are placed in the red container with a biohazard bag liner;

Laboratory personnel are responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify laboratory personnel if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

EMPLOYEE IMPUT

As dictated in the OSHA standard, CCPH will update the EPC annually to reflect changes in tasks, procedures, and positions that affect occupational exposure, as well as technological changes that eliminate or reduce occupational exposure.

CCPH will also annually document in the plan that they have considered and begun using appropriate, commercially-available effective safer medical devices designed to eliminate or minimize occupational exposure.

CCPH will also solicit and document input from frontline workers and the safety committee (if applicable) in identifying, evaluating, and selecting effective engineering and work practice controls. New procedures and new products are evaluated as needed by conducting literature reviews, reviewing supplier information, and requesting outside agency input if necessary.

Both front-line workers and management officials are involved in this evaluation process in the following manner: A review is conducted by a Staff Nurse II/III, Medical Director, Director of Nursing, and laboratory personnel. The Director of Nursing is responsible for ensuring that the recommendations are implemented.



HEPATITIS B VACCINATION

The Director of Nursing (or designee) will provide education to at risk employees on hepatitis B vaccinations including safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is available at no cost after initial employee education and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan.

Vaccination is encouraged unless:

- 1) documentation exists that the employee has previously received the series;
- 2) antibody testing reveals that the employee is immune; or
- 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee declines the vaccination, the employee must sign a declination form (Appendix A). Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the employee file. Vaccination will be provided by the nursing staff.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

A post exposure evaluation and follow-up is available to any occupationally exposed worker who experiences an exposure incident. An exposure incident is a specific to the eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM.

This evaluation and follow-up is available at no cost to the worker and includes documenting the route(s) and the circumstances in which the exposure incident occurred.

Should an exposure incident occur, provide initial first aid (clean the wound, flush eyes or other mucous membrane, etc.). After the first aid is provided, contact the Director of Nursing, the Nursing Supervisor or the Medical Director at (330) 489-3322.

An immediately available confidential medical evaluation and follow-up will be conducted by the Medical Director. If the medical director is not available, the employee may be directed to a local provider for occupational health or a stat care. Following

The medical evaluation and follow-up will include the following:

- On an Incident Form, document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and decide to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- The employee should be educated about post-exposure prophylaxis and provided counseling.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).



- The Medical Director will provide a limited written opinion to the employer and all the diagnosis must remain confidential.
- Refer the employee to Aultworks at (330) 491-9675 for initial testing and follow-up testing.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The Director of Nursing ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

The Director of Nursing ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual's blood test
- relevant employee medical records, including vaccination status

The Director of Nursing provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The Director of Nursing and Medical Director will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand)
- protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident (clinic room, stat lab, waiting area, etc.)
- procedure being performed when the incident occurred
- employee's training

The Director of Nursing and/or designee will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log. Reference OSHA Needlestick/Sharps Injuries form (OSHA 300 Log). See below for more information.

If revisions to this ECP are necessary, the Director of Nursing will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

EMPLOYEE TRAINING



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Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial orientation/training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by accessing the Policies and Procedures on the CCPH website. If the employees are unable to access it through the website, they may contact the Director of Nursing (or designee). If requested, the Director of Nursing (or designee) will provide an employee with a copy of the ECP free of charge and within 5 days of the request.

All employees who have known anticipated occupational exposure to bloodborne pathogens receive initial and annual training coordinated by the Staff Nurse III (or designee). Additional training will also occur if new or modified tasks or procedures affect a worker's occupational exposure. Employees can ask questions to the Director of Nursing (or designee) who is arranging the Bloodborne Pathogens training. The training will be provided at an educational level and in a language that the workers understand.

All employees who have occupational exposure to bloodborne pathogens receive training that covers all elements of the standard including, but not limited to:

- epidemiology, symptoms, and transmission of bloodborne pathogen and diseases.
- Methods used to control occupational exposure
- Hepatitis B vaccine
- Medical evaluation and post-exposure follow-up procedures.
- a copy and explanation of the OSHA bloodborne pathogen standard
- an explanation of our ECP and how to obtain a copy

Training materials for this facility are available at on the network L: drive in the bloodborne pathogens folder.

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years in the ECP manual.

The training records include:

- the dates training sessions completed
- the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Director of Nursing.

Employee Input

In accordance with 1910.1030 (c)(1)(v), CCPH shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and will document the solicitation in the Exposure Control Plan. This allows staff the provide any recommendation or concerns the have about the current sharp devices being used, safety issues, work



practices, etc.... This procedure is to be completed annually by the Staff Nurse III (or designee) and will be reviewed by the Director of Nursing.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 *CFR* 1910.1020, "Access to Employee Exposure and Medical Records."

The Fiscal Manager (or designee) is responsible for maintenance of the required medical records. These confidential records are kept in the Fiscal Office for at least the duration of employment plus 30 years. Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Director of Nursing.

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 *CFR* 1904). This determination and the recording activities are done by the Director of Nursing.

All waste documents required under Ohio EPA rules and regulations are maintained by the laboratory.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- date of the injury
- type and brand of the device involved (syringe, suture needle)
- department or work area where the incident occurred
- explanation of how the incident occurred

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. The log is maintained in the Director of Nursing's office. If a copy is requested by anyone, it must have any personal identifiers removed from the report. Reference OSHA Needlestick/Sharps Injuries form (OSHA 300 Log).

Schedule for Cleaning and Decontamination

The staff member assigned to an exam room used for patient exams/testing and WIC exams is responsible for maintaining the area in a clean and safe manner. Anytime there is a spill of blood or other possibly infectious body fluid, the BBP trained staff member will use the following procedure:

- apply protective gloves;
- blot up as much of the spill as possible with a paper towel or drape sheet and discard in plastic-lined trash container;
- wash the spill area with soap and water;
- Apply Bacdown or other approved disinfectant. Allow to air dry. A four-minute exposure will decontaminate the area of HIV. For other bacterial organisms such as salmonella, shigella, streptococcus, staphylococcus, E. Coli, etc., allow to air dry for ten minutes;
- gloves and cleaning materials are discarded in the plastic-lined trash container;
- wash hands thoroughly



At the end of clinic, the following work areas will be disinfected with Bacdown, or other approved cleaning product, and allowed to air dry:

- basin, stirrups, step and any other possibly contaminated area;
- entire sink area (faucets included);
- any worktable and desk top;
- door knobs;
- lamps; and
- Exam table is cleaned with Clorox/other approved disinfecting wipes

Gloves will be worn by all nurses during this disinfecting procedure. Gloves must be properly discarded in plastic-lined container after use, followed by good hand washing.

If there is a major accident involving a large amount of blood, infectious body fluid or chemicals, the ***Infectious Waste Spill Contingency Plan*** will be implemented. The emergency clean-up kit is located in the laboratory in an easily reached and properly identified area. Please notify the Lab Director should this occur.

General Office and Clinic Cleaning

A contracted cleaning service is responsible for daily cleaning of this facility. In the clinic areas and waiting areas, hard-surface floors are to be mopped with disinfectant solution daily. Any flat surface is to be washed off with disinfectant solution and allowed to air dry. Trash containers are to be tied shut and discarded as a unit. New plastic liners are to be in place daily. Normal cleaning (dusting and sweeping) is sufficient for the rest of the working areas.

F. CITATIONS & REFERENCES

Occupational Safety and Health Administration, Occupational Safety and Health Standards: Bloodborne pathogens. <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030>

OSHA Fact Sheet, OSHA's Bloodborne Pathogens Standard.
<https://www.osha.gov/sites/default/files/publications/bbfact01.pdf>

G. CONTRIBUTORS

The following staff contributed to the authorship of this document:

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H. APPENDICES & ATTACHMENTS

I. REFERENCE FORMS



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J. REVISION & REVIEW HISTORY

Revision Date	Review Date	Author	Notes
11/15/2022	11/15/2022	Sarah Thomas	Multiple areas corrected. Track changes saved.

K. APPROVAL

This document has been approved in accordance with the “800-001-P Standards for Writing and Approving PPSOGFs” procedure as of the effective date listed above.