

IHSC Occupational Health Guide: Bloodborne Pathogens and Other Potentially Infectious Materials

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ICE

ICE Health Service Corps

Foreword


This guide supplements the IHSC Directive 05-02, *Occupational Health*.

This guide supplements the ICE Occupational Safety and Health Program Requirements Handbook and explains concepts, assigns responsibilities, and details procedures for the prevention and control of exposures to blood and other potentially infectious materials in the health care setting.

The intended audience is health staff supporting health care operations within IHSC-staffed medical clinics in ICE-owned or contracted detention facilities.

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I. PURPOSE AND OVERVIEW

The purpose of this guide is to provide health staff with procedures, tools, and resources to manage bloodborne pathogens (BBP) and other potentially infectious material (OPIM) as required by IHSC Directive 05-02, *Occupational Health*. IHSC is dedicated to promoting a safe and productive work environment by reducing exposures to BBP and OPIM through training, the use of administrative, workplace, engineering controls, and personal protective equipment (PPE).

II. RESPONSIBILITIES

A. Public Health, Safety, and Preparedness (PHSP) Unit

1. Provides oversight and technical assistance of IHSC's BBP Program.
2. Reviews and updates this guide and associated documents.
3. Develops, reviews, and updates the IHSC Exposure Control Plan (ECP) and the template for developing ECPs.
4. Conducts periodic program assessment.

B. Health Services Administrator (HSA) and Facility Health Care Program Manager (FHPM)

1. Oversee the medical clinic ECP and the management of accidental exposures and injuries.
2. Implement and monitor ECP for the medical clinic.
3. Document and evaluate BBP exposures and provide the exposed staff with post-exposure recommendations.
4. Ensure health staff receive orientation and annual training.
5. Review the ECP at least annually.
6. Monitor hand hygiene practices quarterly.
7. Facilitate completion of information requests for monitoring and following workforce health-related reports, interventions, and process improvements.

C. Health Staff

1. Adhere to the ECP.
2. Maintain awareness of BBP and OPIM exposure prevention and management.

3. Promote and monitor exposure precautions in accordance with current national guidelines and standards as specified in training.

III. DEFINITIONS WITH EXPANDED INFORMATION

1. Administrative Controls – Methods of controlling employee exposures by enforcing policies and procedures, modification of work assignment, training in specific work practices, and other administrative measures designed to reduce exposures.
2. Airborne Infection Isolation (AII) Precautions – Isolation of patients infected with infectious organisms spread through the air to minimize person-to-person transmission.
3. Airborne Infection Isolation (AII) Room – A single occupancy patient-care room (formerly called a negative pressure isolation room). Environmental factors are controlled so the isolation room receives substantial air changes per hour (ACH). The number of ACH is greater, or equal to, 12 for new construction since 2001 and greater or equal to six ACH for construction before 2001. In addition, the single occupancy patient-care room is under negative pressure (i.e., the direction of air flow is from the outside adjacent space, or the corridor, into the room). All room air is preferably exhausted to the outside, or recirculated if the return air is filtered through a high efficiency particulate air (HEPA) filter.
4. Airborne Transmission – The dissemination of airborne particles can infect people over time if the distance is suitable, and the droplet nuclei are from one to five μm in diameter and dispersed through coughing or aerosolization of contaminated fluids.
5. Antiseptic agent – Antimicrobial substances applied to the skin to reduce the number of microbial flora. Examples include alcohols, chlorhexidine, chlorine, hexachlorophene, iodine, chloroxylenol (PCMX), quaternary ammonia compounds, and triclosan.
6. Antiseptic hand wash – Washing hands with water and soap or other detergents containing an antiseptic agent.
7. Antiseptic hand rub – Applying an antiseptic hand-rub product to all surfaces of the hands to reduce the number of microorganisms present.
8. Blood – Human blood, blood components, and products made from human blood.

9. Bloodborne Pathogens – Microorganisms present in human blood that can cause disease in humans
(e.g., hepatitis B virus and human immunodeficiency virus).
10. Body Fluid – Fluid secreted by the body including, but not limited to, blood, semen, saliva, urine, and feces.
11. Contagious – When a patient transmits a disease to another human through direct or indirect contact. Other terms associated with the definition are communicable, infectious, and microorganisms.
12. Culture of Safety – The shared commitment of management and employees to ensure a safe work environment.
13. Direct Contact Transmission – Direct transfer of a microorganism from an infected person to another person.
14. Engineering Controls – Controls that isolate or remove a hazard from the workplace (e.g., ventilation, isolation, sharps disposal containers, self-sheathing needles).
15. Exposure – The condition of being subjected to something in the working environment (e.g., noise, dust, chemicals, radiation, and infectious agents) that could have an adverse health effect.
16. Exposure Incident – An incident involving chemical or biological exposure of the eye, mouth, other mucous membranes, non-intact skin, and/or parenteral contact with blood or other potentially infectious materials.
17. Hand Hygiene – Handwashing with one of the following four agents: (1) plain, non-antimicrobial, soap and water; (2) anti-septic hand wash (e.g., soap containing antiseptic agents and water); (3) antiseptic hand rub, which is usually a waterless anti-septic product, most often alcohol-based, and rubbed on all hand surfaces; or (4) surgical hand antisepsis, or antiseptic hand wash/hand rub, performed preoperatively by surgical personnel to eliminate transient hand flora and reduce resident hand flora.
18. Handwashing Station – A station providing an adequate supply of running potable water, soap, and single use towels and/or hot-air drying machines, or a waterless hand wash solution.
19. High Efficiency Particulate Air (HEPA) Filter – A filter certified to remove $\geq 99.97\%$ of particles $0.3 \mu\text{m}$ in size, *M. tuberculosis*–containing droplet nuclei. The filters are for portable or stationary units and required for all room exhaust ventilation. The filters require expertise in installation and maintenance.

20. Infection Control – Institutional procedures and policies for monitoring and attempting to control the transmission of communicable diseases.
21. Near-miss – An event or situation that could have resulted in an accident, injury, or illness, but did not because of chance or a timely intervention.
22. Needleless Intravenous (IV) System – An IV system that administers medication through an access device without using needle connections.
23. Needle-stick Injury – A penetrating stab wound caused by a needle.
24. N95 Disposable Respirator – An air-purifying, filtering-facepiece respirator that is $\geq 95\%$ efficient at removing $0.3 \mu\text{m}$ particles and is not resistant to oil. Education and fit testing are required before wearing an N95 respirator and the respirator is used to protect the wearer from exposures in the air. In addition, this type of respirator is not worn by a patient.
25. Occupational Exposure – Skin, eye, mucous membrane, or parenteral contact with blood, or other potentially infectious materials, occurring during the performance of work activities.
26. Other Potentially Infectious Material (OPIM) – Includes the following four types of materials: (1) secretions of semen or vaginal fluid, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) unfixed tissue or organ (other than intact skin) from a living or dead human; (3) Human Immunodeficiency Virus (HIV)-containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions; and (4) blood, organs, or other tissues from experimental animals infected with HIV or HBV.
27. Personal Protective Equipment (PPE) – Equipment that protects a person from hazardous exposures such as chemicals, dust, noise, radiation, infectious diseases, and includes respirators, gloves, mask, goggles, gowns, face shields, ear plugs, hard hats, and steel toe boots.
28. Regulated Waste – Liquid or semi-liquid blood, caked or dried blood, or other potentially infectious materials capable of releasing these materials during handling or compression.
29. Respirator – A form of PPE with filtering capability that fits snug on the face, and over the nose and mouth, to prevent the wearer from inhaling hazardous airborne particles.
30. Safety Device/Sharps with Engineered Sharps Injury Protections - A non-needle sharp, or needle device, used for withdrawing body fluids, accessing a

- vein or artery, or administering medications or other fluids with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.
31. Sharps - An object that can penetrate the skin, including, but not limited to, needles, scalpels, lancets, broken glass, broken capillary tubes, and exposed ends of dental wires.
 32. Sharps Injury – An injury caused by sharps, including, but not limited to, cuts, abrasions, or needle sticks.
 33. Standard Precautions – Standard precautions are a set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. They are the basic level of infection control that should be used, as a minimum, in the care of all patients all of the time. Standard precautions are meant to reduce the risk of transmission of bloodborne and other pathogens from both recognized and unrecognized sources. The infection control/prevention practices may include hand hygiene, and depending on the anticipated exposure, use of gloves, gown, mask, eye protection, or face shield. The equipment or items in the patient environment that are likely to have been contaminated with infectious fluids must be handled in a manner to prevent transmission of infectious agents (e.g., wear gloves for handling heavily soiled equipment and properly clean and disinfect, or sterilize, reusable equipment before using on another patient).
 34. Surgical Facemasks – A protective device that covers the patient's nose and mouth to protect health care workers from exposures to wearer-generated microorganisms.
 35. Symptom Screen – A procedure used during a clinical evaluation in which a person is asked if they have experienced any departure from normal in function, appearance, or sensation related to the health condition of interest.
 36. Transmission-Based Precautions – Precautions that provide additional protections beyond standard precautions to interrupt the transmission of pathogens.
 37. Work Practice Controls – Controls that reduce the likelihood of exposure by altering the way a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

IV. EXPOSURE CONTROL PLAN (ECP)

An ECP is a location-specific plan with activities, practices, and procedures intended to minimize occupational exposures to blood and OPIM. The ECP accomplishes the following functions:

1. Helps determine staff exposure to BBP.
2. Communicates workplace hazards related to BBP.
3. Offers advice on hepatitis B vaccinations.
4. Uses the following exposure control measures:
 - Standard precautions.
 - Transmission-based precautions.
 - Administrative controls.
 - Engineering controls.
 - Work practice controls.
 - Personal protective equipment.
 - Housekeeping and spill clean-up.
5. Reports, evaluates, and follows up on exposure incidents.
6. Documents and keeps records of exposures.
7. Trains employees.

V. DETERMINING STAFF EXPOSURES AND COMMUNICATING HAZARDS

Evaluating staff exposure to BBP and OPIM is part of the job hazard analysis (JHA). The JHA is described in the IHSC Occupational Health Guide: Personal Protective Equipment Program. A JHA assesses job tasks for hazards regardless of the use of PPE or other controls. The HSA must use the JHA to determine which staff have a potential for workplace BBP exposure. Staff with the potential for skin, eye, mucous membrane, or parenteral contact with blood or OPIM are included in the ECP. The HSA must ensure that health staff are aware of these BBP hazards and adhere to the control methods in the ECP.

VI. HEPATITIS B VACCINATION

The U.S. Occupational Safety and Health Administration (OSHA) BBP Standard requires all employers offer the HBV vaccine to their employees who have the potential for workplace exposure to blood and OPIM. The HSA must ensure health

staff are aware of the importance of the HBV vaccine and its benefits. If a staff member refuses to get the HBV vaccine, or if it is contraindicated, the staff member must provide documentation to the HSA. Please refer to 05-02 G-03 IHSC Occupational Health Guide: Workforce Health".

VII. EXPOSURE CONTROL MEASURES

A. Standard Precautions

Standard precautions reduce the spread of microorganisms by direct or indirect contact and reduce the risk of illnesses caused by microorganisms. When deployed, standard precautions protect health staff from blood, body fluids, non-intact skin, and mucous membranes.

Health staff must apply standard precautions when caring for patients or residents regardless of their diagnosis or presumed infectious status. Standard precautions, at a minimum, include the following:

- Hand hygiene.
- Respiratory hygiene and cough etiquette.
- Safe injection practices.

1. Hand Hygiene.

Hand hygiene is the single most effective measure to prevent the spread of infectious illness from person to person. Readily accessible handwashing facilities are essential to the successful practice of hand hygiene. Sinks with running water and soap should be available in every IHSC-staffed medical clinic exam room. If not directly in the exam room, staff must have immediate access to soap and running water outside the exam room. Readily accessible antiseptic hand rub also supports hand hygiene practices. Hand hygiene training ensures health staff competency in washing hands with antiseptic hand wash as soon as possible after any exposure to BBP or OPIM, and after removing PPE. The FHPM monitors and documents health staff compliance with hand hygiene quarterly. Hand hygiene compliance indicators include cleaning hands, see Tables 1 and 2.

- a. Before and after each patient interaction.
- b. Before and after handling equipment for patient care.
- c. Before and after going to the restroom.
- d. Before and after going on breaks and eating.

- e. After removing gloves and other PPE.
- f. Before leaving work at the end of the day.

Table 1. Antiseptic Hand Wash

When to use antiseptic hand wash (when hand rub is not sufficient)
<ul style="list-style-type: none"> • When hands look or feel soiled and dirty. • After contact with blood, bodily fluids, or contaminated surfaces, even if gloves are worn. • After handling biohazard waste, even if gloves are worn. • After enough consecutive uses of antiseptic hand rub that hands feel “grubby” from the build-up of emollients.
Instructions
<ol style="list-style-type: none"> 1. Turn on the faucet and wet hands with water. 2. Apply a liberal amount of soap to hands, and rub them together vigorously for at least 15-20 seconds, covering all surfaces of the hands and between the fingers. 3. Rinse hands with water and dry thoroughly with a clean disposable towel 4. Use another clean towel to turn off the faucet.

Instructions
<ol style="list-style-type: none"> 1. Apply product to the palm of one hand and rub hands together, covering all surfaces of hands and fingers, until they are dry. 2. Follow manufacturer’s recommendations of the volume and use of product. 3. Dispenser placement must comply with National Fire Protection Association (NFPA) recommendations according to the NFPA101: Life Safety Code: <ul style="list-style-type: none"> • Corridor width is six feet or greater. • Dispensers are a minimum of four feet apart. • Maximum capacity 1.2 L in rooms and corridors; 2.0 L in suites. • Dispensers cannot be installed over electrical outlets/switches. • May be installed in carpeted areas only if there is a sprinkler smoke compartment. • Maximum amount of ten gallons of solution per smoke compartment and five gallons in storage.

Table 2. Antiseptic Hand Rub

2. Respiratory Hygiene/Cough Etiquette.

The following are elements of good respiratory hygiene and cough etiquette:

- Control coughs at their source by covering the mouth and nose with tissue when coughing and placing a surgical mask on the source of the cough, when necessary.
- Wash hands after contact with respiratory secretions.
- Practice spatial separation (ideally greater than three feet).
- Place persons with known or suspected respiratory infections in separate waiting areas, if possible.
- Educate health staff, patients, and visitors.
- Post signs that depict good respiratory hygiene and cough etiquette practices in languages appropriate to the population.

3. Safe Injection Practices.

The following safe injection practices are part of standard precautions:

- Use needleless systems for IVs and medication delivery as available.
- Use single dose vials as available.
- Use sterile, single-use, disposable safety needles and syringes for each use of a multiple dose vial or injection into a solution (e.g., IV fluid).
- Use sterile, single-use, disposable safety needles and syringes for each intravenous, intramuscular, subcutaneous, or intradermal administration.

B. Transmission-Based Precautions

Health staff must implement transmission-based precautions when treating patients and residents with documented or suspected infection, and highly transmissible or epidemiologically important pathogens, for which additional measures beyond standard precautions are needed. Health staff must empirically implement precautions when a condition is suspicious enough to test, or treat, for the causative agent (e.g., TB).

In addition to standard precautions, health staff must use transmission-based precautions appropriate for the organism and mode of transmission. The implementation of more than one type of precaution is required for some disease processes, such as varicella which requires both contact and airborne precautions.

For detailed guidance on the type and duration of transmission precautions by

organism or syndromes, refer to the Guidelines for Environmental Infection Control in Health-Care Facilities -- Recommendations of the Centers of Disease Control (CDC) and the Healthcare Infection Control Practices Advisory Committee (HICPAC).

1. Signage.

- a. Health staff must post signs whenever implementing transmission-based precautions to warn facility staff, health staff, and visitors, of the requirements for entry into the restricted area.
- b. Health staff must post signs on in-use isolation room doors.
- c. Health staff must use clear, eye-catching, professionally designed laminated signs.

2. Contact Precautions.

- a. Contact precautions prevent transmission of infectious agents spread by direct or indirect contact.
- b. Health staff must put on gloves and a gown for patient contact prior to entering patient care rooms requiring contact precautions.
- c. Health staff must put on PPE whenever entering the patient's or resident's environment, since the level of exposure cannot be predicted.
- d. Health staff must remove and dispose of PPE before exiting the patient care room.
- e. Health staff must decontaminate hands immediately upon exiting the patientcare room.
- f. Health staff must use disposable or dedicated patient care equipment.
- g. Health staff should recommend that the facility uses disposable utensils and plates for serving meals during contact precautions.
- h. Health staff should recommend that a patient or resident with contact precautions be housed in a private room with a separate bathroom, or if appropriate with a similarly infected cohort.
- i. If a private bathroom is not available, health staff should recommend to facility staff that shared bathrooms are disinfected after each use.

3. Droplet Precautions.

- a. Droplet precautions help prevent the transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions.
 - b. Health staff must put on a surgical face mask when entering a patient's or resident's room requiring droplet precautions.
 - c. Health staff should recommend that a patient or resident with droplet precautions be housed in a private room or with a similarly infected cohort, although a single occupancy room is preferred.
4. Airborne Precautions.
- a. Airborne precautions prevent transmission of infectious agents that remain infectious over long distances when suspended in the air.
 - b. Airborne infection precautions require the use of an airborne infection isolation room with negative pressure ventilation.
 - c. Health staff must put on a fit-tested particulate respirator prior to entering the room.
 - d. Health staff should recommend that if the infectious patient or resident leaves the isolation room, he or she should put on a tight-fitting surgical mask.

C. Control Measures

The HSA must implement administrative, work practice, and engineering controls to eliminate or minimize employee exposures. Health staff must use engineering and work practice controls to prevent or minimize exposure to BBP and OPIM by isolating or removing the hazard, or practices, to reduce the possibility of exposure. Health staff must practice standardized blood and bodily fluid clean-up techniques to prevent the spread of infectious diseases.

Table 3. Examples of Control Measures

Administrative Controls	Work Practice Controls
<ul style="list-style-type: none"> • Institutional policies and procedures. • Modification of work assignments. • Training. • Fiscal and human resources provision. 	<ul style="list-style-type: none"> • Instructions to not recap sharps. • Respiratory hygiene/cough etiquette. • Avoidance of eating, drinking, or applying cosmetics in clinical or treatment areas. • Procedures involving blood or OPIM that minimize splashing, spraying, spattering, and droplet generation

Engineering Controls	Personal Protective Equipment
<ul style="list-style-type: none"> • Handwashing/Eye wash stations. • Safer needle devices. • Needleless systems. • Regulated medical waste containers. • Biohazard labeled containers. • Ventilation. 	<ul style="list-style-type: none"> • Respirators. • Goggles or face shields. • Gloves. • Gowns and other protective clothing. • Foot covers.

D. Personal Protective Equipment

PPE such as gloves, goggles, gowns, shoe covers and/or respirators are used for work activities that have anticipated BBP or OPIM exposures that cannot be controlled in other ways. For details on the IHSC PPE Program, refer to the 05-02 G-04 IHSC Occupational Health Guide: Personal Protective Equipment Program Guide.

VIII. LABELS AND SIGNAGE

1. The HSA or designee must affix warning labels on containers of regulated waste and other containers used to store, transport, or ship BBP or OPIM.
2. The HSA or designee must clearly identify refrigerators and freezers containing BBP or OPIM with signs on their doors.
3. The HSA or designee must include the biohazard symbol on all warning labels and signs.
4. Red bags, or red waste containers, are a universally accepted substitute for biohazard labels.

IX. HOUSEKEEPING AND SPILL CLEAN-UP

Health staff must clean and decontaminate environmental and work surfaces immediately after the surfaces become contaminated with body fluids such as blood, vomit, urine, and feces. These fluids are considered infectious. Health staff must use procedures and equipment to prevent cross-contamination of other areas. Health staff must never use mops or paper towels to clean up blood or bodily fluid spills. Health staff must always wear PPE to clean up spills. Health staff must dispose of the contaminated material in the designated waste containers.

A. Spill Kits

1. The HSA must ensure that spill kits are readily available in the medical clinic, in patient care areas, and in other designated areas, for use in cases of spills of blood or other body fluids.

Spill kits must contain PPE and equipment to clean up any potential biohazardous material. Not all contents in the spill kit will be used for every spill.

2. Health staff must protect face, skin, clothes, and shoes during spill clean-up. Some pathogens, like hepatitis B, can live in dried blood for seven days. When a spill kit is used in the medical clinic, health staff must restock it before placing it back in the medical clinic.

B. Spill Kits Contents

- Two pairs of non-latex nitrile, four milliliter (4 mL) thickness medical grade gloves.
- One disposable face shield.
- One disposable face mask.
- One pair of disposable shoe covers for gross contamination.
- One surgical cap for gross contamination.
- One disposable apron.
- One absorbent material pack.
- One pair of tongs or forceps to pick up broken glassware.
- One dustpan/brush to clean up broken glassware.
- Two scoops or scrapers.
- One shovel.
- One can of Environmental Protection Agency (EPA)-registered disinfectant.
- Two red biohazard bags with ties.
- One black plastic bag for non-medical waste.
- One small bottle of hand sanitizer.
- One instruction sheet.
- One disposable towel.

- Four disposable absorbent rags.
- Two disposable towelettes.

X. POST-EXPOSURE REPORTING, EVALUATION, AND FOLLOW-UP

The OSHA BBP Standard requires rapid determination and response to an accidental exposure to blood or OPIM. The HSA must ensure important post-exposure recommendations, reporting, and recording, occur after an employee pathogenic exposure. Please refer to IHSC 05-02 G-04 Occupational Health Guide: Workforce Health for details.

A. Sharps Injury Log

The HSA or designee must maintain a sharps injuries log to record, track, and assess, occurrence in the medical clinic. The log must include the following:

- The date of the injury.
- The type and brand of the device involved.
- The work area where the injury occurred.
- An explanation of how the injury occurred.

XI. PROGRAM MONITORING

PHSP Unit staff collect information periodically from the HSA to monitor the implementation of the IHSC BBP program and to assess compliance with program requirements.

XII. TRAINING AND EDUCATION

A. Health Staff

The HSA or designee must ensure health staff implement and document orientation and annual training that includes bloodborne pathogens, and other potentially infectious materials, in accordance with IHSC 01-04 Medical Education and Development.

B. Patients and Residents

Health staff should educate patients and residents on infection prevention. The pamphlets, posters, and videos used should be available in several languages. The following are important infection prevention topics for patients and residents to learn:

- Hand hygiene and handwashing techniques.
- Respiratory hygiene and cough etiquette techniques.
- General hygiene practices.
- Transmission-based precautions related to specific medical conditions.

XIII. REFERENCES AND RESOURCES

1. [OSHA BBP Standard](#)
2. [OSHA Fact Sheet - Hepatitis B Vaccination Protection](#)
3. [OSHA Safety and Health Topics | Bloodborne Pathogens and Needlestick Prevention](#)
4. [OSHA Model Plans and Programs for the OSHA BBP and Hazard Communications Standards](#)
5. [Guidelines for Environmental Infection Control in Health-Care Facilities-- Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee \(HICPAC\)](#)
6. [ICE Safety & Health Branch](#)
7. ICE Occupational Safety and Health Program Requirements Handbook, accessible on the [ICE Safety & Health Branch In Sight page](#)
8. [National Institute for Occupational Safety and Health \(NIOSH\) Information for Employers Complying with OSHA's BBP Standard](#)
9. [CDC Workbook for Designing, Implementing, and Evaluating a Sharps Injury Prevention Program](#)
10. [National HIV/AIDS Clinicians Consultation Center](#)
11. [NIOSH Workplace Safety & Health Topics | Bloodborne Infectious Diseases| HIV/AIDS, Hepatitis B, Hepatitis C](#)
12. [HICPAC | 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#)
13. [CDC Healthcare-associated Infections \(HAIs\) - In Outpatient Settings](#)
14. [CDC MMWR Guideline for Hand Hygiene in Health-Care Settings](#)
15. [Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis](#)