WEST GEORGIA TECHNICAL COLLEGE

POLICY AND PROCEDURE FOR ACCIDENTAL OCCUPATIONAL EXPOSURES

This policy is to define and explain the steps that should be followed in the event of an accidental exposure to blood or body fluids by a student or faculty member.

An exposure incident is defined by the Occupational Safety and Health Administration (OSHA) as a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that result from performance of duties of students and/or staff members. An exposure can occur in any clinical facility or work site where patients, clients and students are present.

Faculty and students in high-risk occupational programs are encouraged to have a designated health care provider. A physical examination is required for students enrolled in all Health Science Programs.

1. Upon identification of an accidental exposure involving faculty, staff, or student, thorough washing of the affected area should immediately take place. The instructor and/or supervisor should promptly be notified as well as the college's Exposure Control Coordinator (ECC). The college ECC is Dr. Phyllis Ingham and can be reached by e-mail, phyllis.ingham@westgatech.edu or phone 770-537-6045.

   The instructor/supervisor should provide the student/staff member with the Student / Faculty Exposure Policy and Procedure Packet that contains all necessary information and forms prior to activities such as lab or clinical where an exposure is most likely. This packet has been sent to the program chair(s) for dissemination. If an exposure occurs after office hours, the student should report to the nearest Emergency Room or Intermediate Care Facility. The exposed individual will then be referred to a health care provider for follow-up.

2. The initial health care provider should provide pretest counseling.
   Counseling is defined as "providing the person with information and an explanation that is medically appropriate for that person." This information includes but is not limited to all information listed on the Accidental Exposure form provided by the Technical College System of Georgia (TCSG). (Reason for testing; potential risk of HIV/HBV transmission; follow-up process). Consent/Refusal for testing should be obtained from both student/staff member as well as the source person.

3. Student/faculty member and source person should go directly to a health care provider for further counseling, testing and follow-up. There is no cost to the student, faculty member or source person. West Georgia Technical College is responsible for the cost of all testing, prescriptions and follow-up. The following paperwork should be completed and returned to the ECC, Dr. Phyllis Ingham (located on the Murphy Campus).

    A. **Consent for testing** of both student/faculty and source person for HIV and Hepatitis *(no other tests required by CDC, OSHA or TCSG).*
    B. **WGTC Insurance Form** (must complete all sections of first page).
    C. **Exposure Incident Form** documenting exposure. (Copy of completed form should be forwarded to the Exposure Control Coordinator and a copy placed in student file.)
    D. **WGTC Accident Report** documenting incident (copy of report should be forwarded to Chairperson of the WGTC Safety Committee, and copy placed in student file.)
    E. **Documentation** of the incident is confidential information and should be kept in that manner. Documentation should not be placed in a patient/client chart. A reference code number may be used to refer instructors/staff to a separate file with all information relating to the incident.

4. All insurance paperwork shall be forwarded to the ECC for review and will then be forwarded to Vice President of Administrative Services. The invoice from the provider shall be attached to the document which will then be mailed to the insurance carrier.

5. Student/Staff member should follow-up with a health care provider for testing in 6 weeks, 12 weeks and 6 months. All paperwork shall be taken to each follow-up appointment; referencing back to original insurance claim at each follow-up.

6. The instructor should verify the student has received test results and follow-up information. The health care provider's documentation for WGTC is limited to the following information:

    A. The student/staff member has been informed of the results of testing.
    B. The student/staff member has been informed about any medical condition that could result from exposure to blood or other infectious material which could require further evaluation or treatment. Any other findings are confidential.

7. In accordance with TCSG policy, faculty and student medical records shall be retained for a period of 30 years plus the length of employment / completion of class.

PROCEDURE FOR COMPLETING AND FILING CLAIMS
STUDENT ACCIDENT INSURANCE

1. Completed claim form and itemized medical bills shall be forwarded to EC Coordinator, Dr. Phyllis Ingham on the Murphy Campus. The claim form is to be signed and dated by a representative from the college.

2. Retain one copy for your records.

Exposure Control Policy Update 2024

1. TCSG guidelines are used to create the WGTC Exposure Control Plan. These guidelines are provided by the Center for Disease Control and are reviewed quarterly. All programs are expected to follow these guidelines and have preventive measures in place.

2. I've had an exposure, now what?
When an exposure occurs, clean affected site if applicable and immediately notify your instructor / supervisor. The student's instructor / employee's supervisor will then notify the Exposure Control Coordinator that an incident has occurred. EC coordinator, Dr. Phyllis Ingham is located on the Murphy Campus and can be reached via e-mail, Phyllis.ingham@westgatech.edu. or phone 770-537-6045.
3. Documentation of Exposure Incident:
Student that had the Exposure: Complete the college incident report form and the TCSG Exposure Incident Form (located in the Student Packet Exposure Policy and Procedure) then submit to your instructor within 24 hours of the incident.
Instructor of Exposed Student: Collect paperwork from the student then complete the incident report located in *Knightro Connect* (listed under the Campus Police/Safety Quick Links in *Knightro Connect* and on the WGTC Website).
Employee Exposure: Complete the incident report located *Knightro Connect* (listed under the Campus Police/Safety Quick Links in *Knightro Connect* and on the WGTC Website).

4. Student and source person (if consent form is signed) should be seen by a Health Care Provider within 24 hours for baseline testing (HIV, Hepatitis B & C), evaluation and counseling. (Rapid testing is preferred but not required). The Health Care Provider may be a personal physician, the Health Department, Emergency Room or Intermediate Care Facility, depending on time of exposure. West Georgia Technical College assumes the cost of testing and treatment as recommended by the health care provider. Follow up testing should be done at 6 weeks, 12 weeks and 6 months.

5. Instructor should verify that the student has received test results.

6. Faculty records are retained for a period of 30 years plus the length of employment. Student records are retained for a period of 30 years from the time of student graduation, program completion, termination, or leaving WGTC per TCSG guidelines.

7. These guidelines are to be followed by all Health Services programs unless the accrediting body of any specific program requires a more stringent set of guidelines.

Dear Healthcare Provider:

_____ is a student at West Georgia Technical College in the _____program. He/She has been involved in an incident that has possibly exposed him/her to bloodborne or airborne pathogens. We are requesting counseling, testing and a medical evaluation for this student/staff member/source person. To help provide guidance for this request, you are being provided with a copy of the following documents:

1. Technical College System of Georgia Exposure Incident Report
2. Consent form for testing this individual for HIV and HBV
3. Insurance forms

West Georgia Technical College will be responsible for payment. Our state guidelines ask that you provide our Infection Control Coordinator with the following information:

1. Results of the source person's testing, if available
2. If the Hepatitis B vaccine indicated and given
3. If the student/staff member has been informed of the results of the evaluation
4. If the student/staff member has been informed of any medical conditions resulting from the exposure that requires further evaluation and treatment.

(Some of this information may be checked on the Exposure Incident Form and returned to the college).
After initial testing, this individual will need follow-up testing as designed by the health care provider in:

6 weeks _____ (Date)

12 weeks _____ (Date)

6 months _____ (Date)

West Georgia Technical College is responsible for the cost of all follow-up testing.
Dr. Phyllis Ingham, Exposure Control Coordinator
West Georgia Technical College
176 Murphy Campus Boulevard Waco, GA 30182
Phyllis.Ingham@westgatech.edu 770-537-6045

WEST GEORGIA TECHNICAL COLLEGE

SOURCE PERSON
CONSENT/REFUSAL FORM

I realize that the blood tests for HIV infection are not 100% accurate and that these blood tests sometimes produce false positive or false negative results. I have been informed that any blood samples obtained from me will be number coded and that my name will not be included on the samples. I understood I will be notified of the test results and that I will receive counseling.

_____I hereby consent to the collection of blood samples from me for the performance of the HIV test(s).

_____At this time, I do not wish to have HIV testing performed.

I have received the Hepatitis B Vaccine. Yes_____ NO _____ Don't know _____

SIGNATURE: _____ DATE: _____

SIGNATURE OF PERSON AUTHORIZED TO CONSENT FOR SOURCE*

_____

(Name) (Relationship to source) (Date)

WITNESS: _____

*When the patient is a minor (under 18 years of age), or an incompetent adult, the signature of a person authorized to consent for the patient is required. A parent or guardian may consent for a minor and a spouse may consent for an incompetent adult.

WEST GEORGIA TECHNICAL COLLEGE

STUDENT/STAFF MEMBER
CONSENT/REFUSAL FORM FOR HIV TESTING

Employee/Student Name: _____

Exposure Occurred: _____
(Date and Time)

Supervisor Notified: _____
(Name, Date, and Time)

Administrative Coordinator Notified: _____

Name of Patient/Source: _____

Reported to: _____
(Name, Date, and Time)

I understand that I was accidentally exposed to blood or body substances of a patient. Therefore, I have been offered testing to detect evidence of infection with the immunodeficiency virus (HIV), the virus which has been associated with the Acquired Immune Deficiency Syndrome (AIDS). I acknowledge I have received pretest counseling. I have been informed about the nature of the blood tests for HIV infection and their expected benefits and risks. I understand the information that has been provided to me.

I realize that the blood tests for the HIV infection are not 100% accurate and that these blood tests sometimes produce false positive and false negative results. I also realize that a positive HIV test means that a person probably has been infected with the AIDS virus, but does not necessarily mean that person will develop AIDS. I recognize that whether or not a person develops AIDS, or gets sick from the virus, a person infected with the virus can still transmit the virus to other people who might become sick. Therefore, knowledge about the presence or absence of infection is important in protecting those people who are close to me.

I have been informed that any blood samples obtained from me will be number coded and that my name will not be included on the samples. I understand I will be notified of the test results and that I will receive post-test counseling.

_____Yes – I consent to be tested. _____No – I refuse to be tested.

I have received the Hepatitis B vaccine. Yes_____ No_____ Don't know_____

SIGNATURE: _____ DATE: _____

WITNESS: _____

WEST GEORGIA TECHNICAL COLLEGE

SOURCE PERSON
CONSENT/REFUSAL FORM

I realize that the blood tests for HIV infection are not 100% accurate and that these blood tests sometimes produce false positive or false negative results. I have been informed that any blood samples obtained from me will be number coded and that my name will not be included on the samples. I understand I will be notified of the test results and that I am to receive counseling, if so requested.

_____ I hereby consent to the collection of blood samples from me for the purpose of HIV testing.

_____ At this time, I do not wish to provide a blood sample for HIV testing.

I have received the Hepatitis B Vaccine. Yes_____ No_____ Don't know _____

SIGNATURE: _____ Date: _____

* SIGNATURE OF PERSON AUTHORIZED TO CONSENT FOR SOURCE

(Name) (Relationship to Source Person) (Date)

WITNESS: _____

* When the patient is a minor (under 18 years of age), or an incompetent adult, the signature of a person authorized to consent for the patient is required. A parent or guardian may consent for a minor and a spouse may consent for an incompetent adult.

WEST GEORGIA TECHNICAL COLLEGE

INCIDENT REPORT

This form is to be completed and a copy forwarded to the West Georgia Technical College Safety Committee Chairperson and Dr. Phyllis Ingham no later than by the close of business on the day that the incident occurs, or as soon as possible thereafter.

1. Person involved_____
   Last First Middle Initial

   Age_____ Sex_____ Status_____ (Student, Instructor, etc.)
   Length of time at this status (in this department) _____

2. Program in which accident occurred_____
   Name of person in charge at time of incident_____

3. Time of incident_____
   Time Date
4. Nature and extent of injury _____

5. Cause of injury_____
6. Unsafe mechanical/physical condition_____
7. Unsafe act _____
8. Corrective action taken to prevent similar occurrence from taking place

_____

9. On back of form, detail/describe how the incident occurred (explaining who, what, when, why and how). Also, provide names of individuals who were witness to the incident.

10. Disposition of injured:

_____

_____

First Aid provided: _____

Injured person taken to_____
(Treatment Facility)

11. Report prepared by: _____

12. Injured person's signature: _____

Exposure Incident Evaluation and Follow-Up Form

Accident Exposure to Blood or Other Potentially Infections Body Materials

Technical College System of Georgia

Institute **West Georgia Technical College** Program/Course _____

Name of Person Exposed _____ SSN# _____

Job or Student Title _____

Location of Incident _____

Describe Circumstances of Exposure Incident

Name of Person Preparing Report

Route of Exposure _____

Date Occurred Date Reported

Follow-Up

Blood/OPIM

___ Person involved is referred to Physician, Health Department or other Licensed HCP for status assessment, testing, counseling

___ Documentation of follow-up is on file at the institute and clinical/worksite (as appropriate)

Person involved in incident is informed of:

___ potential risk of HIV/HBV transmission

___ explanation of the follow-up process

___ test results from source individual (when available)

___ results of blood tests and medical evaluation

___ any medical conditions which may result from the incident that may require further evaluation

___ medical information is to be strictly confidential

___ need for blood testing and Immunization therapy

___ advice to report any illness to HCP occurring in the follow-up period

___ need to refrain from donating blood or organs during follow-up period

___ need to refrain from or use protective measures during sexual activities during follow-up period

___ if female, not to breast feed infant

___ to keep all medical appointments

Airborne

___ Person involved is referred to physician, Health Department or other licensed HCP for status assessment, testing, counseling

___ Documentation of follow-up is on file at the institute and clinical/worksite (as appropriate)

Person involved in incident is informed of:

___ potential risk of TB exposure

___ explanation of the follow-up process

If post-exposure activities are indicated:

___ base-line PPD status

___ post-exposure PPD

___ prophylactic chest x-ray

___ person has been medically cleared (either not contagious or treatment begun)

___ if active TB is diagnosed, person is placed on voluntary work restriction

WEST GEORGIA TECHNICAL COLLEGE

INCIDENT FOLLOW UP REPORT

This form is to be completed after the individual has received an evaluation/treatment from a healthcare provider. Please submit copy of report(s) to Dr. Phyllis Ingham EC Coordinator.

1. Individual _____
   Last First Middle Initial

   - Status_____ (Student, Instructor, etc.)
   -
   - Length of time at this status (in this department) _____

2. Program in which original incident occurred: _____
   - Date of original incident: (MM/DD/YYYY) _____
   - Nature of original incident: _____
     (Injury, exposure to infectious agent, etc.)

3. Name and address of facility where evaluation was performed:
   _____
   - Name of physician seen for evaluation /treatment after incident:
     _____

4. Has the individual been released from care? _____
   - If yes, please list date of release from care: (MM/DD/YYYY) _____
   - If no, please list date of next scheduled visit: (MM/DD/YYYY)_____

5. Please attach any documentation concerning the physician's plan of care
   And /or release of care prior to submitting this form.

6. Report prepared by: _____

7. Incident Individual's signature: _____

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Technical College System of Georgia

Student Accident Insurance

Insurance Card & Claim Filing Instructions

West Georgia Technical College, as part of The Technical College System of Georgia, has a Student Accident Insurance policy in the event that a student is injured during a covered activity and will require medical treatment. An Injury Claim form will be submitted on behalf the student to Mutual of Omaha, the Carrier, to establish coverage for an injury.

An Itemized bill (HICF1500 or UB04) must be submitted to Mutual of Omaha for payment to be processed. In the event the student has paid out of pocket, an Itemized Bill and receipt of payment must be submitted for reimbursement to be made. Claims cannot be paid based on a balance due statement or other statement format.

To ensure that claims are covered and billed correctly under the Student Accident Insurance, students are asked to give the billing information to each medical provider prior to every medical treatment and/or service for a covered injury.

Please present the Identification Card below.

Student Accident Insurance Plan

Technical College System of Georgia
Campus: West Georgia Technical College

Mutual of Omaha

Policy Effective Date: January 1, 2024
Benefits become eligible on date of injury

Deductible: $0 per Injury
Coverage limit: $200,000 per injury
Emergency Sickness: $1,500 per Illness

Policy #: 054434
Group #: TCSG Student

Front of Card

Questions: 1-800-524-2324
Email: specialrisk.claims@mutualofomaha.com

Eligibility is subject to change. This card is for identification purposes only and does not guarantee benefits.

Claims cannot be submitted via EDI

For claims questions or submissions, please contact:

Mutual of Omaha
PO Box 31156
Omaha, NE 68131
Fax: 402-351-4732

Mutual of Omaha

Back of Card