

TCSG Exposure Control Plan Model

Exposure Control Plan for Occupational Exposure to Bloodborne Pathogens and Airborne Pathogens/Tuberculosis

INTRODUCTION

The State Board of the Technical College System of Georgia (SBTCSG), along with its work units and technical colleges, is committed to providing a safe and healthful environment for its employees, students, volunteers, visitors, vendors and contractors. SBTCSG Policy II.D. Emergency Preparedness, Health, Safety and Security compels technical colleges and work units to eliminate or minimize exposure to bloodborne and airborne pathogens in accordance with OSHA Standard 29 CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens” as well as Centers for Disease Control (CDC) “Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Facilities, 2005.” In pursuit of this goal, the Exposure Control Plan (ECP) is maintained, reviewed and updated at least annually to ensure compliance and protection for employees and students.

This Exposure Control Plan includes:

- clarification of program administration
- determination of employee and student exposure
- implementation of various methods of exposure control
 - universal precautions
 - engineering and work practice controls
 - personal protective equipment (PPE)
 - housekeeping
 - laundry
 - labeling
- vaccination for hepatitis B
- evaluation and follow-up following exposure to bloodborne/airborne pathogens (tuberculosis)
- evaluation of circumstances surrounding exposure incidents
- communication of hazards and training and
- recordkeeping

I.PROGRAM ADMINISTRATION

- A.** Glenn R. Henry serves as the Exposure Control Coordinator (ECC) and is responsible for the implementation, maintenance, review, and updating of the Exposure Control Plan (ECP). The ECC will be responsible for ensuring that all required medical actions are performed and that appropriate health and records are maintained. Further, the ECC will be responsible for training, documentation of training as well as making the written ECP available to employees, students, and any compliance representatives.

Contact Information for Exposure Control Coordinator:

Glenn R. Henry

706-355-5033

ghenry@athenstech.edu

- B.** Those employees and students who are determined to be at risk for occupational exposure to blood, other potentially infectious materials (OPIM) as well as at risk for exposure to airborne pathogens/tuberculosis must comply with the procedures and work practices outlined in this ECP.
- C.** Athens Technical College will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels and containers as required. Further, adequate supplies of the aforementioned equipment will be available in the appropriate sizes/fit.

Contact Information for Responsible Person(s) or Department(s):

Glenn R. Henry 706-355-5033 Dean, Life Science

Jeff Strickland 706-355-5039 Director of Safety & Security

II. EXPOSURE DETERMINATION

Employees and/or students are identified as having occupational exposure to bloodborne/airborne pathogens based on the tasks or activities in which they engage. These tasks or activities are placed into categories as defined by the 1987 joint advisory notice by the U.S. Department of Labor and the U.S. Department of Health and Human Services. The relative risk posed by these tasks or activities, as well as the measures taken to reduce or eliminate risk of occupational exposure are also determined by the category.

Category I: A task or activity in which direct contact or exposure to blood, other potentially infectious materials, or airborne pathogens (tuberculosis) is expected and to which universal precautions apply.

Category II: A task or activity performed without exposure to blood or other potentially infectious materials, or airborne pathogens (tuberculosis) and to which universal precautions apply, but exposure to another person's blood or to OPIM might occur as an abnormal event or an emergency or may be required to perform unplanned Category I tasks or activities.

Category III: A task or activity that does not entail normal or abnormal exposure to blood or other potentially infectious materials, or airborne pathogens (tuberculosis) and to which universal precautions do not apply.

Employees or students who engage in tasks or activities which are designated as Category I or II, as well as their occupational area, are considered to be “covered” by the parameters of the ECP, including part-time, temporary, contract and per-diem employees.

The following is a list of job and/or student program classifications which have Category I or II occupational exposure. Included is a list of the tasks or activities or groups of closely related tasks or activities in which occupational exposure may occur for these individuals.

Example: (Expand as necessary to describe those employees and students who are potentially at risk for occupational exposure.)

CATEGORY I TASKS

“A task or activity in which direct contact or exposure to blood, other body materials, or air borne pathogens to which Universal Precautions/Standard precautions apply is normal.”

CATEGORY I TASK LISTING

Category I tasks performed in classroom, laboratory and clinical activities for each occupational training program/course are to be listed below:

Category I tasks performed in classroom, laboratory and clinical activities for each occupational training program/course are to be listed below:

CERTIFIED NURSING ASSISTANT

Perform postmortem care
Vital signs, oral and rectal temps
Collecting and handling of body fluid specimens
Emergency resuscitation/CPR
Handling and cleaning of body fluid spills
Nursing care of infectious/isolated patients

EARLY CHILDHOOD CARE AND EDUCATION

Cleaning of spills of body fluids
Wound care: examination, cleaning, bandaging
Resuscitation/CPR
Bathing/skin care of non-intact skin
Hair and skin care of children with non-intact skin

DENTAL ASSISTING

Infection control
Oral evacuation
Isolation-placement and removal of cotton rolls
Application and removal of matrix bands
Preparation and seating of temporary crowns and bridges
Assisting with placement and /or removal of temporary cement

Assisting with endodontic procedures
Assisting with periodontal procedures
Assisting with maxillofacial and oral specialty procedures
Respond to and assist in the management of chair-side emergencies
Assisting with general dentistry procedures
Exposing radiographs
Assisting with pediatric and orthodontic procedures
Assisting with and/or polishing teeth
Assisting with administration of anesthesia

DENTAL HYGIENE

Extra and Intra oral exam
Probing
Instrumentation
Polishing
Prepare for sterilization
Ultra-sonic instruments cavipo/denasonic
Irrigation
Local anesthetic procedures, gauze, handling needles, cartridges/disposal
Sealants
Instrument sharpening during procedure
Exposing radiographs on patients

EMERGENCY MEDICAL TECHNOLOGY / EMT

Wound care: irrigation, packing, bandaging, examination
Oral and tracheal suctioning
Fracture care
Bleeding control, managing frank blood
Airway and ventilation care
Naso, oral, and gastric intubation
Delivery of infant, postpartum care
Collection of body fluids specimens
Care of newborn/cord care
Handling of contaminated linens and equipment
Assisting with biopsy, spinal tap, thoracentesis or other invasive procedures
Foley catheter insertion and care
Dressing care
Blood Glucose monitoring (Glucometer)

MEDICAL ASSISTING

Oral and rectal temperatures
Handling and cleaning contaminated instruments and equipment
Assisting with minor surgical procedures
Collection of blood and urine specimens
Venipuncture, management of sharps
Testing of body fluids using dipsticks, tapes, tablets, specific gravity
Microscopic procedures, analysis of body fluid specimens
Prepare smears and gram-stain of slides
Throat cultures
Administer intramuscular, intradermal, and subcutaneous injections
Blood Glucose monitoring (Glucometer)

PARAMEDIC TECHNOLOGY

Oral and Tracheal suctioning
Handling and cleaning contaminated linens and equipment
Dressing changes and wound care, irrigation, packing, bandaging, examination
Control of bleeding, management of frank blood
Resuscitation/CPR
Intubation, oral, nasal, gastric
Management of multi-trauma patients
Collection and handling of body fluid specimens
Venipuncture, starting and maintaining IV's
Administering blood and blood products
Assisting with biopsy, spinal tap, thoracentesis, or other invasive procedure
Emergency delivery of infant/postpartum care
Care of newborn infant/cord care
Rectal and/or oral temperatures
Fracture care
Insertion of urinary catheters
Tracheostomy care
Airway and ventilation care
Intraosseous, intramuscular, intravenous, subcutaneous injections/medications administration
Administration of medications via other routes: optic, otic, rectal, oral, vaginal
Cryothyroidotomy
Pleural decompression
Blood glucose

PRACTICAL NURSING

Administration of medications involving exposure to blood, body fluids, and/or exposure to sharps: intravenous, intramuscular, subcutaneous, intradermal, oral, optic, rectal, vaginal
Wound care, examination, irrigation, packing, dressing changes
Emptying drainage contains: catheters, hemovac, Jackson-Pratt, containing body fluids
Suture/clip removal
Tracheotomy care and suctioning
Nasopharyngeal suctioning
Assisting with lumbar punctures, amniocentesis, thoracentesis, other procedures for the collection of body fluids
Assist with chest tube insertion and removal
Administration of enemas and douches
Perform postmortem care
Vital signs, oral and rectal temps
Postpartum and newborn care/cord care
Collecting and handling of body fluid specimens
Collection of cultures specimens
Assisting and administering blood and blood products
Selected IV procedures as defined by the clinical facility, may include Venipuncture, IV dressing changes, DC of INT
Emergency resuscitation/CPR
Handling of sharps
Handling and cleaning of body fluid spills
Handling contaminated linens and equipment
Nursing care of infectious/isolated patients
Blood glucose monitoring (Glucometer)

SURGICAL TECHNOLOGY

Assisting anesthesia or recovery room personnel with suctioning and incubation/extubation
Scrub duties on all surgical procedures
Circulating duties on all surgical procedures
Care of newborn
Transfusion therapy
Collecting and processing specimens (blood and tissue)
Resuscitation
Handling linens and articles soiled with blood
O.R. housekeeping duties
Care and maintenance of wound drainage devices
Trauma care
Decontamination of soiled surgical instruments
Urethral Cathertization
Assistance during: thoracentesis, vaginal exams, intracranial monitoring procedures, lumbar punctures, bone marrow aspiration, organ procurement, joint aspiration, endoscopy
Decontamination of equipment

NURSING

Administration of medications involving exposure to blood, body fluids, and/or exposure to sharps: intravenous, intramuscular, subcutaneous, intradermal, oral, optic, rectal, vaginal
Wound care, examination, irrigation, packing, dressing changes
Emptying drainage contains: catheters, hemovac, Jackson-Pratt, containing body fluids
Suture/clip removal
Tracheotomy care and suctioning
Nasopharyngeal suctioning
Assisting with lumbar punctures, amniocentesis, thoracentesis, other procedures for the collection of body fluids
Assist with chest tube insertion and removal
Administration of enemas and douches
Perform postmortem care
Vital signs, oral and rectal temps
Postpartum and newborn care/cord care
Collecting and handling of body fluid specimens
Collection of cultures specimens
Assisting and administering blood and blood products
Selected IV procedures as defined by the clinical facility, may include venipuncture, IV dressing changes, DC of INT
Emergency resuscitation/CPR
Handling of sharps
Handling and cleaning of body fluid spills
Handling contaminated linens and equipment
Nursing care of infectious/isolated patients
Blood glucose monitoring (Glucometer)

RADIOGRAPHY

Assisting with venipuncture/I.V. contrast administration
Radiography of a trauma patient
Radiography of a patient with acute G.I. bleed
Handling of linens or equipment soiled with blood or body fluids
Handling of soiled immobilization devices and dressings
Assisting in surgical procedures requiring mobile radiography or C-arm fluoroscopy

Radiography of biopsy specimen
Assisting with fluoroscopic or C.T. guided biopsy procedures
Assisting with lumbar puncture/fluid collection during myelography
Assisting with arthrography
Assisting with angiography

PHELEBOTOMY

Perform venipuncture with both syringes and evacuator tube
Perform skin puncture
CPR
Handling linens soiled with bodily fluids

CATEGORY I TASK STANDARD OPERATING GUIDELINES

DEFINITION:

A Category I Task is one in which there is a normal occurrence for exposure to blood, other potentially infectious body materials or air borne pathogens that warrant the use of exposure controls.

FACULTY POSITIONS INVOLVED:

The technical college faculty positions involved in the performance of Category I tasks are:

Certified Nursing Assistant instructor

Child Care Instructor and part-time instructors

Dental Assisting Instructor

Dental Hygiene Instructors and adjuncts

EMT Instructors and adjuncts

Medical Assisting Instructors and Medical Lab Assistants

Paramedic Instructor and adjuncts

Physical Therapist Assistant Instructor and adjuncts

Practical Nursing Instructor and adjuncts

Surgical Technology Instructors and adjunct

Nursing Instructors and adjuncts

Phelebotomy Instructors and adjuncts

Radiography Instructors and adjuncts

STUDENT OCCUPATIONAL TRAINING PROGRAMS/COURSES INVOLVED:

The technical college student occupational programs or courses involved in the performance of Category I tasks are:

Certified Nursing Assistant

Early Childhood Care and Education

Dental Assistant

Dental Hygienist

EMT

Medical Assistant

Paramedic

Physical Therapist Assistant

Practical Nurse

Surgical Technology

Nursing

Phlebotomy

Radiography

CATEGORY II TASK LISTING

Category II tasks performed in classroom, laboratory and clinical areas for each occupational training program/course are to be listed below:

CERTIFIED NURSING ASSISTANT

General patient care and patients not requiring invasive procedures

Vital signs

Bed baths

Ambulating patients

Feeding patients

Surgical/procedural observations

EARLY CHILDHOOD CARE AND EDUCATION

If a child bites another child or teacher

Accidents that involve blood

Mouth care

Handling contaminated linens

Changing diapers

Handling tears, comforting crying children

COSMETOLOGY

Haircutting with scissors, razors, or clippers, whereby the patron or student is cut
Chemical reactions on patrons or students involving permanent waving, chemical hair relaxers, color services, bleaching
Exposure to non-intact skin or skin disorders and diseases during facial treatments, scalp treatments, and/or hair removal
Manicuring/Pedicuring, student or patron contact: artificial nails, filing, cuticle treatment, glue reaction
Thermal styling, student or patron contact, burns

DENTAL ASSISTING

Processing dental films
Assisting with and/or applying topical fluoride
Performing vital signs
Preparation of dental materials
Selecting and preparing tray set-ups
Observation of dental materials
Providing preventative oral care information instructions to the patient

DENTAL HYGIENE

Clean-up, disinfection, and disposal in clinic
Processing radiographs
Set-up ultrasonic, etc, and clean-up
Cleaning dentures/RPD's
Biohazard waste disposal
X-ray procedure
Fluoride treatment

EMERGENCY MEDICAL TECHNOLOGY/EMT

Patient assessments, including vital signs
General patient care with patients not requiring invasive procedures
General patient observations

MEDICAL ASSISTING

Obtaining vital signs
General patient care with patients not requiring specimen collection or invasive procedures
General patient observation

PARAMEDIC TECHNOLOGY

Obtaining vital signs
General patient care and observation

PRACTICAL NURSING

General patient care and patients not requiring invasive procedures
Vital signs
Bed baths
Ambulating patients
Feeding patients
Surgical/procedural observations
Physical examinations and assessments

SURGICAL TECHNOLOGY

Patient transportation and transfer
Patient pre-op interviews
Assistance with combative patient during anesthetic induction
Handling soiled patient equipment (not designated category I)
Instrument processing in Central Supply (after decontamination)
Pre and Postoperative patient care: positioning, vital signs, I & O Institution lab simulation (practicing use of sharps)

NURSING

General patient care and patients not requiring invasive procedures
Vital signs
Bed baths
Ambulating patients
Feeding patients
Surgical/procedural observations
Physical examinations and assessments

PHYSICAL THERAPY

Patient transportation
Dressing and undressing of patients
Ambulation and gait training
Patient treatment
Routine assessments
Vital signs
Patient positioning
Handling of soiled equipment

RADIOGRAPHY

Taking routine x-rays and diagnostic tests
Monitoring invasive medical equipment attached to patient
Transportation and transfer of patients
Insertion of enema tip
Assisting a patient who is vomiting
Routine housekeeping duties

CATEGORY II TASK STANDARD OPERATING GUIDELINES

DEFINITION:

A Category II Task is one in which there is a potential for, although not planned, contact with blood other potentially infectious materials or air borne pathogens.

FACULTY POSITIONS INVOLVED:

The faculty positions involved in the performance of Category II tasks are:

The faculty positions involved in the performance of Category II tasks are:

Certified Nursing Assistant instructor

Child Care Instructor and adjuncts

Cosmetology Instructors and adjuncts

Dental Assisting Instructor Dental Assisting Lab assistants

Dental Hygiene Instructors and adjunct s

EMT Instructors and adjuncts

Medical Assisting Instructors and Medical Assisting Lab assistants

Paramedic Instructor and adjuncts

Practical Nursing Instructors and adjuncts

Surgical Technology Instructor and adjuncts

Nursing Instructors and adjunct faculty

Radiography instructors and faculty

Phlebotomy instructors and adjuncts

Veterinary Technology instructors and adjuncts

Physical Therapy instructors and adjuncts

STUDENT OCCUPATIONAL AREAS INVOLVED:

The technical college student occupational programs or courses involved in the performance of Category II tasks are:

Certified Nursing Assistant

Early Childhood Care and Education

Cosmetology

Dental Assisting

Dental Hygiene

EMT

Medical Assistant

Paramedic

Practical Nurse

Surgical Technology

Nursing

Radiography

Phelebotmoy

Physical Therapy

Veterinary Technology

CATEGORY III TASK STANDARD OPERATING GUIDELINE

DEFINITION:

A Category III Task is one in which there is no potential for exposure to blood, other potentially infectious body materials or air borne pathogens that warrant the use of exposure controls.

No special precautions are required when performing Category III tasks.

FACULTY POSITIONS INVOLVED:

The technical college faculty positions involved in the performance of Category III tasks are:

CATEGORY III TASK LISTING

Academic Programs

Business & Public Service

Accounting

Business Administrative Office Technology

Business Administration

Computer Information Systems

Criminal Justice

Culinary Arts-

Early Childhood Care and Education

Hotel, Restaurant, and Tourism Management

Marketing Management

Paralegal Studies

Social Work Assistant

Health Information Technology

General Education

Dean - Dr. Carol Myers

Life Sciences

Biotechnology

Dental Assisting

Dental Hygiene

Paramedic

Emergency Medical Technician

Fire Science

Medical Assisting

Nursing – Associate Degree

Physical Therapist

Practical Nursing

Radiography

Surgical Technology

Veterinary Technology

Health Care Assistant, Patient Care Assisting & Phlebotomy TCCs

Anatomy & Physiology.

Technical & Industrial

Air Conditioning Technology

Automotive Collision Repair

Automotive Technology

Commercial Truck Driving

Cosmetology

Diesel Mechanics

Drafting Technology

Electrical Construction and Maintenance

Electronics Technology

Engineering Technology

Industrial Systems Technology

Interior Design

Machine Tool Technology

Welding

The technical college faculty positions involved in the performance of Category III tasks are:

- 1) All employees listed under categories I and II.
- 2) Administration
- 3) Faculty
- 4) Support Staff / Secretarial/Maintenance
- 5)
- 6) All employees not designated under categories I and II

The student occupational training program/course involved in the performance of Category III tasks only are:

- 1) All students involved in standard classroom and Laboratory activities.
- 2) All other areas not designated under categories I and II

III. IMPLEMENTATION OF METHODS OF EXPOSURE CONTROL

A. Standard Precautions: All covered employees and students will use standard precautions as indicated by the task or activity.

B. Exposure Control Plan:

1. All covered employees and students will receive an explanation of this ECP during their initial training or academic experience, as well as a review on an annual basis. All covered employees and students can review this ECP at any time while performing these tasks or activities by viewing the plan on the Athens technical college intranet. If requested, a hard copy of this ECP will be provided free of charge within 15 business days of request.
2. The ECC will review and update the ECP annually, or more frequently if necessary to reflect any new or modified tasks or activities that affect occupational exposure and to reflect new or revised employee classifications or academic programs with potential for occupational exposure.

C. Engineering and Work Practice Controls:

1. Engineering and work practice controls are developed and implemented to reduce or eliminate occupational exposure. Specific engineering and work practice controls for specified tasks or activities are to be followed for each specific program. Each program will have an infection control policy in their program handbook which outlines specific controls to be used.
2. Protocol and documentation of the inspection, maintenance and replacement of sharps disposal containers is the responsibility of the Program Chairs for each individual program as they are familiar with the needed personal protection equipment needed for each task.
3. The processes for assessing the need for revising engineering and work practice controls, procedures, or products, and the individuals/groups involved are detailed below:

Example:

Academic Program Advisory Groups examine exposure control methods during advisory group meetings, and the recommendations are discussed with the ECC by the academic program manager(s).

D. Personal Protective Equipment:

1. Appropriate personal protective equipment (PPE) is provided to covered employees at no cost and available to covered students at the student's expense. Training in the use of PPE for specific tasks is provided by Athens Technical College. These items are located

- in each classroom or laboratory as appropriate and available at each clinical site.
2. All covered employees and students using PPE must observe the following precautions:
 - a. Wash hands immediately or as soon as feasible after removing gloves or other PPE.
 - b. Remove PPE after it becomes contaminated and before leaving the work area.
 - c. Used PPE may be disposed of in appropriate biohazard containers or sharps containers located in each area.
 - d. 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.
 - e. Utility gloves may be decontaminated for reuse if their integrity is not compromised. Utility gloves should be discarded if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
 - f. Never wash or decontaminate disposable gloves for reuse.
 - g. 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.
 - h. 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.
 3. The protocol for handling used PPE is as follows: Dispose of PPE in the proper biohazard containers or red biohazard bags. Sharps must be disposed of in the approved sharps containers and shall not be placed into red bags or the trash. Students at clinical will follow the clinical sites policies and procedures for disposal of soiled PPE.

E. Housekeeping:

1. Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.
2. The protocol for handling sharps disposal containers is: when containers are full to place them in the biohazard waste room for pickup by the waste disposal company that has been contracted by the College.
3. The protocol for handling other regulated waste is: place into a red biohazard bag and place it into the red biohazard trash receptacle for disposal.
4. 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. Sharps disposal containers are available each laboratory that is in use on the college campus.
5. Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.
6. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

F. Laundry:

1. The following contaminated articles will be laundered in the life science buildings laundry facility and by program faculty designated by the program chair for each health program.

2. The following laundering requirements must be met articles that are laundered will be washed on the sanitary cycle using the hot water mode. De-oxygenated bleach will be used in the wash cycle.
 - a. Handle contaminated laundry as little as possible, with minimal agitation.
 - b. Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use (specify either red bags or bags marked with the biohazard symbol) for this purpose.
 - c. Wear the following PPE when handling and/or sorting contaminated laundry: Gloves, mouth and eye protection as appropriate.

G. Labeling:

1. The following labeling methods are used in this facility: Biohazard signs, biohazard waste receptacles, and sharp containers.
2. Safety and Security Department is 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 and students are to notify safety and security if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

IV. VACCINATION FOR HEPATITIS B

- A. The Dean of Life Science will provide training to covered employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. Program Chairs will provide the same training to covered students.
- B. The hepatitis B vaccination series is available at no cost after initial covered employee training and within 10 days of initial assignment to all covered employees identified in the exposure determination section of this plan. The hepatitis B vaccination series is available to covered students at cost after initial covered student training and within 10 days of initial assignment to all covered students identified in the exposure determination section of this plan.
- C. Vaccination is encouraged unless: 1) documentation exists that the covered employee or covered student 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 a covered employee or student declines the vaccination, the covered employee or student must sign a declination form. Covered employees or students who decline may request and obtain the vaccination at a later date at no cost to covered employees or at cost to covered students. Documentation of refusal of the vaccination is kept at on file in Human Resources.
- D. Vaccination will be provided by **Regional First Care at Hwy 29 location**. The business office is contacted for information before vaccinations can occur.
- E. Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the covered employee or student within 15 days of the

completion of the evaluation. It will be limited to whether the covered employee or student requires the hepatitis B vaccine and whether the vaccine was administered.

V. POST-EXPOSURE FOLLOW-UP

- A. Should an exposure incident occur, contact **Glenn Henry** at the following telephone number 706-355-5033.
- B. An immediately available confidential medical evaluation and follow-up will be conducted by **Regional First Care (if needed)**. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:
 1. Document the routes of exposure and how the exposure occurred via the infection exposure reporting form found on the colleges intranet.
 2. Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
 3. For blood or OPIM exposure:
 - a. Obtain consent and make arrangements 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/student's health care provider.
 - b. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
 - c. Exposure involving a known HIV positive source should be considered a medical emergency and post-exposure prophylaxis (PEP) should be initiated within 2 hours of exposure, per CDC recommendations.
 - d. Assure that the exposed employee/student 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).
 - e. After obtaining consent, collect exposed employee's/student's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
 - f. If the employee/student does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.
 4. For airborne pathogen (tuberculosis):
 - a. Immediately after the exposure of covered employee or student, the responsible supervisor, the work unit or technical college Exposure Control Coordinator (ECC) and the authorized contact person at the clinical or work site shall be notified and should receive documentation in writing. Documentation of the incident is to be prepared the day of the exposure; on an Exposure Incident Report and Follow-Up Form for Exposure to Bloodborne/Airborne Pathogens (Tuberculosis); promulgated within 24 hours of the incident; and recorded in the Exposure Log.
 - b. The exposed covered employee or student is to be counseled immediately after the incident and referred to his or her family physician or health department to begin follow-up and appropriate therapy. Baseline testing should be performed as soon as

possible after the incident. The work unit or technical college is responsible for the cost of a post-exposure follow-up for both covered employees and students.

- c. Any covered employee or student with a positive tuberculin skin test upon repeat testing, or post-exposure should be clinically evaluated for active tuberculosis. If active tuberculosis is diagnosed, appropriate therapy should be initiated according to CDC Guidelines or established medical protocol.

VI. ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

- A. Administrative Services ensures that health care professional(s) responsible for the covered employee or student hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.
- B. Infection Control Officer ensures that the health care professional evaluating a covered employee or student after an exposure incident receives the following:
 - 1. a description of the covered employee's or student's tasks or activities relevant to the exposure incident
 - 2. route(s) of exposure
 - 3. circumstances of exposure
 - 4. if possible, results of the source individual's blood test
 - 5. relevant covered employee or student medical records, including vaccination status
- C. Administrative Services provides the covered employee or student with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

VII. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

- A. The infection control office:
 - 1. engineering controls in use at the time
 - 2. work practices followed
 - 3. a description of the device being used (including type and brand)
 - 4. protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
 - 5. location of the incident (O.R., E.R., patient room, etc.)
 - 6. procedure being performed when the incident occurred
 - 7. training records of covered employee or student
- B. The infection control officer will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.
- C. If revisions to this ECP are necessary the infection control officer will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding individuals/occupational areas to the exposure determination list, etc.)

VIII. COMMUNICATION OF HAZARDS AND TRAINING

- A.** All employees and students who have occupational exposure to bloodborne/airborne pathogens receive initial and annual training conducted by Program Chair for each program and the annual infection control training via **ANGEL**. The annual infection control training was constructed by the health dean.
- B.** All employees and students who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:
 - 1.** a copy and explanation of the OSHA bloodborne pathogen standard
 - 2.** an explanation of our ECP and how to obtain a copy
 - 3.** an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
 - 4.** an explanation of the use and limitations of engineering controls, work practices, and PPE
 - 5.** an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
 - 6.** an explanation of the basis for PPE selection
 - 7.** information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge to covered employees and at cost to covered students
 - 8.** information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
 - 9.** an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
 - 10.** information on the post-exposure evaluation and follow-up that the employer/college is required to provide for the covered employee or covered student following an exposure incident
 - 11.** an explanation of the signs and labels and/or color coding required by the standard and used at this facility
 - 12.** and an opportunity for interactive questions and answers with the person conducting the training session.
- C.** Training materials are available on Angel and are completed annual as part of the required annual training.

IX. RECORDKEEPING

- A.** Training Records
 - 1.** Training records are completed for each covered employee and student upon completion of training. These documents will be kept for at least three years at human resources.
 - 2.** The training records include:
 - a.** the dates of the training sessions
 - b.** the contents or a summary of the training sessions
 - c.** the names and qualifications of persons conducting the training
 - d.** the names and job titles of all persons attending the training sessions

3. Training records are provided upon request to the covered employee or student or the authorized representative of the employee or student within 15 working days. Such requests should be addressed to Human Resources for faculty and Program Chairs for students.

B. Medical Records

1. Medical records are maintained for each covered employee or student in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."
2. The infection control officer is responsible for maintenance of the required medical records. These confidential records are kept in Life Sciences Deans office and or Human Resources for at least the duration of employment or attendance plus 30 years.
3. Covered employee or student medical records are provided upon request of the employee or student or to anyone having written consent of the employee or student within 15 working days. Such requests should be sent to **Human Resources C/O Athens Technical College 800 US HWY 29 North Athens, GA 30606.**

C. 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 Infection Control Officer.

D. Sharps Injury Log

1. 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:
 - a. date of the injury
 - b. type and brand of the device involved (syringe, suture needle)
 - c. department or work area where the incident occurred explanation of how the incident occurred.
2. The Sharps Injury 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. If a copy is requested by anyone, it must have any personal identifiers removed from the report.