

**Exposure Control Plan
for Bloodborne Pathogens and Airborne
Pathogens/Tuberculosis
Southern Regional Technical College
2023 - 2024**

REVIEWED: Jill Burnette, AAS, CMA (AAMA) DATE: 04/20/2023
EXPOSURE CONTROL COORDINATOR

APPROVED: Jim Glass DATE: Apr 20, 2023
Jim Glass (Apr 20, 2023 13:46 EDT)
PRESIDENT/EXECUTIVE

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TECHNICAL COLLEGE SYSTEM OF GEORGIA

Southern Regional Technical College
Exposure Control Plan for
Occupational Exposure to
Bloodborne Pathogens and Airborne Pathogens/Tuberculosis
2023 - 2024

INTRODUCTION

The State Board of the Technical College System of Georgia (SBTCSG), along with its technical colleges and work units, is committed to providing a safe and healthful environment for its employees, students, volunteers, visitors, vendors and contractors. SBTCSG Policy 3.4.1. 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, exercised 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
 - standard precautions
 - engineering and administrative 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. Jill Burnette 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 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

Email: jburnette@southernregional.edu

Office: 229-217-4195

Cell: 229-456-1955

- 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. The Program Chairs/Department Supervisors are responsible for the implementation, documentation, review, and training/record keeping of standard precautions with respect to the areas of personal protective equipment (PPE), decontamination, engineering controls (e.g., sharps containers), administrative controls, housekeeping, laundry, and labeling and containers as required as assigned to designees. Further, adequate supplies of the aforementioned equipment will be available in the appropriate sizes/fit.

See Program Administration List

- D. *Southern Regional Technical College is not under any contractual agreements for exposure control.*
- E. *Southern Regional Technical College engages in the following training, drills and exercises regarding exposure control. {Training, Drills/Exercises are conducted through program content by faculty. The ECC maintains all other training not included in program content}. The protocol for the retention of training records is retained in a log by the ECC. {This is kept in a log updated annually by the ECC.}*
- F. *The protocol for the annual review of Southern Regional Technical College ECP is carried out by the ECC and Safety Committee. The final version of the plan is submitted to the President for approval. The retention protocol of the ECP is carried out by the ECC by continuous contact with faculty/staff regarding any changes that may affect the current plan. The ECC also attends annual peer groups which consist of ECCs from fellow TCSG colleges.*

II. EXPOSURE DETERMINATION

Employees/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 standard 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 standard 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 standard 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 Program Administration List {see at end of document} 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

III. IMPLEMENTATION OF METHODS OF EXPOSURE CONTROL

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

B. Exposure Control Plan:

1. All covered employees and covered 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 covered students can review this ECP at any time while performing these tasks or activities by contacting individuals identified in I. C. If requested, a hard copy of this ECP will be provided free of charge within 3 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 instructional programs with potential for occupational exposure.

IV. PERSONAL PROTECTIVE EQUIPMENT

Follow standard precautions with regard to personal protective equipment for identified Category I and II tasks. The individuals identified in I. C. are responsible for implementing and documenting the following:

- A. Appropriate personal protective equipment (PPE) is provided to covered employees at no cost and available to covered students at the student's expense. Training/recording keeping in the use of PPE for specific tasks is provided by the Exposure Control Coordinator. The ECC maintains a log (see attached) outlining designated courses per program for students to receive proper PPE training. Employees undergo PPE training through program clinical sites, outside employers, or by the ECC. This information can also be found on an attached document.

Types of PPE that are provided include the following:

Gloves, gowns, masks, eye protection, shoe covers, hair nets, & spill kits

- B. All covered employees and covered students using PPE must observe the following precautions:
 1. Wash hands immediately or as soon as feasible after removing gloves or other PPE.
 2. Remove PPE after it becomes contaminated and before leaving the work area.
 3. Used PPE may be disposed of in appropriate biohazardous containers including, but not limited to, sharps containers, decontamination containers, labeled or red laundry bags, or trash cans designated and labeled for biohazardous waste only.
 4. 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.
 5. 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.
 6. Never wash or decontaminate disposable gloves for reuse.
 7. 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.
 8. 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.

- C. The protocol for handling used PPE is as follows: proper storage in a biohazardous closet until pickup by Stericycle
- D. Reusable contaminated PPE, such as face shields, eye protection, resuscitation equipment, is decontaminated by responsible persons identified in I.C. Decontamination is performed using approved disinfectants or detergents.

V. DECONTAMINATION

Follow standard precautions with regard to decontamination for identified Category I and II tasks. The individuals identified in I. C. are responsible for implementing and documenting the following:

- A. Individuals identified in I. C are responsible for training/record keeping for decontamination.
- B. For each category I and II task document the decontamination method required.

VI. Engineering and Administrative Controls:

Follow standard precautions with regard to engineering and administrative controls for identified Category I and II tasks. The individuals identified in I. C. are responsible for implementing and documenting the following:

- A. Engineering and administrative controls are developed and implemented to reduce or eliminate occupational exposure. Specific engineering and administrative controls for specified tasks or activities (delineated by instructional program or department) are listed below:

Task	Engineering/Administrative Controls
Drawing blood	needleless systems, non-glass capillary tubes
All needle usage	all needles will contain safety sheath
Blood and Body Fluids	proper PPE will be enforced

- B. Protocol and documentation of the inspection, maintenance and replacement of sharps disposal containers is the responsibility of academic programs or departments.
- C. The processes for assessing the need for revising engineering and administrative controls, procedures, or products, and the individuals/groups involved are detailed below:
 1. Academic programs and departments maintain an ongoing assessment of engineering and administrative controls, procedures, or products.
 2. 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)
 3. Revisions are made as indicated by assessments and review.

VII. HOUSEKEEPING

Follow standard precautions with regard to housekeeping for identified Category I and II tasks. The individuals identified in I. C. are responsible for implementing and documenting the following:

- A. 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.
- B. The protocol for handling sharps disposal containers is adhered to by all persons utilizing sharps in the performance of their duties. After use, the containers are sealed and placed in a biohazardous box located in a locked closet which is identified by a biohazardous symbol. Stericycle picks up the sealed boxes quarterly and disposes of them as regulated by law.
- C. The protocol for handling other regulated waste is adhered to by all persons handling regulated waste in the performance of their duties. The regulated waste is placed in appropriate containers or bags and stored in the locked biohazardous closet until picked up by Stericycle.
- D. 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 at and as close as possible to the immediate area where sharps are used.
- E. Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.
- F. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

VIII. LAUNDRY

Follow standard precautions with regard to laundry for identified Category I and II tasks. The individuals identified in I. C. are responsible for implementing and documenting the following:

- A. Contaminated articles will be laundered on the appropriate campus as soon as possible following contamination as directed by the designated person of an individual listed in I.C.
- B. The following laundering requirements must be met (document procedures):
 - 1. Handle contaminated laundry as little as possible, with minimal agitation.
 - 2. Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use *red biohazard bags* for this purpose.
 - 3. Wear the following PPE when handling and/or sorting contaminated laundry:
 - a. Disposable gloves
 - b. Gown if at risk of getting contaminated waste on clothing
 - c. Mask and/or goggles if at risk of contaminated waste splashing on the face

IX. LABELING AND CONTAINERS

Follow standard precautions with regard to labeling and containers for identified Category I and II tasks. The individuals identified in I. C. are responsible for implementing and documenting the following:

- A.** Labeling methods used in this facility: All biohazard materials must be labeled and stored in biohazard container used in each department.

- B.** Individuals identified in I. C 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 or out of the facility. Covered employees and covered students are to notify individuals identified in I. C if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

X. VACCINATION FOR HEPATITIS B

- A.** The Exposure Control Coordinator will ensure training is provided to covered employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. The Exposure Control Coordinator will ensure that the same content 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 may be precluded in the following circumstances: 1) documentation exists that the covered employee or covered student has previously received the series; 2) antibody testing reveals that the employee is immune; 3) medical evaluation shows that vaccination is contraindicated; or (4) 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 covered student requires the hepatitis B vaccine and whether the vaccine was administered.
- D.** However, if a covered employee or covered student declines the vaccination, the covered employee or covered student must sign a declination form. Covered employees or covered 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 in the medical records of the individual.
- E.** Vaccination will be provided by facility designated and arranged by the Exposure Control Coordinator or through the Human Resources Department.

XI. POST-EXPOSURE FOLLOW-UP

- A.** Should an exposure incident occur, Jill Burnette, Exposure Control Coordinator at the following telephone number 229-456-1955
- B.** An immediate available confidential medical evaluation and follow-up will be conducted and documented by a licensed health care professional. 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.
 - 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 a covered employee or covered student, the responsible supervisor, the technical college or work unit 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/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 technical college or work unit is responsible for the cost of a post-exposure follow-up for both covered employees and covered students.

- c. Any covered employee or covered 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.

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

- A. The Exposure Control Coordinator 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 this ECP.
- B. The Exposure Control Coordinator 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 covered 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 covered student medical records, including vaccination status
- C. *During the period of the 2022 – 2023 HCPP the ECC dealt with all COVID-19 cases at SRTC and two contaminated needle sticks.*

XIII. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

- A. The Exposure Control Coordinator will review the circumstances of all exposure incidents to determine:
 - 1. engineering controls in use at the time
 - 2. administrative 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 Exposure Control Coordinator will maintain a record of all percutaneous injuries from contaminated sharps within the spreadsheet from the electronic reporting form utilized by SRTC.

- C. If revisions to this ECP are necessary the Exposure Control Coordinator 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.).
- D. *The following protocol is followed for evaluating the circumstances surrounding an exposure incident: The ECC and Safety Committee will review the log and discuss possible prevention/solution methods to the incidents*

XIV. COMMUNICATION OF HAZARDS AND TRAINING

- A. All covered employees and covered 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 ECP;
 2. an explanation of the 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.
- B. Training materials are available from the individuals identified in I. C

XV. RECORDKEEPING

A. Training Records

1. Training records are completed for each covered employee and covered student upon completion of training. These documents will be kept for at least three years by the Individuals identified in I. C. A log of these sessions will be kept by the ECC.
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/department of all persons attending the training sessions
3. Training records are provided upon request to the covered employee or covered student or the authorized representative of the employee or student within 15 working days. Such requests should be addressed the ECC.

B. Medical Records

1. Medical records are maintained for each covered employee or covered student in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."
2. The ECC is responsible for maintenance of the required medical records. These confidential records are kept on a separate hard drive for at least the duration of employment or attendance plus 30 years.
3. Covered employee or covered student medical records are provided upon request of the employee or student or to anyone having written consent of the employee or student within 3 working days. Such requests should be sent to the ECC.

C. 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 ECC.

D. Sharps Injury Log

1. In addition to the 29 CFR 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 redacted

from the report.

The following protocol is followed for evaluating the circumstances surrounding sharp injuries. All sharps injuries are to be reported to the ECC, Jill Burnette. The Sharps Injury Log is then updated by the ECC. In the event an incident is NOT reported to the ECC, the list will not be updated due to lack of communication. The ECC and Safety Committee review the log annually and discuss possible prevention methods.

ECP 2023-2024

Final Audit Report

2023-04-20

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