Oconee Fall Line Technical College

Exposure Control Plan for

Occupational Exposure to

Bloodborne Pathogens and Airborne Pathogens/Tuberculosis

2025-2026

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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 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, 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. Jacey Story, BSN, RN, 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
Jacey Story, BSN, RN
Nurse Aide Coordinator
Exposure Control Coordinator
Oconee Fall Line Technical College- Jefferson Campus, Allied Health Building Rm 201
Office: 478-625-7238
Cell: 478-331-0246

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. Oconee Fall Line Technical College, Program Division Chairs (see Appendix A) Program Training Instructor is 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 Appendix A for a list of responsible staff/faculty.

D. Oconee Fall Line Technical College engages in the following contractual agreements regarding exposure control:

Medical Waste Solutions of GA, LLC
176 Freedom Drive
Dallas, GA 30157
Contact: Todd Ballard
678-571-1735

E. *Oconee Fall Line Technical College engages in the following training, drills and exercises regarding exposure control:*

Each Category I and Category II faculty/staff member receives annual training specific to their category. All faculty/staff receive an annual training re: blood and airborne pathogens, the College's ECP, and where to find the plan.

Students who are Category I and II will receive ECP/infection control training as a part of their coursework. The program appropriate training will be conducted by faculty listed in Appendix A. Oconee Fall Line Technical College will drill the ECP as part of other drills and exercises within the year, i.e. the Active Shooter Drill and Tornado Drill.

The protocol for the retention of training records is: Program faculty listed in Appendix A will retain each class's training records and individual training sheets as confidential in their offices for a period of 3 years. Training rosters will be sent to the Exposure Control Officer which will retain training logs for a period of 3 years.

F. *The protocol for the annual review of the Oconee Fall Line Technical College ECP is: The Exposure Control Coordinator will review and revise the ECP at least annually. Revision and updating will also be done on an as-needed basis, i.e. when faculty/staff changes in Category I or II.*

Once a revision has been made, a copy will be sent to the VP of Facilities, Planning and Research, Katie Davis.

The protocol for retention of the ECP is: A copy of the ECP will be maintained for a period of 3 years online and available upon written request to the Exposure Control Coordinator or the Vice President of Facilities, Planning and Research.

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 following is a list of job and/or student program classifications which have Category I or II occupational exposure:

Job/Program/Title/Occupational/Program Area

Facilities/Maintenance/Housekeeping
Public Safety/Security
Basic/General Sciences (Microbiology)
Allied Health: Radiologic Tech., Computed Tech., Sonography, Respiratory Therapy, Pharmacy Tech., Medical Assisting, MRI, Phlebotomy, Health Care Assist./NA, Practical Nursing, Registered Nursing
Child Care (Early Childhood Care and Education)
Cosmetology
Continuing Education: AHA BLS, Heartsaver First Aid, CPR AED Classes
MSHA/Safety Programs: Mine Safety, Medic First Aid Training

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 viewing online on the OFTC website under Services; Safety and Security; or by contacting the ECC or the Chief, Safety and Security Services. 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 Facility Trainers as listed under Appendix A.

Types of PPE that are provided include the following:

Located in Appendix B

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 regular waste container or laundry bags unless visibly soiled with blood or body fluids considered infective. Any visibly soiled PPE will be disposed of in regulated biohazard boxes lined with red biohazard bags.
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:

A PPE that is contaminated or potentially contaminated with blood or other potentially infectious material (OPIM) will be placed in a red biohazard bag or, in the case of sharps, in a sharps container. Once the red biohazard bag has been used, it will be closed and placed in a biohazard box. When the sharps container is filled to the 2/3 mark, it will be closed and placed in a biohazard box. Biohazard boxes are picked up by the contracted company.

V. DECOMTAMINATION

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. Program Trainers/facilities managers (listed in Appendix A) will be 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 in Appendix C.

B. Protocol and documentation of the inspection, maintenance and replacement of sharps disposal containers is the responsibility of Program Trainers as Designated in Appendix A.

C. The processes for assessing the need for revising engineering and administrative controls, procedures, or products, and the individuals/groups involved are detailed below:

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). Non-academic department managers meet with the ECC to discuss/review/improve existing exposure control protocol or recommend new procedures.

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:

Sharps containers are kept in all labs where needles or other sharps are utilized. When they are 2/3 full, they will be closed and replaced. The used sharps containers will be placed in a biohazard box for pick-up by contracted company.

C. The protocol for handling other regulated waste is: All medical waste, collected for

disposal, must be placed in a corrugated box or reusable container which is lined. The plastic bag used for this purpose must be sufficient strength to prevent ripping or tearing. In addition, the bag must be marked according to federal, state, and local regulations (red in color and/or biohazard symbol).

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 in each lab/ at bedside. (must be easily accessible and as close feasible 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. The following contaminated articles will be laundered by the course instructor and the program trainer as listed in Appendix A or as needed basis, and any time contamination occurs.

B. The following laundering requirements must be met:

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 absorbable laundry biohazard bags for this purpose.
3. Wear the following PPE when handling and/or sorting contaminated laundry: Gloves and Gowns

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. The following labeling methods are used in this facility: bags and containers marked with the biohazard symbol must be used.

B.

Equipment to be Labeled	Label Type (size, color)
specimens,	red bag, biohazard label
contaminated/soiled laundry	absorbable laundry bag
sharps containers	red impervious boxes with biohazard label

C. The Department Trainer as listed in Appendix A 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 or out of the facility. Covered employees and covered students

are to notify their Program Chair, Facility Supervisor or Program Trainer 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 and Human Resources Managers will ensure training is provided to covered employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. The Division Chair and Program Trainer 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/student 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 by the Division Chair and Program Trainer.

E. Vaccination can be provided by Area Public Health Departments.

XI. POST-EXPOSURE FOLLOW-UP

A. Should an exposure incident occur, contact the Exposure Control Coordinator at the following telephone number: 478-625-7238, or via email at jstory@oftc.edu.

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 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 2024-2025 HCPP the following incidents surrounding exposure occurred:
see Incident Log

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 record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

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:

1. The incident form, located on OFTC SharePoint: Forms & Documents/Safety & Security/Forms/OFTC_Accident-IncidentReportForm will be completed by the Instructor/Program Chair.
2. When it is noted on the form that a possible blood or airborne exposure has occurred, the Exposure Control Coordinator will receive an email with the form. Instructors will also call the ECC when they become aware of an exposure incident.
3. ECC will discuss the incident of the exposure with the student/employee for cause.

Additional investigation may be necessary including, but not limited to, the site risk managers review of the incident, discussing corrective actions taken at the site, date correction implemented.

4. If an incident(s) indicates a recurring problem, the ECC will discuss finding with Program Chair and Instructor(s). A corrective action plan will be created and implemented.

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 Exposure Control Coordinator, Program Chairs and Program Instructors.

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 in the Program Chair/Program Trainer's or Department Manager's Office. 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

2. 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 request should be addressed to the Exposure Control Coordinator.

Exposure Control Plan Training Log 2025-2026		
Job/Program/Occupational/Area*	**Date**	**Training Topic**
All covered College Faculty/staff; all sites	Annually	Standard Precautions and PPE
General Education- Biology	BIOL 2113L/2114L A & P, with in first two weeks of the course. BIOL 2117L Microbilogy Lab, almost through the entire course. BIOL 2117 Microbiology – last half of the course	BIOL 2113L/2114L: Proper use of PPE for dissections as well as bio-hazardous waste disposal. BIOL 2117, BIOL 2117L: Proper use of PPE, aseptic technique for transfer of bacterial cultures and creation of bacterial smears, proper disposal of bio-hazardous waste, exploration of effectiveness of a variety of disinfectants, antiseptics, and preservatives, and mode of transmission for various infectious diseases.
Imaging Science Assts., Rad. Tech, CT, MRI, Ultrasonography	RADT 1010 Fall Semester, MRIM 2300 Orientation & Intro. To MRI (Fall Semester, withing first 4-5 weeks of class), RADT 2201 Intro. To Computed Tomography. DMSO 1010 Medical Sonography.	Medical Asepsis and Infection Control within the clinical Setting. Lab includes proper hand washing, along with proper donning and removing of PPE in Clinical Setting.
Respiratory Therapy/South	RESP 1120, Intro. To Resp – 3rd or 4th week of class, RESP 1130: Resp. Ther.	Lecture; Infection control check-offs (hand hygiene, standard

	Lab – 3rd or 4th week of class	precautions/transmission based isolation procedures including proper donning & doffing gloves, gowns, eye goggles, face shields, surgical mask, N-95 mask, head & shoe covers
Pharmacy Tech	ALHS 1011 3rd or 4th week of each semester	See: ECP for B/ABP Training Doc Form
Health Care Assistant/North Campus/South Campus, Jefferson	ALHS 1040 & NAST 1100 courses are offered every semester. Taught with in the first 4 weeks of each course.	Medical Asepsis and Infection Control within the Clinical Setting. Lab includes proper hand washing, along with proper donning and removing of PPE in Clinical setting.
Nurse Aide/North/South/LOIC, Jefferson	Fall, Spring, & Summer teach either NAST 1100 Nurse Aide. Taught to dual enrollment during the spring ALHS 1040 Introduction to Heath. Taught within the first 4 weeks of each course.	Bloodborne/Airborne Pathogen Exposure Follow-up in the Clinical Setting
Practical Nursing Students/South Campus/LLH Room 215 and Lab 209	Fall Semester and Spring Semester Unit 5 of PNSG 2030 for each new cohort on South Campus	Medical Asepsis and Infection Control within the Clinical Setting. Lab includes proper hand washing, along with proper donning and removing of PPE in Clinical setting.
Practical Nursing Students/North Campus	Fall Semester and Spring Semester Unit 5 of PNSG 2030 for each new cohort on North Campus	Medical Asepsis and Infection Control within the Clinical Setting. Lab includes proper hand washing, along with proper donning and removing of PPE in Clinical setting.
RN Bridge Program/North Campus ASN Program/South Campus	RNSG 1170, Fall Semester	Medical Asepsis and Infection Control within the Clinical Setting. Lab includes proper hand washing, along with proper donning and removing of PPE in Clinical setting.
Medical Assisting/South	MAST 1080 Medical Assisting Skills I Spring/Fall Semester Taught within the first five weeks of the semester	Medical Asepsis and Infection Control within the Clinical Setting. Lab includes proper hand washing, along with proper

		donning and removing of PPE in Clinical setting.
Janitorial Staff/Maintenance Staff – North Campus	Annual Review, August Breakout session, Staff Development; New hires, within the first week of training/shadowing.	Bloodborne Pathogens/Airborne Pathogen Exposure in the Workplace
Janitorial Staff/Maintenance Staff – South Campus	Annual Review, August Breakout session, Staff Development; New hires, within the first week of training/shadowing	Bloodborne Pathogens/Airborne Pathogen Exposure in the Workplace
ECCE- South /Online courses	ECCE 1105 3rd or 4th week of each semester	PPE training
ECCE- North	ECCE 1105 3rd or 4th week of each semester	PPE training
Cosmetology Diploma Program/South Campus	Every semester COS 1000 with in the first 2 weeks of class	Infection Control
Cosmetology Diploma Program/North Campus	Every semester COS 1000 with in the first 2 weeks of class	Infection Control
Safety/Security Specialist/All Campus locations	Various based on hire date, Within 30 days of employment	Bloodborne Pathogens/Airborne Pathogen Exposure in the Workplace
Continuing Education, B & I/North & South	Various based on hire date, Within 30 days of employment	Bloodborne Pathogens/Airborne Pathogen Exposure in the Workplace
MSHA & Safety Programs/North & South	Various based on hire date, Within 30 days of employment	Bloodborne Pathogens/Airborne Pathogen Exposure in the Workplace

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 Exposure Control Coordinator is responsible for maintenance of the required incident/medical records while processing an exposure incident. Once the incident has been closed, these confidential records are kept in HR for employees/Student Affairs for students. All records are kept 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 Human Resources for employees/employers and Student Affairs for students.

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 Program Instructor and The Exposure Control Coordinator.

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

Appendix A

Occupational Exposure I.C. Program Administration						
Job/Program Classification	**Responsible Authority**	**Office Location**	**Office Number**	**Cell Number**	**Email**	**Exposure Category**
Exposure Control Coordinator	Jacey Story	Jefferson Campus HS Blg, 201	478-240-5156	478-232-2968	jstory@oftc.edu	Category I
Director of Imaging Sciences	Jennifer Eiland	South Campus LLH, 224P	478-275-6647	478-279-2904	jeiland@oftc.edu	Category I
Program Chair, Respiratory	Natalie Smith	South Campus LLH, 224V	478-274-7881	478-231-6632	nsmith@oftc.edu	Category I
Program Chair, Pharmacy Technology, South Campus	Deanna Roberson	South Campus, LLH, 224L	478-274-7743	478-231-5039	duroberson@oftc.edu	Category I
Director of Nursing	Jodi Warren	South Campus, LLH, 224L	478-240-5146	478-983-2743	jwarren@oftc.edu	Category I
PN Instructor, North	DeAnne Lindsey	North Campus, HS, 475L	478-553-2100	478-640-1337	dlindsey@oftc.edu	Category I
Nurse Aide Coordinator, South	Teresa Drew	South Campus, LLH, 224M	478-296-6141	478-278-9962	tcarroll@oftc.edu	Category I
PN Instructor, South Campus	Scott Gray	South Campus, LLH, 224G	478-274-7863	478-451-7315	sgray@oftc.edu	Category I
PN Instructor, South Campus	Kerrie Fountain	South Campus, LLH, 224P	478-274-7878	478-278-7287	kfountain@oftc.edu	Category I
PN Instructor, South Campus	Logan Williamson	South Campus, LLH, 224	478-274-7736		lwilliamson@oftc.edu	Category I
HCA/NA Instructor, North Campus	Heidi Rachels	North Campus HSBDG 476L	478-240-5156	478-494-6870	hrachels@oftc.edu	Category I
PN Instructor, North Campus	Janice Ward	North Campus HS, 472L	478-553-2099	478-363-5222	jward@oftc.edu	Category I
Bridge RN Instructor, North Campus	Leigh Anne Schmidt	North Campus HS, 473L	478-553-2088	706-829-7267	lschmidt@oftc.edu	Category I
ASN RN Instructor, South Campus	Lecrezia Jackson	South Campus, LLH, 224Y	478-296-6168	478-304-2378	ljackson@oftc.edu	Category I

ASN RN Instructor, South Campus	Kelly McAdams	South Campus, LLH, 224	478-274-7883	478-697-6060	kmcadams@oftc.edu	Category I
Lead Instructor, MA/Phlebotomy South Campus	Brenda Gurr	South Campus, LLH 224L	478-274-7885	478-595-2228	bgurr@oftc.edu	Category I
Maintenance Supervisor, North Campus	Jason Lee	North Campus Room 310	478-232-8681	478-232-8681	jlee@oftc.edu	Category II
Facilities Director, South Campus	Ragan Green	South Campus, WRS 303	478-274-7865	478-278-5173	rgreen@oftc.edu	Category II
Lead Instructor, Early Child Care, South Campus	Lanna Mallette	South Campus, WRS 112B	478-274-7799	478-697-8451	lmallette@oftc.edu	Category II
Lead Instructor Early Child Care, North Campus	Jennifer Edwards	North Campus, 211C	478-240-5164		jedwards@oftc.edu	Category II
Lead Instructor, Cosmetology, South Campus	Shanna Smith	South Campus, LLH 142B	478-274-7844	478-772-0972	smsmith@oftc.edu	Category II
Lead Instructor, Cosmetology, North Campus	Lisa Jones	North Campus, 119	478-274-7844	478-232-2302	ljones@oftc.edu	Category II
Safety/Security Specialist	Marcus Rogers	South Campus, LLH B14	478-274-7871	478-697-9564	mwrogers@oftc.edu	Category II
Microbiology, North Campus	Clifford Coleman	North Campus HSBDG	478-553-2145	478-456-0315	ccoleman@oftc.edu	Category II
Mine Safety/ Medic Training	Lottie Rizzardi	North, NCHS 433U	478-553-2149	931-267-2106	lrizzardi@oftc.edu	Category II

Appendix B

PERSONAL PROTECTIVE EQUIPMENT REQUIRED (CATEGORY I TASKS)

The personal protective equipment required will vary with the individual task and the degree of protection required. The faculty member/student shall use the following guidelines in addition to those listed in Blood borne Pathogens Standard and TB Interim Guidelines.

1. The use of gloves is required for all faculty members and students involved in the performance of a Category I task. Personnel shall wash their hands after removal of gloves and at the end of the procedure. Gloves shall be replaced as soon as feasible if they are torn, punctured or when their ability to function as barrier protection is compromised. Gloves shall not be washed or decontaminated for reuse and shall be changed between each patient contact. A variety of types of gloves must be available to insure usage. **Non-latex gloves must be available as an alternative for latex-sensitive persons.** Unpowdered gloves must also be furnished.

2. Mask and eye protection (goggles, or glasses with solid side shields or chin length face shields) are required if there is a potential for splashes, spills spray, splatter or aerosolizing of blood or other potentially infectious body materials (O.P.I.M.) and contamination of mucosal membranes, eyes, mouth, or nose is likely. **The National Institute of Occupational Safety and Health (NIOSH) must approve masks used for airborne pathogen protection for this purpose. Approved masks include: HEPA respirators and N-95 respirators.**

3. Lab coat, gown, apron or other protective clothing is required if there is a likelihood for soiling of clothing, to be worn outside the work-site, with blood or OPIM. The type and characteristics will depend on the task and the degree of exposure anticipated. The protective clothing selected shall form an effective barrier for the faculty member or student.

4. Resuscitation equipment (pocket masks, BVMs, or other ventilatory devices) shall be immediately available at the work-site and used where the need for emergency resuscitation is likely to occur.

5. Fluid-proof clothing shall be worn if there is a potential for clothing to become soaked with blood or O.P.I.M. These would include, but are not limited to, surgical gowns, shoe covers, etc. Surgical caps or hoods shall be worn if there is the potential for splashing or spraying of blood or O.P.I.M. on the head.

Appendix C

WORK PRACTICES AND ENGINEERING CONTROLS (CATEGORY I TASKS)

The following work practices shall be used to further reduce or eliminate the occupational exposure to blood and air-borne pathogens.

The most effective available needleless systems and sharps with engineered sharps injury protection are to be used in those programs requiring invasive procedures involving patients or simulated patients.

Each technical college will have established and evaluation committee, a specified in the Georgia Code, to identify and select needless systems and engineered sharps injury protection used in occupational training programs.

1. **Contaminated needles and other sharps**- Used needles and other sharps shall not be sheared, bent, broken, recapped or resheathed by hand, (except by use of approved methods). **Recapping of contaminated needles or other sharps is prohibited.** When recapping of contaminated needles is determined to be necessary for a specific procedure it is to be accomplished through the use of resheathing devices, self-sheathing needles or syringes, forceps or other one-handed method of recapping that has been approved by the technical college pathogens coordinator or faculty member.

2. **Sharps containers**- Immediately or as soon as possible after use, disposable syringes and needles, scalpel blades, and other sharp items shall be placed in an approved puncture-resistant container, for disposal. The container shall be leakproof on the sides, bottom and top. Approved containers shall be marked with the international biohazard symbol. Such containers shall be easily assessable at the work-site and located in areas where needles and other sharps are commonly used.

3. **Hand washing** – Faculty members and students shall wash their hands immediately or as soon as possible after removal of gloves of other PPE and after hand contact with blood or O.P.I.M. Faculty and staff should use an anti-microbial skin cleaner as provided by the institute when washing their hands.

4. **Waste Containers** used for medical waste (non-sharp items) that are contaminated with blood or O.P.I.M. shall be marked with the international bio-hazard symbol and a closeable cover to limit access and prevent secondary contamination. Waste shall be segregated, handled and stored in accordance with the requirements of the Blood borne Pathogens Standard.

5. **Linen and laundry items** soiled with blood or other O.P.I.M. shall be placed in bags that are labeled and identify them as contaminated with potential pathogens or biohazards and prevent soaking through and/or leakage to the exterior. Contaminated laundry items shall be handled with gloves.

HOUSEKEEPING MEASURES (CATEGORY I TASKS)

The work-site is to be maintained in a clean sanitary condition. The housekeeping measures are to be followed as the basic means for achieving ***disinfection*** (inactivating virtually all recognized pathogenic organism but not necessarily all microbial forms [i.e., bacterial endospores on work surfaces, floors, equipment]) and ***sterilization*** (physical and chemical procedures designed to destroy all microbial life, including endospores).

The housekeeping measures serve to protect the faculty and students of this technical college as well as patients or clients during contact with faculty and students. The technical college Infection Control Coordinator will review these measures on at least an annual basis for their effectiveness and for changes to meet current guidelines.

1. **Schedule**- All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or O.P.I.M.

   Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after the completion of a procedure, when they are overtly contaminated with blood or O.P.I.M. and at the end of the work shift.

   Equipment and instruments (dental hand pieces, needle holders, forceps, lights and X-ray heads, etc.) that may have become contaminated with blood or O.P.I.M. shall be decontaminated with an appropriate disinfectant after the completion of the procedure.

   Protective coverings such as plastic wrap, aluminum foil or imperviously back absorbent paper shall be removed and replaced as soon as possible if they are overtly contaminated with blood or O.P.I.M. or at the end of the work shift if the surface may have become contaminated since the last cleaning.

   All pails, bins cans and similar receptacles intended for reuse which have a likelihood for becoming contaminated with blood or O.P.I.M. shall be inspected and decontaminated as soon as feasible when visibly contaminated and when emptied for disposal purposes.

   Broken glassware, which may be contaminated, shall not be picked up directly by the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs or forceps.

2. **Disinfectants**- Following the initial cleanup, one of the following shall be used for cleaning blood or O.P.I.M.

   a. Chemical germicides that are approved as hospital disinfectants and are tuberculocidal when used in recommended dilutions.
   b. Products registered by the U.S.E.P.A. as being effective against HIV with an accepted "HIV label"
   c. A solution of 5.25% sodium hypochlorite (household bleach) diluted with water between 1:10 to 1:100 strength. This solution should be mixed fresh on a daily basis.

3. **Reusable instruments** and other devices that will used on other patients or clients should be cleaned and disinfected and/or sterilized upon completion of the procedure. Reusable sharps shall not be stored or processed in a manner that requires the faculty member or student reach by hand into the container where the sharps have been placed.

a. Cleaning is accomplished by washing the instruments and brushing their surfaces to loosen any embedded materials. This cleaning process requires the use of gloves and eye protection by the faculty member or student.

b. Disinfection of instruments should be accomplished by soaking them in an approved disinfectant. They should soak for the minimum time specified by the manufacturer of the solution.

c. Sterilization of instruments should be accomplished by soaking in an approved liquid sterilizing solution or by autoclaving.

4. **Disposal-** Materials and items to be discarded upon completion of the procedure and have been contaminated with blood or O.P.I.M. shall be placed in appropriate waste containers.

   a. Sharps shall be placed in approved, puncture-resistant containers that are labeled with the international biohazard symbol and color-coded.
   b. Materials (other than sharps) that are contaminated with blood or O.P.I.M. shall be placed in an appropriate medical waste container that is labeled with the international biohazard symbol or color-coded.

   c. Materials (other than sharps) not contaminated with blood or O.P.I.M. shall be placed in a general waste container.

5. **Food, Drinks, etc.**- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are **prohibited** in the work areas where Category I procedures are performed. Food and Drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood and/or O.P.I.M. are present.

Appendix D

Tuberculosis/Airborne Pathogens Information

A. Introduction

This information regarding tuberculosis (TB) for covered employees or covered students based upon the CDC "Guidelines for Preventing the Transmission of Tuberculosis in Health Care Settings..." 2005. Topics include, testing and surveillance, post-exposure protocol, the requirements for HEPA or other NIOSH approved N-95 respirators and training regarding tuberculosis.

B. Tuberculosis Testing and Surveillance

1. Each covered employee or covered student should have a tuberculin skin test (TST) at the time of employment or prior to assignment to clinical or worksite area respectively; unless a previously positive reaction can be documented or after completion of appropriate preventative therapy or adequate therapy can be documented.

2. Periodic screening of TST-negative covered employees and covered students should be considered to identify persons whose skin tests convert to a positive status. The frequency of screening is risk-dependent, based on the assessed risk of both the setting and the covered employee/student. The risk assessment for the setting will aid in determining which covered employees or students should be screened and the frequency of that screening. For example, if the setting is assessed to be of medium risk, after baseline testing, covered employees and covered students should receive TB screening annually.

3. Initial and follow-up TST should be administered and interpreted according to current CDC guidelines.

4. Tuberculin skin tests (initial and periodic) shall be offered to covered employees at no cost to the employee. Covered students are responsible for the cost of their TST (initial and periodic).

5. Any covered employee or covered student with a confirmed diagnosis of active TB is not to have contact with patients or clients until such time as he or she is cleared by a physician.

C. Post-Exposure Tuberculosis Follow-up Protocol

1. Immediately after the exposure of 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.

2. The exposed covered employee or covered 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 students.

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

D. Respiratory Protective Devices

Respiratory protective devices used in health-care settings for protection against *M. tuberculosis* should meet the following criteria:

a. certified by CDC/National Institute for Occupational Safety and Health (NIOSH) as a nonpowered particulate filter respirator (N-, R-, and P-series 95%, 99%, and 100% filtration efficiency), including disposable respirators, or PAPRs with high efficiency filters;
b. ability to adequately fit respirator wearers (e.g., a fit factor of $\geq$100 for disposable and half facepiece respirators) who are included in a respiratory-protection program; and
c. ability to fit the different facial sizes and characteristics of wearer. (This criterion can usually be met by making respirators available in different sizes and models.)

The fit of filtering facepiece respirators varies because of different facial types and respirator characteristics. Assistance with selection of respirators should be obtained through consultation with respirator fit-testing experts, CDC, occupational health and infection-control professional organizations, peer-reviewed research, respirator manufacturers, and advanced respirator training courses.

A fit test is used to determine which respirator fits the user adequately and to ensure that the user knows when the respirator fits properly. After a risk assessment is conducted to validate the need for respiratory protection, perform fit testing during the initial respiratory-protection program training and periodically thereafter in accordance with federal, state, and local regulations.

Fit testing provides a means to determine which respirator model and size fits the wearer best and to confirm that the wearer can don the respirator properly to achieve a good fit. Periodic fit testing of respirators on wearers can serve as an effective training tool in conjunction with the content included in employee/student training and retraining. The frequency of periodic fit testing should be determined by the occurrence of risk for transmission of *M. tuberculosis*, a change in facial features of the wearer, medical condition that would affect respiratory function, physical characteristics of respirator, or a change in the model or size of the assigned respirator.

In situations that require respiratory protection, the minimum respiratory protection device is a filtering facepiece (nonpowered, air-purifying, half-facepiece) respirator (e.g., an N95 disposable

respirator). This CDC/NIOSH-certified respirator meets the minimum filtration performance for respiratory protection in areas in which patients with suspected or confirmed TB disease might be encountered. For situations in which the risk for exposure to *M. tuberculosis* is especially high because of cough-inducing and aerosol-generating procedures, more protective respirators might be needed.

A covered employee or covered student with a respiratory disease or other disorder which would cause respiratory impairment/decreased pulmonary function may be required to provide written physician documentation to show capability of using an alternate approved respiratory protection device.

A covered employee or covered student with a documented respiratory impairment that would prevent the use of a respiratory protection device should not be assigned to a patient/client diagnosed with or presumed to have active TB. An alternative assignment is to be made.

The technical college or work unit shall provide approved respirator protection devices for classroom demonstration and practical activities. The clinical or work site may provide approved devices for covered employees and covered students for off-campus experiences. At off-campus sites, if the approved devices are not provided for patient/client contact, it is the responsibility of the technical college or work unit to provide it at no cost to covered employees and to covered students at the students' expense.

E. Tuberculosis Training for Covered Employees and Students

1. Each covered employee and covered student shall receive training regarding tuberculosis as well as annual refresher training thereafter. The technical college or work unit ECC shall be responsible for monitoring and evaluating the effectiveness of this education and training process. The level and detail of baseline training will vary according to the responsibilities of the HCW and the risk classification of the setting.

2. Training shall be documented, recorded and records retained as specified in the technical college or work unit Exposure Control Plan.

3. The following content shall be included in training: overview of TB epidemiology in the US; transmission and pathogenesis of TB; testing for Tuberculosis infection and disease; diagnosis of TB; treatment of latent TB infection; treatment of TB disease; TB infection control; community TB control; confidentiality secondary to assessment and treatment of employee or student who develops TB disease; review of written policies and procedures; and review of the technical college or work unit policy on voluntary duty reassignment options for immunocompromised employees and students.

Appendix E

Hepatitis B Vaccination Information

Covered employees and covered students shall provide written verification by a health care provider of hepatitis B vaccination.

The technical college or work unit shall offer the hepatitis B vaccination series to covered employees and covered students prior to being assigned to covered occupational areas. The vaccination shall be offered at no cost to employees in covered occupational areas; while covered students shall be responsible for the cost of their vaccinations.

Covered employees and covered students shall be provided with training prior to beginning their duties or tasks which includes information on the hepatitis B vaccination, its efficacy, safety, method of administration and the benefits of being vaccinated.

Covered employees and covered students have the right to decline hepatitis B vaccination. If they elect to decline the hepatitis B vaccination, they must complete a hepatitis B Vaccination Acceptance/Declination Statement (see Attachment E: TCSG Hepatitis B Training and Vaccination Form: Acceptance/Declination Statement Exemplar) which includes, at minimum, the following information:

"I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccination, at no charge to myself (for covered employees) or at cost (for covered students.) However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccination, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me (for covered employees) and at cost to me (for covered students)."

Appendix F

Hepatitis B Training and Vaccination Form
Acceptance/Declination Statement

Hepatitis B is a serious infection that affects the liver. It is caused by the hepatitis B virus. In 2013 3050 cases of acute hepatitis B in the United States were reported to the CDC; the overall incidence of reported acute hepatitis B was 0.9 cases per 100,000 population. However, because many HBV infections are either asymptomatic or never reported, the actual number of new infections is estimated to be approximately tenfold higher. In 2013, an estimated 19,764 persons in the United States were newly infected with HBV. Rates are highest among adults, particularly males aged 25–44 years. An estimated 700,000–1.4 million persons in the United States have chronic hepatitis B virus infection. Each year about 2,000 to 4,000 people die in the United States from cirrhosis or liver cancer caused by hepatitis B. Chronic infection is an even greater problem globally, affecting approximately 240 million persons. An estimated 786,000 persons worldwide die from HBV-related liver disease each year.

Hepatitis B vaccine can prevent hepatitis B, and the serious consequences of hepatitis B infection, including liver cancer and cirrhosis. Vaccination gives long-term protection from hepatitis B infection, possibly lifelong. Adults getting hepatitis B vaccine should get 3 doses — with the second dose given 4 weeks after the first and the third dose 5 months after the second. Your doctor can tell you about other dosing schedules that might be used in certain circumstances.

The hepatitis B vaccine is very safe. Most people do not have any problems with it. The vaccine contains non-infectious material, and cannot cause hepatitis B infection. Some mild problems have been reported: soreness where the shot was given (up to about 1 person in 4); temperature of 99.9°F or higher (up to about 1 person in 15). Severe problems are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses. A vaccine, like any medicine, could cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people in the United States have been vaccinated with hepatitis B vaccine.

(Centers for Disease Control (CDC). Available at http://www.cdc.gov)

I have received training on the risks of working with human blood or other potentially infectious materials as outlined in the work unit or technical college's Exposure Control Plan.

_____	_____
Date of Training	Trainer

In full recognition of the above:

I accept participation in the vaccination series and have not yet been vaccinated. Take a copy of this form to _____to begin the vaccination series.

I received the HBV vaccination series on _____ , _____, & _____.
(dates – month/year is essential)

I decline participation in the vaccination series.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself (for covered employees) or at cost (for covered students). However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccination, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me (for covered employees) or at cost to me (for covered students).

_____	_____	_____
Signature	Name (Please print)	Date

_____	_____	_____
Supervisor/Program Director Signature	Supervisor/Program Director Name (Please print)	Date

Appendix G

Exposure Incident Report and Follow-Up Form for Exposure to Bloodborne/Airborne Pathogens (Tuberculosis)

INCIDENT REPORT

Date of report: _____

Name of person exposed: _____

Employee Number or Student Number: _____

If Student: Program/Course: _____

If Employee: Job Title: _____

Location of incident: _____

Date and time of incident: _____

Describe circumstances of exposure incident or attach report:

_____

_____

_____

_____

_____

_____

FOLLOW-UP

Person involved in incident referred to appropriate health care professional for follow-up. Documentation of medical release is on file at work unit or technical college and clinical or work site (if appropriate). Alternate employment duties/academic activities assignment may be considered based on the opinion of the employee's/student's appropriate healthcare provider.

Name, address and phone number of medical professional providing follow-up care:

_____

_____

Identify Individuals to whom copies were sent within 24 hours:

Exposed Person's Supervisor/Academic Coordinator:

_____

Work Unit or Technical College Exposure Control Coordinator:

_____

Clinical or Work Site Contact Person:

_____

Name/Title of person preparing Exposure Incident Report and Follow-up Form:

_____ _____

(Printed) (Signature)

Appendix H

Post-exposure Consent for Testing: Source Individual*
Testing for HIV, HBV, and HCV Infectivity

This form should be reviewed and signed by the source individual (the person whose blood or body fluids provided the source of this exposure). This form should be submitted to the health care provider responsible for the post-exposure evaluation as well as attached to the Exposure Incident Report and Follow-Up Form for Exposure to Bloodborne/Airborne Pathogens (Tuberculosis) for the exposed individual.

Exposed Individual Identification
Name (Please Print):_____
Department or Program:_____
Telephone Number:_____
Exposure Date:_____

Source Individual's Statement of Understanding
I understand that employers are required by law to attempt to obtain consent for HIV, HBV, and HCV infectivity testing each time an employee is exposed to the blood or bodily fluids of any individual. I understand that an employee or student has been accidentally exposed to my blood or bodily fluids and that testing for HIV, HBV, and HCV infectivity is requested. I am not required to give my consent, but if I do, my blood will be tested for these viruses at no expense to me. I have been informed that the test to detect whether or not I have HIV antibodies is not completely reliable. This test can produce a false positive result when an HIV antibody is not present and that follow-up tests may be required. I understand that the results of these tests will be kept confidential and will only be released to medical personnel directly responsible for my care and treatment, to the exposed health care worker for his or her medical benefit only and to others only as required by law.

Consent or Refusal & Signature
I hereby consent to:
HIV Testing ___
HBV Testing ___
HCV Testing ___
I hereby *refuse* consent to:
HIV Testing ___
HBV Testing ___
HCV Testing ___

Source Individual Identification
Source individual's printed name:_____
Source individual's signature:_____
Date signed:_____
Relationship (if signed by other than the source individual):_____

Appendix I

Campus Accident Report

Check One:
☐ **Accident** ☐ **Medical Situation** ☐ **Needlestick**

Accident Type: *Click or tap here to enter text.*

Date of Accident: *Click or tap here to choose Date:*

Time of Accident: *Click or tap here to enter text.*

Location of Accident:
☐ **Dublin Campus** ☐ **Sandersville Campus** ☐ **Jefferson Center** ☐ **LOIC**
☐ **CTD Center Sandersville** ☐ **CTD Center Jefferson**
☐ **Other:** *Click or tap here to enter text.*

Victim / Complainant (Name of Person Involved): *Click or tap here to enter text.*

Employee ID or Student ID Number: *Click or tap here to enter text.*

Gender: ☐ **Male** ☐ **Female** **Status:** ☐ **Employee** ☐ **Student** ☐ **Other / Visitor**

Date of Birth: *Click or tap here to choose Date:*

Address: *Click or tap here to enter text.*

Phone: *Click or tap here to enter text.*

Additional Identification Information: *Click or tap here to enter text.*

Time Accident Reported: *Click or tap here to enter text.*

Witnesses (if any):

Name: *Click or tap here to enter text.*
Employee or Student ID Number: *Click or tap here to enter text.*
Address: *Click or tap here to enter text.*
Phone: *Click or tap here to enter text.*
Additional Identification Information: *Click or tap here to enter text.*

Name: *Click or tap here to enter text.*
Employee or Student ID Number: *Click or tap here to enter text.*
Address: *Click or tap here to enter text.*
Phone: *Click or tap here to enter text.*
Additional Identification Information: *Click or tap here to enter text.*

Narrative (Explain what happened – be as specific as possible. Include the 'who, what, when, where, why, how' information):
Click or tap here to enter text.

Was the victim injured? ☐ **Yes** ☐ **No**

Nature of Injury (check all that apply):
☐ **Abrasion / Scrape(s)** ☐ **Amputation** ☐ **Broken Bone** ☐ **Bruise**
☐ **Burn** ☐ **Concussion** ☐ **Crushing Injury** ☐ **Cut / Laceration / Puncture**
☐ **Hernia** ☐ **Illness** ☐ **Sprain / Strain** ☐ **Damage to a Body System**
☐ **Other:** *Click or tap here to enter text.*

Part of Body Affected (check all that apply):
☐ **Head / Face** ☐ **Neck** ☐ **Front Torso** ☐ **Back Torso** ☐ **Side Torso**
☐ **Abdomen Area** ☐ **Buttocks Area**
☐ **Arm** ☐ **Hand** ☐ **Leg** ☐ **Foot**
☐ **Other:** *Click or tap here to enter text.*

Medical Attention:

☐ None ☐ First Aid ☐ Physician ☐ Medical Center / Hospital

Related Questions:

If this was a medical emergency, did someone call 911?
☐ **Yes Who?** *Click or tap here to enter text.* ☐ **No** ☐ **Not Applicable**

If this was caused by a safety problem in a campus building or on campus grounds, was it reported to appropriate officials?
☐ **Yes Date:** *Click or tap here to choose date.* **To Who?** *Click or tap here to enter text.*
☐ **No** ☐ **Not Applicable**

Student Accident Victim Information ONLY (REQUIRED INFORMATION):

Student SSN: *Click or tap here to enter text.*
Student Email: *Click or tap here to enter text.*
Is the student covered by any hospital and/or medical plan?
☐ **Yes** ☐ **No**
If Yes, is the student a dependent on the plan?
☐ **Yes** ☐ **No**
If Yes, please check one:
☐ **Group Plan** ☐ **Individual Plan** ☐ **Medical / Automotive Plan**
If Yes, please indicate name and policy # of insurance company:
Click or tap here to enter text.

If Yes, has the student filed a claim with the above company?
☐ **Yes** ☐ **No**
Name and address of student employer: *Click or tap here to enter text.*

Did student receive medical treatment? ☐ **Yes** ☐ **No**
If Yes, when and where? *Click or tap here to enter text.*

Name of physician(s) consulted: *Click or tap here to enter text.*

Hospitalized? If so, when and where? *Click or tap here to enter text.*

Health care referral? *Click or tap here to enter text.*

Person Completing Report: *Click or tap here to enter text.*
Date: *Click here to choose date.*

Submit copies of this report to:

- **Immediate Supervisor**
- **Chief, Security and Facilities**
- **HR Director (employee accident)**
- **Vice President for Administrative Services (student accident)**
- **Exposure Control Coordinator (needlesticks)**

Other Involved Party(ies) Information (If Applicable):
Name of Person: *Click or tap here to enter text.*
Employee or Student ID Number: *Click or tap here to enter text.*
Address: *Click or tap here to enter text.*
Phone: *Click or tap here to enter text.*
Additional Identification Information: *Click or tap here to enter text.*

Other Involved Party(ies) Information (If Applicable):
Name of Person: *Click or tap here to enter text.*
Employee or Student ID Number: *Click or tap here to enter text.*
Address: *Click or tap here to enter text.*
Phone: *Click or tap here to enter text.*
Additional Identification Information: *Click or tap here to enter text.*