

Procedure: 7.2.1p3.

Exposure Control Planning

Revised: November 16, 2020; January 17, 2017; and November 7, 2013.

Last Reviewed: March 22, 2024; April 11, 2023; September 15, 2022; November 16, 2020; and October 30, 2017.

Adopted: August 15, 1993.



I. PURPOSE:

Technical Colleges and work units develop an Exposure Control Plan (ECP) to eliminate or minimize exposure to bloodborne and airborne pathogens in recognition of OSHA Standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens," as well as the Centers for Disease Control (CDC) "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Facilities, 2005." The President is directly responsible for the implementation of this procedure. Therefore, the President shall provide sufficient resources, personnel, and administrative support to accomplish this end.

II. RELATED AUTHORITY: N/A

III. APPLICABILITY:

All Technical Colleges and work units (where applicable) are associated with the Technical College System of Georgia.

IV. DEFINITIONS:

Administrative Controls: Those work procedures such as written safety policies, rules, supervision, schedules, and training to reduce the duration, frequency, and severity of exposure to hazards or situations.

Airborne Pathogens: Airborne pathogens are pathogenic microorganisms discharged from an infected human via coughing, sneezing, laughing, and close personal contact or aerosolization of the microorganism and remain suspended in the air on dust particles, respiratory and water droplets and can cause disease in humans. These pathogens include but are not limited to tuberculosis, influenza; measles; and varicella-zoster (chicken pox).

Blood: Blood includes human blood, components, and products made from human blood.

Bloodborne Pathogens (BBPs): Bloodborne pathogens are pathogenic microorganisms in human blood and can cause human disease. These pathogens include but are not limited to hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Contaminated describes the presence or the reasonably anticipated presence of blood or other potentially infectious materials (OPIM) on an item or surface.

“Covered”: “Covered” individuals are identified by the Technical College or work unit as those employees or students who are at-risk or vulnerable in the normal conduct of their tasks or activities for exposure to bloodborne pathogens (blood and/or other potentially infectious body materials), or alternately, airborne pathogens/tuberculosis. A “covered” occupational area is recognized as one in which this risk of exposure is reasonably expected. For example, practical nursing faculty, students, and the academic practical nursing program itself would be identified as “covered.”

Decontamination: Decontamination is the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles, and the surface or item is rendered safe for handling, use, or disposal.

Disinfection: Disinfection describes a process that eliminates many or all pathogenic microorganisms, except bacterial spores, on inanimate objects.

Engineering Controls: Engineering controls (e.g., sharps disposal containers, self-sheathing needles, and the like) are designed to isolate or remove bloodborne/airborne pathogens from the work or instructional environment and the task or activity itself.

Exposure Incident: An exposure event is when a specific eye, mouth, other mucous membranes, non-intact skin, or parenteral comes in contact with blood or other potentially infectious materials that results from the performance of an employee’s or student’s tasks or activities.

Occupational Exposure: Occupational exposure is the reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from performing an employee's or student's tasks or activities. Occupational exposure could occur in many settings, including an instructional lab activity, a clinical rotation, or other worksites.

Occupational Exposure to Tuberculosis: Occupational exposure to tuberculosis is defined as “exposure to the inhaled or expired air of a person with confirmed or suspected TB disease, exposure to a high-hazard procedure or an individual with suspected or confirmed TB disease and with the potential to generate potentially infectious airborne respiratory secretions.”

Other Potentially Infectious Materials (OPIM): OPIM means (1) The following human body fluids: semen; vaginal secretions; cerebrospinal fluid; synovial fluid; pleural fluid; pericardial fluid; peritoneal fluid; amniotic fluid; saliva in dental procedures; any body fluid that is visibly contaminated with blood; all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human, or non-human primate (living or dead); (3) HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions, and blood, organs or other tissues from experimental animals infected with HIV or HBV; (4) Any pathogenic microorganism; and (5) Human cell lines.

Personal Protective Equipment (PPE): PPE is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) are not intended to protect against a hazard and are not considered personal protective equipment.

Standard Precautions: Standard Precautions are the minimum infection prevention measures that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered and include: 1) hand hygiene, 2) use of personal protective equipment (e.g., gloves, gowns, facemasks), depending on the anticipated exposure, 3) respiratory hygiene and cough etiquette, 4) safe injection practices, and 5) safe handling of potentially contaminated equipment or surfaces in the patient environment.

Sterilize: To sterilize is to use a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores and nonliving infectious entities.

V. ATTACHMENTS:

Attachment 7.1.1p3.a1 – TCSG Exposure Control Plan Template

Attachment 7.1.1p3.a2. – Tuberculosis/Airborne Pathogens Information

Attachment 7.1.1p3.a3. – Hepatitis B Vaccination Information

Attachment 7.1.1p3.a4. – TCSG Hepatitis B Training and Vaccination Form;
Acceptance/Declination Statement Exemplar

Attachment 7.1.1p3.a5. – TCSG Exposure Incident Report and Follow-up Form for Exposure to Bloodborne/Airborne Pathogens (Tuberculosis)

Attachment 7.1.1p3.a6. – TCSG Post-exposure Consent for Testing: Source Individual (Testing for HIV, HBV, and HCV Infectivity) Exemplar

Attachment 7.1.1p3.a7 – Exposure Control Planning Resources

VI. PROCEDURE:

- A. The President is directly responsible for implementing this procedure and shall provide sufficient resources, personnel, and administrative support to accomplish this end.
- B. The Technical College shall develop an Exposure Control Plan (ECP) to detail procedures to limit exposure to bloodborne and airborne pathogens. The ECP intends to minimize or eliminate the potential for exposure to blood and other potentially infectious body materials as well as airborne pathogens (including tuberculosis) of covered employees and covered students; follow up on exposure incidents and provide appropriate training for covered employees and covered students at primary campus locations, satellite locations, and off-campus sites.
- C. The Technical College shall assign a single individual to serve as the Exposure Control Coordinator (ECC) to monitor compliance, exposure control procedures (including exposure incidents and materials management), and training. The ECC must hold professional health credentials and expertise in infectious diseases and

exposure control procedures. Additional personnel and departments may also be identified to fulfill the requirements of the Exposure Control Plan.

- D. The ECP shall be maintained, reviewed, exercised, and updated at least annually to ensure compliance and protection for covered employees and covered students by the Technical College or work unit concerning compliance with state and federal guidelines, including those of the U.S. Department of Public Health, of the Occupational Safety and Health Administration as well as of the Georgia Department of Human Resources.
- E. The Technical College or work unit shall document and implement protocols to determine covered employee or student exposure according to its ECP; incorporate exposure control measures; use proper recordkeeping methods and provide appropriate communication and training.
- F. The Technical College or work unit shall document and implement protocols according to its ECP for the containment, labeling, storage, and disposal/removal of sharps, regulated waste, contaminated laundry, and certain specimens.
- G. The Technical College or work unit shall follow the hepatitis B vaccination protocol for each covered employee and student as described in Attachment D: TCSG Hepatitis B Vaccination Information.
- H. Exposure incidents shall be documented, recorded in an Exposure Log, and followed up according to the ECP of the Technical College or work unit. Costs associated with the medical follow-up for an exposed covered employee or covered student shall be the responsibility of the Technical College or work unit. In addition, a record of all work-related needlestick injuries and cuts from sharp objects contaminated with another person's blood or other potentially infectious material must be documented, recorded in a Sharps Injury Log, and followed up according to the ECP of the Technical College or work unit.
- I. The Technical College or work unit shall follow tuberculosis screening and surveillance protocols, post-exposure follow-up, and training for each covered employee and student at no cost as described in the Attachment: Tuberculosis/Airborne Pathogen Information. All diagnoses must remain confidential.
- J. The Technical College or work unit shall follow the protocols of its ECP for blood or OPIM post-exposure follow-up for each exposed covered employee and student at no cost, including training; procedures and laboratory tests conducted by accredited laboratories; confidential medical evaluation documenting the circumstances of exposure; identification and testing the source individual if feasible; testing the exposed individual if he/she consents; post-exposure prophylaxis; and counseling and evaluation of reported illnesses. Healthcare professionals must be provided with specified information to facilitate the evaluation and their written opinion on the need for hepatitis B vaccination following the exposure. In addition, information such as the employee's or student's ability to receive the hepatitis B vaccine must be supplied to the employer. All diagnoses must remain confidential.
- K. The President shall submit the reviewed ECP to the TCSG System Office no later than May 1st of each calendar year.
- L. The System Office shall review, coordinate revisions, and approve the ECP. In addition, the System Office will provide technical assistance for the development and review processes and training, drills, and exercises.

VII. RECORD RETENTION:

The currently implemented ECP and its revisions shall be retained for three years. Required confidential medical records of covered employees and covered students must be retained for the duration of employment or attendance plus 30 years. Training records covering employees and students must be retained for three years from the training date. The Exposure Log must be retained for at least five years following the end of the calendar year covered. The Sharps Injury Log must be maintained for at least five years following the calendar year covered.

Exposure Control Plan

{Technical College Name}

{Insert Academic Year}

**Exposure Control Plan
for Occupational Exposure to
Bloodborne Pathogens and Airborne
Pathogens/Tuberculosis
{Technical College or Work Unit Name}
{Insert Academic Year}**

REVIEWED: _____ DATE: _____
EXPOSURE CONTROL COORDINATOR
{TECHNICAL COLLEGE OR WORK UNIT NAME}

APPROVED: _____ DATE: _____
PRESIDENT/EXECUTIVE
{TECHNICAL COLLEGE OR WORK UNIT NAME}

REVIEWED: _____ DATE: _____
EMERGENCY MANAGER
TECHNICAL COLLEGE SYSTEM OF GEORGIA

APPROVED: _____ DATE: _____
DIRECTOR OF CAMPUS SAFETY
TECHNICAL COLLEGE SYSTEM OF GEORGIA

{Technical College Name}
Exposure Control Plan
for Occupational Exposure to
Bloodborne Pathogens and Airborne Pathogens/Tuberculosis
{Insert Academic Year}

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 per 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. *{insert name of individual}* serves as the Exposure Control Coordinator (ECC) and is responsible for the implementation, maintenance, review, and updating of the Exposure Control Plan (ECP). In addition, 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 compliance representatives.

Contact Information for Exposure Control Coordinator

- B. Employees and students determined to be at risk for occupational exposure to blood and other potentially infectious materials (OPIM) and exposure to airborne pathogens/tuberculosis must comply with the procedures and work practices outlined in this ECP.
- C. The _____ *{insert name of Technical College or work unit}* is responsible for the implementation, documentation, review, and training/record keeping of standard precautions concerning 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 equipment, as mentioned earlier, will be available in the appropriate sizes/fit. *{May be detailed in an appended document. Include Contact Information for Responsible Person(s) or Department (s) and a list of job and/or student program classifications that have potential for occupational exposure.}*
- D. *{Describe exposure control contractual agreements here.}*
- E. *{Describe the training, drills, and exercises performed during the previous academic year and the protocols for retaining training records here.}*
- F. *{Describe protocols for the annual review and retention of the ECP here.}*

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 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 the 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 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 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 with Category I or II occupational exposure. Included is a list of the tasks, activities, or groups of closely related tasks or activities in which occupational exposure may occur for these individuals. *{May be detailed in an appended document.}*

List specific programs/areas falling under the following categories:

Example: *{Expand as necessary to describe those covered employees and students potentially at risk for occupational exposure.}*

Job/Program/Title/Occupational/Program Area

Maintenance

Housekeeping

Facilities

Police/Public Safety/Security

Allied Health

Health Science

Child Care (Early Childhood Care and Education)

Barbering

III. IMPLEMENTATION OF METHODS OF EXPOSURE CONTROL

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

B. Exposure Control Plan:

1. All covered employees and students will receive an explanation of this ECP during their initial training or academic experience, as well as a review on an annual basis. In addition, all covered employees and students can review this ECP at any time while performing these tasks or activities by contacting _____ *{insert name of responsible person or Department}*. If requested, a hard copy of this ECP will be provided free of charge within three 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 concerning 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 in using PPE for specific tasks is provided by _____ *{insert name of responsible person or Department}*.

Types of PPE that are provided include the following:

Example: *{Expand as necessary to describe appropriate PPE; may be detailed in an appended document.}*

Task	PPE	Location
Drawing blood	gloves, eye protection	Classroom A225 Storage Closet

- 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 _____. *{List appropriate containers for storage, laundering, decontamination, or disposal.}*
 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: _____. *{Refer to the specific procedure by title or number and last review date; include how and where to decontaminate face shields, eye protection, and resuscitation equipment.}*

V. DECONTAMINATION

Follow standard precautions concerning decontamination for identified Category I and II tasks. In addition, the individuals identified in I. C. are responsible for implementing and documenting the following:

- A. *{insert name of individual}* responsible for training/record keeping for decontamination.
- B. For each categories I and II task, document the decontamination method required.

VI. Engineering and Administrative Controls:

Follow standard precautions concerning 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:

Example: *{Expand as necessary to describe appropriate controls.}*

Task	Engineering/Administrative Controls
Drawing blood	needleless systems, non-glass capillary tubes

- B. Protocol and documentation of the inspection, maintenance, and replacement of sharps disposal containers are the responsibility of _____ *{insert name of responsible person or Department}*.

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

Example:

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

VII. HOUSEKEEPING

Follow standard precautions concerning housekeeping for identified Category I and II tasks. In addition, the individuals identified in I. C. are responsible for implementing and documenting the following:

- A. Regulated waste is placed in closable containers, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed before removal to prevent spillage or protrusion of contents during handling.
- B. The protocol for handling sharps disposal containers is: _____.
- C. The protocol for handling other regulated waste is: _____.
- D. Contaminated sharps are discarded immediately or as soon as possible in closable containers, puncture-resistant, leakproof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available at _____ (must be easily accessible and as close as feasible to the immediate area where sharps are used).
- E. Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated immediately 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 concerning 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 _____ and by _____ *{insert name of responsible person or Department}* at _____ *{insert time/frequency and/or location}*.
- B. The following laundering requirements must be met (document procedures):
 - 1. Handle contaminated laundry as little as possible, with minimal agitation.
 - 2. Before transport, place wet contaminated laundry in leakproof, labeled, or color-coded containers. Use *(specify red bags or bags marked with the biohazard symbol)*.
 - 3. Wear the following PPE when handling and/or sorting contaminated laundry: *{List appropriate PPE.}*

IX. LABELING AND CONTAINERS

Follow standard precautions concerning labeling and containers for identified Category I and II tasks. In addition, the individuals identified in I. C. are responsible for implementing and documenting the following:

- A. The following labeling methods are used in this facility: _____.
{May be detailed in an appended document.}

Example:

Equipment to be Labeled	Label Type (size, color)
specimens, contaminated laundry, etc.,	red bag, biohazard label

- B. *{insert name of responsible person or Department}* is responsible for ensuring that warning labels are affixed, or red bags are used as required if regulated waste or contaminated equipment is brought into or out of the facility. In addition, covered employees and students are to notify _____ *{insert name of responsible person or Department}* if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

X.VACCINATION FOR HEPATITIS B

- A. *{insert name of responsible person or Department}* will ensure training is provided to covered employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. _____ *In addition, {insert name of responsible person or Department} will ensure 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 ten days of initial assignment to all covered employees identified in the exposure determination section of this plan. In addition, the hepatitis B vaccination series is available to covered students at cost after initial covered student training and within ten 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 student requires the hepatitis B vaccine and whether it 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 those who decline may request and obtain the vaccination later at no cost to covered employees or students.

Documentation of vaccination refusal is kept in the individual's medical records.

- E. Vaccination will be provided by _____ *{list health care professional(s) responsible for this part of the plan}* at _____ *{insert location(s)}*.

XI. POST-EXPOSURE FOLLOW-UP

- A. Should an exposure incident occur, contact _____ *{insert name of responsible person}* at the following telephone number _____.
- B. An immediately 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 membranes, 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; the 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 the exposed employee's/student's blood as soon as feasible after the 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 the 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 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 receive written documentation. Documentation of the incident is to be prepared on 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 covered employees and students.
 - c. Any covered employee or student with a positive tuberculin skin test upon repeat testing or post-exposure should be clinically evaluated for active tuberculosis. If active tuberculosis is diagnosed, appropriate therapy should be initiated according to CDC Guidelines or established medical protocol.

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

- A. *{insert name of responsible person or Department}* 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. *{insert name of responsible person or Department}* 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, the results of the source individual's blood test
 - 5. relevant covered employee or covered student medical records, including vaccination status
- C. *{Describe exposure control incidents for the previous academic year here.}*

XIII. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

- A. *{insert name of responsible person or Department}* 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 used during the exposure incident (gloves, eye shields, etc.)
 - 5. location of the incident (O.R., E.R., patient room, etc.)
 - 6. the procedure is performed when the incident occurred

7. training records of covered employee or student

- B. *{insert name of responsible person}* will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.
- C. If revisions to this ECP are necessary _____ *{insert name of responsible person or Department}* will ensure that appropriate changes are made. (Changes may include evaluating safer devices, adding individuals/occupational areas to the exposure determination list, etc.).
- D. *{Describe the protocol for evaluating the circumstances surrounding exposure 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 of use, 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 the 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. Moreover, an opportunity for interactive questions and answers with the person conducting the training session.

- B. Training materials are available from _____ *{insert name of responsible person or Department}*.

XV. RECORDKEEPING

A. Training Records

1. Training records are completed for each covered employee and student upon training completion. These documents will be kept at least three years at *{list location(s) of records}*.
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/departments 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 to _____ *{insert name of responsible person or Department}*.

B. Medical Records

1. Per 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records," maintained for each covered employee or student."
2. *{insert name of responsible person or Department}* is responsible for maintenance of the required medical records. These confidential records are kept in _____ *{list location}* 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 three working days. Such requests should be sent to _____ *{insert name of responsible person or Department}*.

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 _____ *{insert name of responsible person or Department}*.

D. Sharps Injury Log

1. In addition to the 29 CFR 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are 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 anyone requests a copy, it must have any personal identifiers redacted from the report. *{Describe the protocol for the annual review of sharps injuries here.}*

Attachment 7.1.1p3.a2. Tuberculosis/Airborne Pathogens Information

Tuberculosis/Airborne Pathogens Information

A. Introduction

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

B. Tuberculosis Testing and Surveillance

1. Each covered employee or student should have a tuberculin skin test (TST) at the time of employment or prior to assignment to the clinical or worksite area 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 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 as medium risk, covered employees and students should receive TB screening annually after baseline testing.
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 student with a confirmed diagnosis of active TB is not to have contact with patients or clients until a physician clears him or her.

C. Post-Exposure Tuberculosis Follow-up Protocol

1. Immediately after the exposure of a covered employee or 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 receive written documentation. Documentation of the incident is to be prepared on 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 covered employees and students.

3. Any covered employee or 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 healthcare 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 ≥ 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 the 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 the 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 per 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, a medical condition that would affect respiratory function, physical characteristics of the 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. However, for situations in which the risk for exposure to *M. tuberculosis* is exceptionally high because of cough-inducing and aerosol-generating procedures, more protective respirators might be needed.

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

A covered employee or student with a documented respiratory impairment that would prevent using a respiratory protection device should not be assigned to a patient/client diagnosed with or presumed to have active TB. Instead, 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. In addition, 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, the Technical College or works unit must provide them at no cost to covered employees and students at the student's expense.

E. Tuberculosis Training for Covered Employees and Students

1. Each covered employee and student shall receive training regarding tuberculosis and annual refresher training. 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 retained as specified in the Technical College or work unit Exposure Control Plan.

3. The following content shall be included in the training: an 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.

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 students before 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 students shall be provided with training before beginning their duties or tasks, including 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. Suppose they elect to decline the hepatitis B vaccination. In that case, 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. Therefore, I have been allowed to be vaccinated with hepatitis B vaccination, at no charge to myself (for covered employees) or cost (for covered students.) However, I am declining hepatitis B vaccination at this time. I understand that declining this vaccination means I risk acquiring hepatitis B, a serious disease. However, suppose in the future, I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with the hepatitis B vaccine. In that case, I can receive the vaccination series at no charge to me (for covered employees) and cost to me (for covered students)."

Hepatitis B Training and Vaccination Form Acceptance/Declination Statement

Hepatitis B is a severe infection that affects the liver. The hepatitis B virus causes it. 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 per 100,000. However, because many HBV infections are either asymptomatic or never reported, the 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 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 more significant problem globally, affecting approximately 240 million persons. An estimated 786,000 persons worldwide die from HBV-related liver disease each year.

The Hepatitis B vaccine can prevent hepatitis B and the severe consequences of hepatitis B infection, including liver cancer and cirrhosis. In addition, vaccination gives long-term protection from hepatitis B infection, possibly lifelong. Adults getting the hepatitis B vaccine should get three doses — with the second dose given four weeks after the first and the third dose five 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 one person in 4); the temperature of 99.9°F or higher (up to about one person in 15). Severe problems are infrequent. Severe allergic reactions are believed to occur about once in 1.1 million doses. A vaccine, like any medicine, could cause a severe reaction. Nevertheless, the risk of a vaccine causing serious harm, or death, is minimal. More than 100 million people in the United States have been vaccinated with the 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 a hepatitis B virus (HBV) infection. Therefore, I have been allowed to be vaccinated with the hepatitis B vaccine at no charge to myself (for covered employees) or cost (for covered students). However, I am declining hepatitis B vaccination at this time. I understand that declining this vaccination means I risk acquiring hepatitis B, a severe disease. However, suppose in the future, I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with the hepatitis B vaccine. In that case, I can receive the vaccination series at no charge (for covered employees) or cost to me (for covered students).

Signature

Name (Please print)

Date

Supervisor/Program Director
Signature

Supervisor/Program Director
Name (Please print)

Date

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

INCIDENT REPORT

Date of report: _____

Name of the person exposed: _____

Employee Number or Student Number: _____

If Student: Program/Course: _____

If Employee: Job Title: _____

Location of incident: _____

Date and time of incident: _____

Describe the circumstances of the exposure incident or attach a report:

FOLLOW-UP

- person involved in the incident was referred to an appropriate health care professional for follow-up.
- documentation of medical release is on file at the work unit or Technical College and clinical or work site (if appropriate). Alternate employment duties/academic activities assignments 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 the person preparing Exposure Incident Report and Follow-up Form:

(Printed)

(Signature)

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 and 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 any individual's blood or bodily fluids. 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 consent, but if I do, my blood will be tested for these viruses at no expense. I have been informed that the test to detect whether or not I have HIV antibodies is unreliable. 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 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, and others only as required by law.

Consent or Refusal & Signature

I hereby consent to:

HIV Testing ____

HBV Testing ____

HCV Testing ____

I, at this moment, *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): _____

Attachment 7.1.1p3.a7 Exposure Control Planning Resources

Bloodborne Pathogen Exposure Incidents OSHA Fact Sheet, available at
https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact04.pdf

Bloodborne Pathogen Standard: Georgia: Georgia Department of Human Resources, as well as
O.C.G.A. §31-12-13 Control of Hazardous Conditions, Preventable Diseases, and Metabolic Disorders available at
http://dph.georgia.gov/sites/dph.georgia.gov/files/O.C.G.A.%20%C2%A7%2031-12-2_2.pdf

Bloodborne Pathogens Standard: OSHA: 29 C.F.R. 1910.1030 Bloodborne Pathogens Standard and complimentary information available at
https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005 available at:
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e

Occupational Safety and Health Act (29 U.S.C. 653, 655, 657)
Universal Precautions:
<http://www.cdc.gov/ncidod/dhqp/guidelines.html>

Tuberculosis Guidelines: Centers for Disease Control and Prevention (CDC), *Morbidity and Mortality Weekly Report (MMWR): Recommendations and Reports*, December 30, 2005; 54(RR17);1-141.