

Procedure: 7.2.1.p3

Exposure Control Planning

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

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Adopted: August 5, 1993



I. PURPOSE:

Exposure Control planning enables technical colleges and work units to eliminate or minimize exposure of students and employees to bloodborne and airborne pathogens. Exposure control planning recognizes 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." Each technical college or work unit shall develop, review, and submit, at least annually, an Exposure Control Plan (ECP) to the TCSG System Office. The President/Executive is directly responsible for the implementation of this procedure and shall provide sufficient resources, personnel, and administrative support to accomplish this end.

II. RELATED AUTHORITY:

Occupational Safety and Health Administration OSHA Standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens"

Occupational Safety and Health Standards Standard Number: 1910.133 Subpart: 1910 Subpart I
Subpart Title: Personal Protective Equipment. Title: Eye and face protection

Occupational Safety and Health Standards Standard Number: 1910.134 Subpart: 1910 Subpart I
Subpart Title: Personal Protective Equipment Title: Respiratory protection

Centers for Disease Control (CDC) "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Facilities, 2005"

III. APPLICABILITY:

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

IV. DEFINITIONS:

Administrative Controls: Work procedures such as written safety policies, rules, supervision, schedules, and training with the goal of reducing the duration, frequency, and severity of exposure to hazards or situations.

Airborne Pathogens: Pathogenic microorganisms discharged from an infected human/animal via coughing, sneezing, laughing, close personal contact or aerosolization of the microorganism which remain suspended in the air on dust particles or in water droplets including but not limited to infectious respiratory particles (IRPs) which can cause disease in humans. These pathogens include, but are not limited to, those associated with anthrax, aspergillosis, blastomycosis, chickenpox, adenovirus, enteroviruses, rotavirus, influenza, rhinovirus, neisseria meningitidis, streptococcus pneumonia, legionellosis, measles, mumps, smallpox, cryptococcosis tuberculosis bordetella pertussis, severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS) and coronavirus disease 2019 (COVID-19).

Blood: Human/animal blood, human/animal blood components, and products made from human/animal blood.

Bloodborne Pathogens (BBPs): Pathogenic microorganisms present in human/animal blood and that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Covered: Covered individuals are identified by the technical college or work unit as those students or employees who are at-risk or vulnerable in the normal conduct of their tasks for exposure to bloodborne pathogens or airborne pathogens. A covered occupational area is recognized as one in which this risk of exposure is reasonably expected. These individuals include students as well as part-time, temporary, contract and per-diem employees.

Decontamination: The physical removal, chemical deactivation, and biological deactivation of bloodborne or airborne pathogens from an area, object, or person.

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

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

Occupational Exposure: Can occur in many different settings, including an instructional laboratory activity, a clinical rotation or other work site. Occupational exposure is the reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials or the inhalation of or direct contact with mucous membranes in the respiratory tract or eyes with IRPs that may result from the performance of a task or activity by an employee or student.

Other Potentially Infectious Materials (OPIM): (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): The protective clothing, helmets, gloves, face shields, goggles, facemasks and/or respirators or other equipment designed to protect the wearer from injury or the spread of infection or illness.

Standard Precautions: Minimum infection patient's 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: Use of physical or chemical procedures to destroy all microbial life including highly resistant bacterial endospores and non-living infectious entities.

V. ATTACHMENTS:

- A. Attachment 7.2.1p3.a1. TCSG Exposure Control Plan Template
- B. Attachment 7.2.1p3.a2. Tuberculosis/Airborne Pathogens Information
- C. Attachment 7.2.1p3.a3. Hepatitis B Vaccination Information
- D. Attachment 7.2.1p3.a4. Hepatitis B Training and Vaccination Form; Acceptance/Declination Statement
- E. Attachment 7.2.1p3.a5. Exposure Incident Report and Follow up Form for Exposure to Bloodborne/Airborne Pathogens (Tuberculosis)
- F. Attachment 7.2.1p3.a6. Post-exposure Consent for Testing: Source Individual (Testing for HIV, HBV, and HCV Infectivity)
- G. Attachment 7.2.1p3.a7 Exposure Control Planning Resources

VI. PROCEDURE:

- A. The President/Executive shall be directly responsible for the implementation of this procedure and shall provide sufficient resources, personnel, and administrative support to accomplish this end.
- B. The technical college or work unit shall develop an Exposure Control Plan (ECP) to detail procedures to limit or eliminate covered student and covered employee exposure to bloodborne (and OPIM) and airborne pathogens, to follow up on exposure incidents and to ensure appropriate training at primary college locations, satellite locations and off-campus sites.
- C. The ECP shall be maintained, reviewed, exercised, and revised at least annually to ensure compliance with state and federal guidelines including those of the U.S. Department of Public Health (DHS), the Occupational Safety and Health Administration (OSHA), the Georgia Department of Public Health (GDPH) and the Georgia Department of Human Resources (GDHR) to protect covered students and covered employees.
- D. The technical college or work unit shall follow protocols to determine covered student or covered employee exposure risk and identify associated tasks according to its ECP,

incorporate exposure control measures, use proper recordkeeping methods, and provide appropriate communication and training.

- E. The technical college or work unit shall provide appropriate personal protective equipment (PPE) at no cost for covered employees as required in each workplace environment and shall provide training to covered employees on the use and maintenance of this equipment. Covered students shall be provided with similar training regarding PPE; PPE may be made available at the expense to the student.
- F. The technical college or work unit shall follow protocols according to its ECP for the containment, labeling, storage and disposal/removal of sharps, regulated waste, contaminated laundry, and certain specimens.
- C. The technical college or work unit shall follow the hepatitis B vaccination protocol for each covered student and covered employee as described in the Attachment: "Hepatitis B Vaccination Information," Attachment: "Hepatitis B Training and Vaccination Form Acceptance/Declination Statement" and Attachment: "Post-exposure Consent for Testing: Source Individual Testing for HIV, HBV, and HCV Infectivity." All diagnoses must remain confidential.
- D. The technical college or work unit shall follow the protocol for tuberculosis screening and surveillance, post-exposure follow-up, and training for each covered student and covered employee at no cost as described in the Attachment: "Tuberculosis/Airborne Pathogen Information." All diagnoses must remain confidential.
- E. The technical college or work unit shall document all occupational exposure incidents, record incidents in an Exposure Log (or Sharps Injury Log) and follow up according to its ECP. Occupational exposures include but are not limited to needlestick injuries and cuts from sharp objects contaminated with another person's or animal blood or OPIM and airborne pathogens. See Attachment: "Exposure Incident Report and Follow-Up Form for Exposure to Bloodborne/Airborne Pathogens (Tuberculosis)."
- F. The technical college or work unit shall follow the post-exposure protocol according to its ECP for post-exposure follow-up 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. Costs associated with the medical follow-up for an exposed covered student or covered employee shall be the responsibility of the technical college or work unit.
- G. The President/Executive of the technical college or work unit 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), training and work cooperatively with the TCSG System Office.
- H. The ECC must hold professional healthcare credentials and have experience and expertise with regard to infectious diseases and exposure control procedures, Incident Command System (ICS) and National Incident Command System (NIMS).
- I. The ECC shall monitor training in the area of exposure control for all covered students and covered employees who are at risk for exposure. Training is required prior to initial assignment of a covered employee to a workplace and periodic retraining is required on at least an annual basis. Training for covered students is required prior to initial participation in each applicable experience with periodic retraining if indicated. The ECC shall maintain a master log of all associated training activities. Employee training should be documented in the employee's personnel file. Student training should be similarly documented.

- J. The TCSG System Office shall provide technical assistance to support the development and implementation of exposure control planning as well as for execution of training, drills, and exercises.
- K. Technical colleges/work units shall approve and submit the reviewed ECP to the TCSG System Office on or before May 1 of each calendar year for periodic assessment.

VII. RECORD RETENTION:

ECPs and all supportive documentation shall be retained for a period of three years. Required confidential medical records of covered students and covered employees must be retained for the duration of employment or attendance plus 30 years. Training records of covered students and covered employees and corresponding master training logs must be retained for three years from the date of training. 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
for 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 PUBLIC 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 (SBTCSSG), 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. Technical colleges and work units shall 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. _____ *{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). 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 students, employees, and any compliance representatives.

Contact Information for Exposure Control Coordinator

- B. Those students and employees who are determined to be at risk for occupational exposure to blood, other potentially infectious materials (OPIM) as well as at risk for exposure to airborne pathogens/tuberculosis must comply with the procedures and work practices outlined in this ECP.
- C. The _____ *{insert name of technical college or work unit}* 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. *{May be detailed in an appended document. Include: Contact Information for Responsible Person(s) or Department(s) as well as a list of job and/or student program classifications which have potential for occupational exposure.}*
- D. *{Describe exposure control contractual agreements here.}*
- E. *{Describe training, drills and exercises performed during the previous academic year as well as the protocols for the retention of training records here.}*
- F. *{Describe protocols for the annual review and retention of the ECP here.}*

II. EXPOSURE DETERMINATION

Students or employees 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.

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

The following is a list of job and/or student program classifications which have Category I or II occupational exposure. Included is a list of the tasks or activities or groups of closely related tasks or activities in which occupational exposure may occur for these individuals. *{May be detailed in an appended document.}*

List specific programs/areas falling under the following categories:

Example: *{Expand as necessary to describe those covered students and covered employees who are 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 students and covered employees will use standard precautions as indicated by the task or activity.

B. Exposure Control Plan:

1. All covered students and covered employees 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 students and covered employees 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 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 _____ *{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 students and covered employees 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 _____. *{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 specific procedure by title or number and last date of review; include how and where to decontaminate face shields, eye protection, resuscitation equipment.}*

V. DECONTAMINATION

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

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

VI. Engineering and Administrative Controls:

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

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

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 is 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 recommendations are discussed with the ECC by the academic program manager(s).”

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: _____.
- C. The protocol for handling other regulated waste is: _____.
- D. Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available at _____ (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 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 _____ 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. Place wet contaminated laundry in leak-proof, labeled, or color-coded containers before transport. Use *(specify either red bags or bags marked with the biohazard symbol)* for this purpose.
 - 3. Wear the following PPE when handling and/or sorting contaminated laundry:

{List appropriate PPE.}

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: _____.
{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. Covered students and covered employees 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 students and covered employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. _____ *{insert name of responsible person or department}* will ensure that the same content training to covered students.
- B. The hepatitis B vaccination series is available at no cost after initial covered employee training and within 10 days of initial assignment to all covered employees identified in the exposure determination section of this plan. The hepatitis B vaccination series is available to covered students at cost after initial covered student training and within 10 days of initial assignment to all covered students identified in the exposure determination section of this plan.
- C. Vaccination may be precluded in the following circumstances: 1) documentation exists that the covered employee or covered student has previously received the series; 2) antibody testing reveals that the employee is immune; 3) medical evaluation shows that vaccination is contraindicated; or (4) following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the covered employee or student within 15 days of the completion of the evaluation. It will be limited to whether the covered employee or covered student requires the hepatitis B vaccine and whether the vaccine was administered.
- D. However, if a covered employee or covered student declines the vaccination, the covered employee or covered student must sign a declination form. Covered students or covered employees who decline may request and obtain the vaccination at a later

date at no cost to covered employees or at cost to covered students. Documentation of refusal of the vaccination is kept in the medical records of the individual.

- E. Vaccination will be provided by _____ *{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 immediate available confidential medical evaluation and follow-up will be conducted and documented by a licensed health care professional. Following initial first aid (clean the wound, flush eyes, or other mucous membrane, etc.), the following activities will be performed:
1. Document the routes of exposure and how the exposure occurred.
 2. Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
 3. For blood or OPIM exposure:
 - a. Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's/student's health care provider.
 - b. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
 - c. Exposure involving a known HIV positive source should be considered a medical emergency and post-exposure prophylaxis (PEP) should be initiated within 2 hours of exposure, per CDC recommendations.
 - d. Assure that the exposed employee/student is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
 - e. After obtaining consent, collect exposed employee's/student's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
 - f. If the employee/student does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.
 4. For airborne pathogen (tuberculosis):
 - a. Immediately after the exposure of a covered employee or covered student, the responsible supervisor, the technical college, or work unit Exposure Control Coordinator (ECC) and the authorized contact person at the clinical or work site shall be notified and should receive documentation in writing. Documentation of the incident is to be prepared the day of the exposure; on an Exposure Incident Report and Follow-Up Form for Exposure to Bloodborne/Airborne Pathogens (Tuberculosis); promulgated within 24 hours

- of the incident; and recorded in the Exposure Log.
- b. The exposed covered employee/student is to be counseled immediately after the incident and referred to his or her family physician or health department to begin follow-up and appropriate therapy. Baseline testing should be performed as soon as possible after the incident. The technical college or work unit is responsible for the cost of a post-exposure follow-up for both covered students and covered employees.
 - 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. _____ *{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, 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 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. _____ *{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 an evaluation of safer devices, adding individuals/occupational areas to the exposure determination list, etc.).

- D. *{Describe the protocol for evaluating the circumstances surrounding exposure incidents is described here.}*

XIV. COMMUNICATION OF HAZARDS AND TRAINING

- A. All covered students and covered employees who have occupational exposure to bloodborne/airborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne/airborne 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, OPIM and respiratory hazards 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, OPIM or respiratory hazards;
 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; and
 12. 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 covered student

upon completion of training. These documents will be kept for 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/department of all persons attending the training sessions
3. Training records are provided upon request to the covered employee or covered student or the authorized representative of the employee or student within 15 working days. Such requests should be addressed to ____ *{insert name of responsible person or department}*.

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. ____ *{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 3 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 also recorded in a Sharps Injury Log. All incidences must include at least:
 - a. Date of the injury
 - b. Type and brand of the device involved (syringe, suture needle)
 - c. Department or work area where the incident occurred explanation of how the incident occurred.
2. The Sharps Injury Log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If 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 7.2.1p3.a2. Tuberculosis/Airborne Pathogens Information

Tuberculosis/Airborne Pathogens Information

A. Introduction

This information regarding tuberculosis (TB) for covered students or covered employees 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 student or covered employee 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 students and covered employees 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 student or covered employee. The risk assessment for the setting will aid in determining which covered students or covered employees 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 students and covered employees 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 student or covered employee 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 student or covered employee, 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 student or covered employee is to be counseled immediately after the incident and referred to a 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 students and covered employees.

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:

1. 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;
2. 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
3. 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 do 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 student or covered employee 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 student or covered employee 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 students and covered employees 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 Students and Employees

1. Each covered student and covered employee 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 individual 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 students and employees.

Attachment 7.2.1p3.a3. Hepatitis B Vaccination Information

Hepatitis B Vaccination Information

Covered students and covered employees 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 at no cost prior to assignment to covered occupational areas. The vaccination may be offered at cost to covered students in covered occupational areas.

Covered students and covered employees shall be provided with training prior to 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 students and covered employees 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: "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) or at cost to me (for covered students)."

**Attachment 7.2.1p3.a4. Hepatitis B Training and Vaccination Form:
Acceptance/Declination Statement**

**Hepatitis B Training and Vaccination Form
Acceptance/Declination Statement**

Hepatitis B is a vaccine-preventable liver infection caused by the hepatitis B virus (HBV). Hepatitis B is spread when blood, semen, or other body fluids from a person infected with the virus enters the body of someone who is not infected. This can happen through sexual contact; sharing needles, syringes, or other drug-injection equipment; or from mother to baby at birth. Not all people newly infected with HBV have symptoms, but for those that do, symptoms can include fatigue, poor appetite, stomach pain, nausea, and jaundice. For many people, hepatitis B is a short-term illness. For others, it can become a long-term, chronic infection that can lead to serious, even life-threatening health issues like cirrhosis or liver cancer. Risk for chronic infection is related to age at infection: about 90% of infants with hepatitis B go on to develop chronic infection, whereas only 2%–6% of people who get hepatitis B as adults become chronically infected. The best way to prevent hepatitis B is to get vaccinated.

Between 880,000 to 1.89 million people are living with HBV infection in the United States; two-thirds of whom may be unaware of their infection. Chronic hepatitis B disproportionately affects people born outside the United States; while accounting for only 14% of the US general population, non-US-born people account for 69% of the US population living with chronic HBV infection. In 2018, a total of 1,649 US death certificates had HBV recorded as an underlying or contributing cause of death. However, this is a conservative estimate.

The best way to prevent hepatitis B is by getting vaccinated. The hepatitis B vaccine is safe and effective. You need to get all shots in the series to be fully protected. Hepatitis B vaccine is safe and effective at preventing hepatitis B infections. Vaccines, like any medicine, can have side effects. Many people who get hepatitis B vaccine have no side effects at all. The most common side effects are usually mild and last 1-2 days and include soreness, redness, or swelling in the arm where the shot was given, headache and fever.

Centers for Disease Control (CDC)

- ☐ 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

**Attachment 7.2.1p3.a5. Exposure Incident Report and Follow up Form for
Exposure to Bloodborne/Airborne Pathogens (Tuberculosis)**

**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)

**Attachment 7.2.1p3.a6. Post-exposure Consent for Testing: Source Individual
(Testing for HIV, HBV, and HCV Infectivity)**

**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 a student or employee 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): _____

Attachment 7.2.1p3.a7 Exposure Control Planning Resources

Bloodborne Pathogen Exposure Incidents OSHA Fact Sheet

Georgia Department of Public Health as well as O.C.G.A. §31-12-13 Control of Hazardous Conditions, Preventable Diseases, and Metabolic Disorders

Bloodborne Pathogens Standard: OSHA: 29 C.F.R. 1910.1030 Bloodborne Pathogens Standard

Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005

Occupational Safety and Health Act (29 U.S.C. 653, 655, 657)
Universal Precautions

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.