

TECHNICAL COLLEGE
TCSG
SYSTEM OF GEORGIA

Nathan Deal
Governor

Gretchen Corbin
Commissioner

June 23, 2016

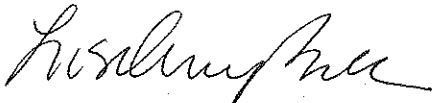
President Newcomb
Chattahoochee Technical College
980 South Cobb Drive
Marietta, GA 30060

Dear President Newcomb:

Enclosed is the approved and signed copy of the 2016-2017 Exposure Control Plan for Occupational Exposure to Bloodborne and Airborne Pathogens for your college.

Please contact me directly at lbeck@tcsge.edu or 404-679-1666 if I can be of service to you or your college in any way with concerns you may have in these areas. We wish you a safe and secure academic year.

Sincerely,



Lisa Anne Beck
Emergency Manager


(Please send a copy to your College Exposure Control Coordinator, Christine Yarbrough for College distribution.)

Exposure Control Plan
for
Occupational Exposure to
Bloodborne Pathogens
and
Airborne Pathogens/Tuberculosis
Chattahoochee Technical College
2016-2017

REVIEWED:  DATE: 5-18-16
EXPOSURE CONTROL COORDINATOR
CHATTAHOOCHEE TECHNICAL COLLEGE

APPROVED:  DATE: 6/10/16
PRESIDENT/EXECUTIVE
CHATTAHOOCHEE TECHNICAL COLLEGE

REVIEWED:  DATE: 06/20/16
EMERGENCY MANAGER
TECHNICAL COLLEGE SYSTEM OF GEORGIA

APPROVED:  DATE: 6/23/16
OFFICE OF LEGAL SERVICES
TECHNICAL COLLEGE SYSTEM OF GEORGIA

Chattahoochee Technical College
Exposure Control Plan
for
Occupational Exposure to
Bloodborne Pathogens and Airborne Pathogens/Tuberculosis
2016-2017

INTRODUCTION

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

This Exposure Control Plan includes:

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

I. PROGRAM ADMINISTRATION

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

Contact Information for Exposure Control Coordinator:

Cell Phone number: 770-528-3975

Email address: christine.yarbrough@chattahoocheetech.edu

- B. Those employees and students who are determined to be at risk for occupational exposure to blood, other potentially infectious materials (OPIM) as well as at risk for exposure to airborne pathogens/tuberculosis must comply with the procedures and work practices outlined in this ECP.
- C. Chattahoochee Technical College 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. Please see below for contact information of various departments:

Contact Information for Person(s) Responsible for any, some or all of the following: 1. Personal Protective Equipment, 2. Sharps Containers, 3. Biohazard Trash Bags/Containers, 4. Ensuring Faculty, Staff or Student Training and Associated Task Category

Department	Name of Person	Phone #1	CTC Email Address	Responsibilities	Task Category
Barbering	Jerome Heath	770-528-4545	Jerome.Heath@chattahoocheetech.edu	1,2,3,4	II
BioMed	Carl Quattlebaum	770-529-2551	Carl.Quattlebaum@chattahoocheetech.edu	1, 2,3,4,	II
Certified Nurse Assistant	Linda Ferrick	770-529-2348	linda.ferrick@chattahoocheetech.edu	1,4	I
Clinical Laboratory Technology	Robin Aiken	770-528-4537	robin.aiken@chattahoocheetech.edu	1, 2,3,4,	I
Cosmetology - Appalachian	Jeannie Ingram	706-253-4566	jeannie.ingram@chattahoocheetech.edu	1, 2,3,4,	II

Cosmetology - Marietta	Donna Langley	770-528-4541	donna.langley@chattahoocheetech.edu	1, 2,3,4,	II
Cosmetology - NM	Penny Cannon	770-975-4008	penny.cannon@chattahoocheetech.edu	1, 2,3,4,	II
Early Childhood Education	Frances Carlson	770-528-4543	Frances.Carlson@chattahoocheetech.edu	1,4	II
Economic Development Division	Cindy Holland	770-528-4586	cynthia.holland@chattahoocheetech.edu	1, 2,3,4,	I
Maintenance/Custodial	Anthony Wilder	770-528-4429	anthony.wilder@chattahoocheetech.edu	1, 2,3,4,	I
Medical Assisting-Appalachian	Deborah Bryant	706-253-4576	deborah.bryant@chattahoocheetech.edu	1, 2,3,4,	II
Medical Assisting-Marietta	Amber Tinner	770-732-5915	amber.tinner@chattahoocheetech.edu	1, 2,3,4,	II
Occupational Therapist Assistant	Traci Swartz	770-732-5912	Traci.Swartz@chattahoocheetech.edu	1,4	I
Paramedicine (including EMS)	Phil Klein	770-529-3741	Phil.Klein@chattahoocheetech.edu	1,2,3,4	I
Practical Nursing	Shannon Ferdarko	770-975-4107	shannon.ferdarko@chattahoocheetech.edu	1, 2,3,4,	I
Public Safety	Charles Spann	770-975-4276	charles.spann@chattahoocheetech.edu	1,4	II
Radiography	Jamie Bailey	770-975-4055	Jamie.Bailey@ChattahoocheeTech.edu	1,4	II
Registered Nursing - ASN	Quetina Pittman-Howell	770-732-5916	quetina.pittman@chattahoocheetech.edu	1, 2,3,4,	I
Surgical Technology	Lorraine Wilderman	770-529-3713	lorraine.wilderman@chattahoocheetech.edu	1, 2,3,4,	I

- D. *Chattahoochee Technical College* engages in contractual agreements with Evergreen Waste, LLC regarding exposure control for the removal of biohazard waste from the following campuses: Marietta, North Metro, Canton, Appalachian, and Paulding.
- E. *Chattahoochee Technical College* engages in training on blood borne and airborne pathogens via an online course designed by the exposure control coordinator that is administered to new employees performing tasks associated with Category I and Category II. Current employees receive the same training on an annual basis. The protocol for the retention of training records is maintained as an electronic record by the exposure control coordinator.
- F. The protocol for the annual review of the *Chattahoochee Technical College* ECP is review by a committee that meets once a year to review the plan. The ECP is retained on the *Chattahoochee Technical College* intranet for employee access under Aerie, Facilities, Links,

II. EXPOSURE DETERMINATION

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

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

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

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

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

III. IMPLEMENTATION OF METHODS OF EXPOSURE CONTROL

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

B. Exposure Control Plan:

1. All covered employees and covered students will receive an explanation of this ECP during their initial training or academic experience, as well as a review on an annual basis. All covered employees and covered students can review this ECP at any time while performing these tasks or activities by contacting the appropriate individual from IC. 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/record keeping, type of PPE utilized and the location of PPE for specific tasks is provided by those individuals listed in I. C.

- B. All covered employees and covered students using PPE must observe the following precautions:
 - 1. Wash hands immediately or as soon as feasible after removing gloves or other PPE.
 - 2. Remove PPE after it becomes contaminated and before leaving the work area.
 - 3. Used PPE may be disposed of in containers specified as biohazard where contamination occurs or regular trash or laundering where no contamination has occurred.
 - 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: All contaminated PPE in designated biohazard trash containers will be stored in designated areas to be picked up on an as needed basis with a contracted disposal service.

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

VI. Engineering and Administrative Controls:

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

- A. Engineering and administrative controls are developed and implemented to reduce or eliminate occupational exposure. Specific engineering and administrative controls for specified tasks or activities are developed and implemented to reduce or eliminate occupational exposure by each program or plan included college department.
- B. Protocol and documentation of the inspection, maintenance and replacement of sharps disposal containers is determined and documented by each program or plan included college department.
- C. The processes for assessing the need for revising engineering and administrative controls, procedures, or products, and the individuals/groups involved includes but is not limited to advisory committee groups for programs, the college ECP committee, and leadership of plan included college departments.

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 that they will be stored in designated areas to be picked up on an as needed basis with a contracted disposal service.
- C. The protocol for handling other regulated waste is that it will be stored in designated areas to be picked up on an as needed basis with a contracted disposal service.
- 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 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. Contaminated articles will be laundered or sent for laundering on an as needed basis as designated by each program director or plan included college department.
- 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 either red bags or bags marked with the biohazard symbol for this purpose.
 - 3. Wear PPE when handling and/or sorting contaminated laundry as recommended following standard precautions.

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; red bags and biohazard labels are utilized to identify any specimens, contaminated laundry, sharps containers or any other biohazard containers and or receptacles.
- B. The persons listed in Appendix "B" are responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into or out of the facility. Employees and students are to notify their instructor or supervisor if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

X.VACCINATION FOR HEPATITIS B

- A. Dr. Christine Yarbrough will ensure training is provided to covered employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. All persons listed in I.C 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 or student is immune; 3) medical evaluation shows that vaccination is contraindicated; or (4) following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the covered employee or student within 15 days of the completion of the evaluation. It will be limited to whether the

covered employee or student requires the hepatitis B vaccine and whether the vaccine was administered.

- D. If a covered employee or student declines the vaccination, the covered employee or student must sign a declination form. Covered employees or students who decline may request and obtain the vaccination at a later date at no cost to covered employees or at cost to covered students. Documentation of refusal of the vaccination is kept in the medical records of the individual.
- E. Vaccination will be provided by specified local county health departments as determined by the Exposure Control Coordinator.

XI. POST-EXPOSURE FOLLOW-UP

- A. Should an exposure incident occur, contact the Exposure Control Coordinator at 770-528-3975.
- B. An immediate available confidential medical evaluation and follow-up will be conducted and documented by a licensed health care professional. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:
 - 1. Document the routes of exposure and how the exposure occurred.
 - 2. Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
 - 3. For blood or OPIM exposure:
 - a. Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's/student's health care provider.
 - b. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
 - c. Exposure involving a known HIV positive source should be considered a medical emergency and post-exposure prophylaxis (PEP) should be initiated within 2 hours of exposure, per CDC recommendations.
 - d. Assure that the exposed employee/student is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
 - e. After obtaining consent, collect exposed employee's/student's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
 - f. If the employee/student does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.
 - 4. For airborne pathogen (tuberculosis):
 - a. Immediately after the exposure of covered employee or student, the responsible

supervisor, the work unit or technical college Exposure Control Coordinator (ECC) and the authorized contact person at the clinical or work site shall be notified and should receive documentation in writing. Documentation of the incident is to be prepared the day of the exposure; on an Exposure Incident Report and Follow-Up Form for Exposure to Blood borne/Airborne Pathogens (Tuberculosis); promulgated within 24 hours of the incident; and recorded in the Exposure Log.

- b. The exposed covered employee or student is to be counseled immediately after the incident and referred to his or her family physician or health department to begin follow-up and appropriate therapy. Baseline testing should be performed as soon as possible after the incident. The work unit or technical college is responsible for the cost of a post-exposure follow-up for both covered employees and students.
- c. Any covered employee or student with a positive tuberculin skin test upon repeat testing, or post-exposure should be clinically evaluated for active tuberculosis. If active tuberculosis is diagnosed, appropriate therapy should be initiated according to CDC Guidelines or established medical protocol.

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

- A. Dr. Christine Yarbrough ensures that those individuals designated in I.C. responsible for the covered employee or student hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's blood borne pathogens standard.
- B. The individuals designated in I.C. will ensure that the health care professional evaluating a covered employee or student after an exposure incident receives the following:
 1. a description of the covered employee's or student's tasks or activities relevant to the exposure incident
 2. route(s) of exposure
 3. circumstances of exposure
 4. if possible, results of the source individual's blood test
 5. relevant covered employee or student medical records, including vaccination status
- C. During the period of the 2016-2017 ECP, any incidents that occur will be recorded in this area of the plan as an update to the plan.

XIII. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

- A. The individuals designated in I.C. will review the circumstances of all exposure incidents to determine:
 1. engineering controls in use at the time
 2. administrative practices followed
 3. a description of the device being used (including type and brand)
 4. protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
 5. location of the incident (O.R., E.R., patient room, etc.)
 6. procedure being performed when the incident occurred

7. training records of covered employee or student
- B. The individuals designated in I.C. will submit documentation to the Exposure Control Coordinator to record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.
- C. If revisions to this ECP are necessary, the Exposure Control Coordinator will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding individuals/occupational areas to the exposure determination list, etc.)
- D. The following protocol is followed for evaluating the circumstances surrounding an exposure incident. Individuals designated in I.C. are consulted as to how incidents that occur might have been prevented from occurring as well as how such incidents might be prevented in the future.

XIV. COMMUNICATION OF HAZARDS AND TRAINING

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

XV. RECORDKEEPING

A. Training Records

1. Training records are completed for each covered employee and student upon completion of training. These documents will be kept for at least three years in a file maintained by the department of Human Resources for all employees and in designated folders in student files for program applicable student records maintained by respective program directors.
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 student or the authorized representative of the employee or student within 15 working days. Such requests should be addressed to the department of Human Resources.

B. Medical Records

1. Medical records are maintained for each covered employee or student in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."
2. The Human Resources Department of Chattahoochee Technical College is responsible for maintenance of the required medical records for covered employees. These confidential records are kept in the department of Human Resources at respective campuses for at least the duration of employment or attendance plus 30 years. Student medical records will be maintained by the respective program directors in the programs attended by said students for at least the duration of three years.
3. Covered employee or student medical records are provided upon request of the employee or student or to anyone having written consent of the employee or student within 15 working days. Student requests should be sent to the respective program directors; whereas, employee requests should be sent to the department of Human Resources.

C. Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the Exposure Control Coordinator.

D. Sharps Injury Log

1. In addition to the 29 CFR 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:
 - a. date of the injury
 - b. type and brand of the device involved (syringe, suture needle)
 - c. department or work area where the incident occurred explanation of how the incident occurred.

E. The Sharps Injury Log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers redacted from the report. Individuals designated in I.C. are consulted as to how incidents that occur might have been prevented from occurring as well as how such incidents might be prevented in the future.