

ATTACHMENT B: TCSG Exposure Control Plan Model 2016-2017

***Oconee Fall Line 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. Leslie L. Thigpen 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:

North Campus, Health Sciences Business Development Center Room 454L
(478)553-2088

- B. Those employees and students who are determined to be at risk for occupational exposure to blood, other potentially infectious materials (OPIM) as well as at risk for exposure to airborne pathogens/tuberculosis must comply with the procedures and work practices outlined in this ECP.
- C. Oconee Fall Line Technical College 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. Training Officials: Attachment I
- D. Oconee Fall Line Technical College engages in the following contractual agreements regarding exposure control:
Medical Waste Solutions of Georgia
- E. Oconee Fall Line Technical College engages in the following training, drills and exercises regarding exposure control.
- Annual Exposure Control Training of all faculty and staff
 - Category specific training for all faculty in Category I/II programs
 - All students enrolled in Category I/II programs will receive training within their program as listed on Attachment II
- F. The protocol for the annual review of the *Oconee Fall Line Technical College's* ECP is: The Exposure Control Coordinator will review and make required revisions. A revised copy will go to the safety committee and to the president for review. After review, a copy of the college's ECP is sent to TCSG offices. Upon approval, a copy is kept in Infofusion for faculty and staff. The protocol for the retention of the ECP is 3 years. Past copies are kept on file on Exposure Control Coordinator's computer.

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 any faculty listed in Attachment II. If requested, a hard copy of this ECP will be provided free of charge within 3 business days of request.
2. The ECC will review and update the ECP annually, or more frequently if necessary to reflect any new or modified tasks or activities that affect occupational exposure and to reflect new or revised employee classifications or instructional programs with potential for occupational exposure.

IV. Personal Protective Equipment:

Follow standard precautions with regard to personal protective equipment for identified

Category I and II tasks. The individuals identified in I. C. are responsible for implementing and documenting the following:

- A. Appropriate personal protective equipment (PPE) is provided to covered employees at no cost and available to covered students at the student's expense. Training/recording keeping in the use of PPE for specific tasks is provided by The faculty/staff member listed in Attachment I.

Types of PPE that are provided include the following:

- B. All covered employees and covered students using PPE must observe the following precautions:
 1. Wash hands immediately or as soon as feasible after removing gloves or other PPE.
 2. Remove PPE after it becomes contaminated and before leaving the work area.
 3. Used PPE may be disposed of in regular waste containers unless contaminated. If PPE are contaminated, they will be discarded in a red, hazardous waste container for 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: uncontaminated PPE may be discarded in regular waste containers. Contaminated PPE will be disposed of in biohazard waste bags and placed in biohazard boxes.

(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. Leslie L. Thigpen 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:

Please see task list Attachment II.

- B. Protocol and documentation of the inspection, maintenance and replacement of sharps disposal containers is the responsibility of Program Faculty/ lead Instructors Listed in Attachment I.
- C. The processes for assessing the need for revising engineering and administrative controls, procedures, or products, and the individuals/groups involved are detailed below:

Academic Program Advisory Groups examine exposure control methods during advisory group meetings, and the recommendations are discussed with the ECC by the academic program manager(s). The ECC will discuss with the safety committee and revisions to plan will be made as needed

VII. Housekeeping:

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

- A. Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.
- B. The protocol for handling sharps disposal containers is: sharps containers will be changed according to manufacturer's recommendations, when 2/3 to 3/4 full. Used sharps containers will be placed in biohazard boxes to be picked up by contracted company
- C. The protocol for handling other regulated waste is: They will be handled as little as possible and will be placed in the appropriate biohazard container/ bag for removal by the contracted company..
- 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 bedside or within the lab area.
- 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: sheets, towels and by Program faculty or Program Chairs listed on Attachment I at lab laundry.
- B. The following laundering requirements must be met:
 - 1. Handle contaminated laundry as little as possible, with minimal agitation.
 - 2. Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use biohazard laundry bags for this purpose.
 - 3. Wear the following PPE when handling and/or sorting contaminated laundry: *gloves and gown*

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:

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

- B. Leslie L. Thigpen is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into or out of the facility. Covered employees and covered students are to notify Leslie L. Thigpen if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

X.VACCINATION FOR HEPATITIS B

- A. Leslie L. Thigpen will ensure training is provided to covered employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. Program faculty/ Program Chairs that are listed on Attachment I will ensure that the same content training to covered students.
- B. The hepatitis B vaccination series is available at no cost after initial covered employee training and within 10 days of initial assignment to all covered employees identified in the exposure determination section of this plan. The hepatitis B vaccination series is available to covered students at cost after initial covered student training and within 10 days of initial assignment to all covered students identified in the exposure determination section of this plan.
- C. Vaccination may be precluded in the following circumstances: 1) documentation exists that the covered employee or covered student has previously received the series; 2) antibody testing reveals that the employee is immune; 3) medical evaluation shows that vaccination is

contraindicated; or (4) following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the covered employee or student within 15 days of the completion of the evaluation. It will be limited to whether the covered employee or covered student requires the hepatitis B vaccine and whether the vaccine was administered.

D. However, if a covered employee or covered student declines the vaccination, the covered employee or covered student must sign a declination form. Covered employees or covered students who decline may request and obtain the vaccination at a later date at no cost to covered employees or at cost to covered students. Documentation of refusal of the vaccination is kept in the medical records of the individual.

E. Vaccination will be provided by Washington or Laurens County health Departments.

XI. POST-EXPOSURE FOLLOW-UP

A. Should an exposure incident occur, contact Leslie L. Thigpen at the following telephone number: 478-553-2088.

B. An immediate available confidential medical evaluation and follow-up will be conducted and documented by a licensed health care professional. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- 1.** Document the routes of exposure and how the exposure occurred.
- 2.** Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- 3.** For blood or OPIM exposure:
 - a.** Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's/student's health care provider.
 - b.** If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
 - c.** Exposure involving a known HIV positive source should be considered a medical emergency and post-exposure prophylaxis (PEP) should be initiated within 2 hours of exposure, per CDC recommendations.
 - d.** Assure that the exposed employee/student is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
 - e.** After obtaining consent, collect exposed employee's/student's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
 - f.** If the employee/student does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

4. For airborne pathogen (tuberculosis):
 - a. Immediately after the exposure of covered employee or covered student, the responsible supervisor, the technical college or work unit Exposure Control Coordinator (ECC) and the authorized contact person at the clinical or work site shall be notified and should receive documentation in writing. Documentation of the incident is to be prepared the day of the exposure; on an Exposure Incident Report and Follow-Up Form for Exposure to Bloodborne/Airborne Pathogens (Tuberculosis); promulgated within 24 hours of the incident; and recorded in the Exposure Log.
 - b. The exposed covered employee/student is to be counseled immediately after the incident and referred to his or her family physician or health department to begin follow-up and appropriate therapy. Baseline testing should be performed as soon as possible after the incident. The technical college or work unit is responsible for the cost of a post-exposure follow-up for both covered employees and covered students.
 - c. Any covered employee or covered student with a positive tuberculin skin test upon repeat testing, or post-exposure should be clinically evaluated for active tuberculosis. If active tuberculosis is diagnosed, appropriate therapy should be initiated according to CDC Guidelines or established medical protocol.

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

- A. Leslie L. Thigpen 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. Leslie L. Thigpen ensures that the health care professional evaluating a covered employee or student after an exposure incident receives the following:
 1. a description of the covered employee's or covered student's tasks or activities relevant to the exposure incident
 2. route(s) of exposure
 3. circumstances of exposure
 4. if possible, results of the source individual's blood test
 5. relevant covered employee or covered student medical records, including vaccination status
- C. During the period of the 2016-2017 HCPP the following incidents surrounding exposure occurred. *{Describe exposure incidents for the past year here.}*

XIII. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

- A. Leslie L. Thigpen 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.** Leslie L. Thigpen will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.
- C.** If revisions to this ECP are necessary Leslie L. Thigpen will ensure that appropriate changes are made.
- D.** The following protocol is followed for evaluating the circumstances surrounding an exposure incident:
- If the person involved is a student, the incident is reported to their faculty member. The faculty member initiates an incident report via the electronic form on InfoFusion. If the person involved is a staff/ faculty member, they must initiate the electronic form.
 - When a potential exposure has occurred and an incident report initiated, the ECC is notified by email and can review the incident report.
 - The ECC will notify student/faculty/ staff and/or any witnesses for further information.
 - Once information is received and evaluation is complete, a report will be provided as to the potential causes of and prevention of incident

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 Leslie L. Thigpen

XV. RECORDKEEPING

A. Training Records

1. Training records are completed for each covered employee and covered student upon completion of training. These documents will be kept for at least three years in the office of the program faculty/ program chair listed on Attachment I.
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 Leslie L. Thigpen.

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. Leslie L. Thigpen is responsible for maintenance of the required medical records. These confidential records are kept in Human Resources for at least the duration of employment or attendance plus 30 years.
3. Covered employee or covered student medical records are provided upon request of the employee or student or to anyone having written consent of the employee or student within 3 working days. Such requests should be sent to Human Resources Director Sharon O'Neal.

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 Leslie L. Thigpen.

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. The following protocol is followed for evaluating the circumstances surrounding sharp injuries :
 - If the person involved is a student, the incident is reported to their faculty member. The faculty member initiates an incident report via the electronic form on InfoFusion. If the person involved is a staff/ faculty member, they must initiate the electronic form.
 - When a potential exposure has occurred and an incident report initiated, the ECC is notified by email and can review the incident report.
 - The ECC will notify student/faculty/ staff and/or any witnesses for further information.
 - Once information is received and evaluation is complete, a report will be provided as to the potential causes of and prevention of incident