

**2011-2012
EXPOSURE CONTROL PLAN
OCCUPATIONAL EXPOSURE TO
BLOODBORNE PATHOGENS
AND
AIRBORNE PATHOGENS/TUBERCULOSIS**

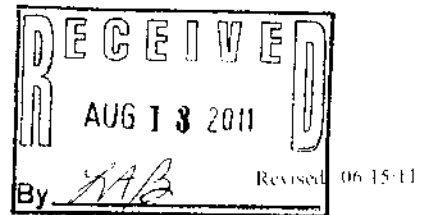
OCCONEE FALL LINE TECHNICAL COLLEGE

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OFTC EXPOSURE CONTROL PLAN 2011-2012

Occupational Exposure to Blood Borne Pathogens and Airborne Pathogens/Tuberculosis Standards

Oconee Fall Line Technical College (OFTC)

A. POLICY:

The State Board of the Technical College System of Georgia Policy # **II.D.3.a Occupational Exposure to Blood Borne Pathogens** and # **II.D.3.b Occupational Exposure to Air Borne Pathogens/Tuberculosis**, revised March 30, 2001, governs the actions of faculty and students in OFTC occupational training programs and courses when performing tasks, procedures or activities which have the potential for accidental exposure to either blood borne or airborne pathogens. A copy of the Technical College System of Georgia (TCSG) policies and related procedures may be viewed at www.dtae.org/dtaepolicy_menu.html.

OFTC is required to prepare and maintain an approved *Exposure Control Plan* for occupational exposure to blood borne and airborne pathogens/tuberculosis. The plan is to be updated annually.

As stated in the **Technical College System of Georgia Policy II.D.3.b. Occupational Exposure to Air Borne Pathogens/Tuberculosis**,

Blood Borne Pathogens: "An occupational exposure to blood borne pathogens shall be any exposure to blood or other potentially infectious body materials by a faculty member or student in either an instructional lab activity or in an occupational-based instructional setting as a clinical rotation or other work-site."

Airborne Pathogens: An occupational exposure to tuberculosis is defined as "exposure to the inhaled or expired air of a person with confirmed or suspected TB disease, exposure to a high-hazard procedure or an individual with suspected or confirmed TB disease and with the potential to generate potentially infectious airborne respiratory secretions."

B. PURPOSE

The *Exposure Control Plan* for Oconee Fall Line Technical College is designed to provide the faculty, staff and students with recognition of tasks, procedures and activities which present the potential for occupational exposure to blood and air-borne pathogens and a means of eliminating or minimizing in the performance of their instructional duties or activities.

C. OFTC OBLIGATIONS

Faculty/Staff Training

Training is conducted annually (usually during May-June time period.) This training is provided on-line with ample references to procedures, videos, etc. Additionally, an assessment must be taken by each employee following the training. A score of 100% must be attained in order to successfully complete the course (Appendix ?).

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Part-time employees classified in Categories I and II are required to successfully complete the course also annually. Likewise, May/June is the established periods for the annual training.

All new full-time and part-time employees in Categories I and II are trained by the Infection Control Coordinator and provided a copy of the OFTC Exposure Plan within ten days of employment.

Student Training

Training is provided to students in Categories I and II by their respective faculty prior to performing student to student or student to patient/client procedures as outlined in the course syllabus.

Annual training for covered faculty and students must include the following areas, but is not limited to:

1. The categories of tasks which have been identified as having the potential for exposure to blood borne pathogens in all occupational programs, both credit and non-credit programs and/or courses.
2. The personal protective equipment, work practices and engineering controls; and housekeeping measures requisite for minimizing exposure to faculty and students at potential for exposure in each category of task.
3. The State Board of Technical and Adult Education Policy *H.D.3.a, Occupational Exposure to Blood Borne Pathogens*, revised March 30, 2001 and the Occupational Exposure to Air Borne Pathogens/Tuberculosis Policy, H.D.3.b, revised March 30, 2001
4. The Universal (Standard) Precautions to be followed and the personal protective equipment (PPE) to be utilized. (<http://www.cdc.gov/ncidod/dhqp/guidelines.html>)
5. The epidemiology and signs and symptoms of bloodborne and airborne diseases.
6. Blood borne pathogen and needle stick prevention post exposure guidelines (See <http://www.osha.gov/SLTC/bloodbornepathogens/postexposure.html>)
7. The "*Occupational Safety and Health Standards: Bloodborne Pathogens*"; 29 *CFR Part 1910.1030* as amended February 28, 2006 (<http://www.osha.gov/SLTC/bloodbornepathogens/index.html>)
8. Information regarding Hepatitis B vaccine, including its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine will be offered to covered employees at **no** cost to the faculty.
9. The signs and/or color-coding used in the workplace for exposure control purposes (biohazard labels, "red" bags, etc.)

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10. Georgia O.C.G.A. 13-12-13, *G Bloodborne Pathogens*. This Act extends blood borne pathogens protection to state employees employed in public (state) hospitals and public health facilities and requires the use of needleless delivery systems in these facilities.
11. Additional recommendations, guidelines and precautions for the prevention of the occupational transmission of airborne pathogens/tuberculosis as required by OSHA. These recommendations and precautions are included in "Procedures Sheet 2: Reporting and Post-exposure Follow Up for Airborne Pathogens/Tuberculosis" appended to this document.
12. Documentation of annual training regarding the *Exposure Control Plan* shall be placed in each covered employee personnel file with an additional copy in the OFTC Professional Development file. These records are a part of OFTC's record retention plan and are digitally stored. Documentation of student training shall be maintained in the student's training file in their respective program area.
13. Faculty and students are to be notified of changes in guidelines and procedures as soon as possible. The OFTC Infection Control Coordinator will disseminate new information via email. Written acknowledgment of changes may be required for faculty members and students, when warranted by the OFTC Infection Control Coordinator.

Annual Exposure Control Plan Submission:

The *Exposure Control Plan* shall be reviewed, updated and submitted annually to determine appropriate classification occupational programs and associated tasks. It will also be reviewed and updated to reflect new, modified or revised tasks; progress in implementing needleless systems and engineered sharps injury protection devices; as well as procedures and faculty positions relative to occupational programs and tasks which have been identified by OFTC to pose a potential exposure risk.

Reporting, emergency notification and record keeping procedures for exposure incidents and post-exposure follow up:

See "Procedures Sheet 2" appended to this document for a fuller discussion of requirements.

D. CATEGORIES OF TASKS WITH RISK OF EXPOSURE TO BLOOD BORNE PATHOGENS

Tasks that present the potential for exposure to potentially infectious body materials and that warrant the use of **Standard Precautions** have been classified (using the term Universal Precautions) using the following definitions based on a joint 1987 advisory notice by the U.S. Department of Labor and the U.S. Department of Health and Human Services in a joint 1987 advisory notice:

Category I A task or activity in which direct contact or exposure to blood, other body materials, or airborne pathogens to which Universal Precautions/Standard precautions apply is normal.

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Category II A task or activity performed without exposure to blood or other body materials, or airborne pathogens to which universal precautions/standard precautions apply, but exposure might occur as an abnormal event or an emergency.

Category III A task or activity that does not entail normal or abnormal exposure to blood or other body materials, or airborne pathogens to which universal precautions/standard precautions apply.

Fluids and other materials that warrant the use of Universal Precautions/Standard Precautions are identified as follows:

1. Blood
2. Semen and vaginal fluids
3. Tissues, cerebral spinal fluid
4. Synovial fluid, peritoneal fluid, amniotic fluid, pleural fluid, pericardial fluid and any other body fluids visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
5. Saliva and gingival fluid, in dentistry due to the common occurrence of blood in the dental setting.
6. Any unfixed tissue or organ, other than intact skin, from a human (living or dead)

(*At present: urine, feces, sweat, tears, nasal secretions sputum and vomitus are not considered potentially infectious body materials unless they contain blood.)

Clinical sites for health-related program faculty and students, and work sites for other occupational area faculty, may require additional special precautions and students if exposure potential exists. Faculty members and students will follow the *Exposure Control Plan* of health facility clinical sites when such a plan is in effect. The OFTC *Exposure Control Plan* will be followed in the absence of a health facility clinic site plan and when faculty, staff and students are on-campus.

E. STANDARD OPERATING GUIDELINES

Standard Operating Guidelines are designed to provide the faculty, staff and students with the best protective measures in accordance with current regulations, guidelines and policies to reduce or prevent blood borne pathogen exposure. **These guidelines must be followed by faculty and students performing Category I and II tasks.** Whenever there is a conflict in precautions, PPE, or other exposure control measures, faculty and students will follow the more stringent guidelines. The Standard Operating Guidelines is posted in each classroom and is a component of student training.

The Standard Operating Guidelines for each Category will contain the following information:

1. Identification of each task performed by faculty/students in each occupational training program.

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2. Identification of the employee positions and student categories involved in the performance of that category of task.
3. Identification of the personal protective equipment (PPE) required.
4. Work place practice controls (methods to follow to reduce the potential for exposure).
5. Engineering controls that are required to isolate or remove the exposure hazard from the workplace.
6. Housekeeping measures that are required after the performance of a task.

OFTC Standard Operating Guidelines

CATEGORY I TASKS

"A task or activity in which direct contact or exposure to blood, other body materials, or airborne pathogens to which Universal Precautions/Standard precautions apply is normal."

CATEGORY I TASK LISTING

Category I tasks performed in classroom, laboratory and clinical activities for each covered occupational training program/course are to be listed below.

For Category I tasks, pocket masks, microshields, or BVM will be used when performing CPR.

EMERGENCY MEDICAL TECHNICIAN/PARAMEDIC INSTRUCTORS AND STUDENTS

All Category I procedures require use of gloves. Other PPE are noted. Gowns, Mask, and Protective Eyewear will be used if soiling or splashing is likely.

1. Contact with body fluids (i.e., dressing wounds, burn patients, etc. Gloves)
2. Controlling external bleeding: Gloves; gown; mask; protective eyewear
3. Childbirth: Gloves, gown, mask, protective eyewear
4. Blood drawing: Gloves
5. Starting an Intravenous line: Gloves
6. Endotracheal intubation, IMA, Combitube; Gloves
7. Suctioning or manually clearing the airway; Gloves
8. Handling and cleaning contaminated instruments: Gloves
9. Measuring blood pressure
10. Measuring temperature
11. Giving an injection: Gloves

MEDICAL ASSISTING INSTRUCTORS AND STUDENTS

All Category I procedures require use of gloves. Other PPE are noted.

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1. Newborn bulb suctioning
2. Obtaining cultures: wound; oro nasopharyngeal
3. Blood glucose monitoring
4. Performing CPR-First Aid
5. Housekeeping tasks: change soiled linens; clean spills of bodily fluids
6. Assisting with invasive procedures: lumbar puncture; fluid aspiration; pelvic exam/pap smears; minor surgical procedures; sigmoidoscopies/proctoscopies
7. Administering parenteral injections
8. Providing wound care: dressings; irrigations
9. Inserting suppositories
10. Blood collection-Venipuncture
11. Administering Fleet Enemas to dependent patients
12. Testing for occult fecal blood
13. Managing burn care
14. Cleaning and sterilizing contaminated equipment, environmental work surfaces
15. Disposing of contaminated sharps/containers
16. Administering oral medications
17. Collecting and testing urine specimens
18. Removing sutures/staples
19. Performing cast care
20. Instilling otic/ophthalmic medications
21. Performing eye/ear irrigations
22. Interpreting PPD/Tine tests
23. Packaging instruments for autoclaving
24. Handling and transporting specimens
25. Obtaining vital signs/mensuration
26. Preparing patients for examinations
27. Performing physical assessments
28. Providing care to pins/external fixation devices
29. Measuring and fitting assistive devices for ambulation
30. Measuring and fitting braces, splints, and immobilizers
31. Administering topical medications
32. Performing EKGs
33. Teaching patients self-care
34. Performing physical therapy procedures
35. Assisting in radiologic procedures
36. Managing poison exposures
37. Transferring/transporting patients
38. Ambulating patients
39. All dressing changes
40. All invasive procedures
41. All venous inspections - Scrub suits, gown, lab coat
42. Any surgical procedures
43. Bleeding control - Mask/goggles, gown
44. Cleaning spills of blood or other bodily fluids
45. Diagnostic Skin Testing (PPD)
46. Handling of contaminated trash or linen

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47. Injections: SQ, TD, IM
48. Simple laboratory procedures: blood glucose, occult blood, in and out catheter Specimen Collection (Sputum, Urine, Feeses and Blood)
49. Supply inventory
50. Documenting on and maintaining patient records
51. Billing and filing
52. Handwashing
53. Scheduling appointments
54. Greeting patients
55. Providing telephone services
56. Computer, keyboarding and typewriting operations
57. Performing office procedures
58. Performing accounting procedures
59. Preparing and coding insurance claims
60. Transcribing medical records
61. Making bank deposits

PATIENT CARE ASSISTING (CNA) AND HEALTH CARE ASSISTANT (CNA) INSTRUCTORS AND STUDENTS

All Category I procedures require use of gloves. Other PPE are noted.

1. Oral Hygiene and Denture Care
2. Shaving
3. Bathing
4. Perineal Care
5. Catheter Care
6. Proper care of soiled linens and clothing
7. Correct disposal/storage of contaminated equipment
8. Cleaning up spills, infectious materials, hazardous waste
9. Post-mortem Care
10. Collection of specimens: sputum, urine, stool
11. Assisting with ostomy care
12. Administration of enemas: Fleets, soap suds, tap water
13. Nail Care
14. Foot Care
15. Skin Care including back rub and prevention of skin breakdown
16. Care of sensory devices including glasses and hearing aids
17. Bed making: occupied or unoccupied
18. Care of patient environment
19. Application of protective devices
20. Height and weight measurement
21. Vital Signs
22. Heimlich Maneuver
23. Admission, Transfer, or Discharge of a resident
24. Moving or positioning a resident in bed

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25. Transferring a resident
26. Application of support (TED) hose
27. Perform CPR
28. Measuring Intake & Output
29. Assist with serving and feeding residents
30. Assist with elimination

PRACTICAL NURSING INSTRUCTORS AND STUDENTS

All Category I procedures require use of gloves. Other PPE are noted.

1. Suctioning
2. Performing Vaginal irrigation
3. Bulb Suctioning of Newborns
4. Collecting samples for cultures: Wound, Oro/nasopharyngeal
5. Blood Glucose Monitoring
6. Performing CPR/First Aid/Trauma Care
7. Housekeeping Tasks: Changing visibly soiled linens; Cleaning spills of blood/body fluids
8. Assisting with invasive procedures: Lumbar punctures; Fluid aspiration; Central line insertion; Pelvic examination/pap smears; Minor surgical procedures; sigmoidoscopies; proctoscopies
9. Intravenous Care: Insertion of IV; D/C IV; Changes lines; Change dressings
10. Transfusion Care
11. Tracheostomy Care
12. Care of drainage collection devices
13. Providing perineal care
14. Parenteral Injections
15. Denture/Oral care
16. Foley Catheter Insertion and Care
17. Insertion of Nasogastric Tubes
18. Wound/Burn Care
19. Irrigations: Foley Catheter; Wound; Nasogastric; Indwelling drains/tubes
20. Suppository Insertion
21. Postmortem Care
22. Removal of Soiled masks, gowns, gloves
23. Measuring Intake & Output
24. Enema Administration
25. Cleaning contaminated equipment and environment/working surfaces
26. Disposal of contaminated sharps
27. Administration of topical medications
28. Initial newborn bath/care
29. Newborn cord care
30. Incontinence care
31. Collecting specimens from dependent patients: stool; urine
32. Venipuncture
33. Giving ostomy care
34. Changing pleurovaes
35. Obtaining vital signs

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36. Performing physical assessment
37. Positioning the bed patient
38. Monitoring/transferring patients
39. Performing ROM exercises
40. Applying restraints
41. Giving bedbaths-Gown if soiling likely or isolation (contact)
42. Giving backrubs
43. Making beds-Gown if soiling likely (contact isolation)
44. Performing tube feedings
45. Positioning peri-lamps
46. Giving newborn baths
47. Timing prenatal contractions
48. Giving circumcision care
49. Newborn feeding: bottle; assisting nursing mothers
50. Weighing and measuring infants
51. Giving newborn eye care
52. Performing neurovascular checks
53. Performing newborn bulb suctioning
54. Giving cast care
55. Collecting specimens from independent patients
56. Giving decubitus care
57. Giving Foley catheter Care
58. Administering enemas to independent patients
59. Performing preoperative shaves and preps
60. Removing staples/sutures
61. Administering oxygen therapy
62. Giving fundus care
63. Administering sitz baths
64. Giving traction/pin care
65. Fetal monitoring
66. Assisting with postural drainage
67. Shampooing patient's hair
68. Applying ace wraps
69. Administering oral medications
70. Administering otic/ophthalmic medications
71. Performing eye/ear/nasal irrigations
72. Interpreting PPD/Tine tests
73. Administering IVPB medications
74. Handling and Transporting covered specimens
75. Measuring and fitting of assistive ambulatory devices
76. Assisting with ambulation
77. Measuring and fitting of immobilizers, splints, braces
78. Teaching patient self-care techniques
79. Assisting with physical therapy procedures
80. Delivering/collecting/handling food trays
81. Feeding dependent patients
82. Applying TED hose
83. Performing neurochecks

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84. All dressing changes
85. AM Patient Care
86. Any Radiologic Procedure (Patient lifted/moved, positioned)
87. Any Surgical Procedures
88. Assist in emergency childbirth - Goggles, scrub suits
89. Bathing Patients, Gown if soiling likely or isolation (contact)
90. Bed Making, Gown if soiling likely (contact isolation)
91. Bladder Irrigation (Three Way Catheter)
92. Monitor and Take Down Blood Transfusions
93. Bowel/Urinary Bladder retraining
94. Cardio-Pulmonary Resuscitation
95. Care of orthopedic pin sites
96. Care of trauma wounds in Emergency Room - Gown, shoe covers, goggles
97. Catheterization/Catheter Change (indwelling/External) and Catheter Removal, Gown
98. Central Venous Catheter dressing change (Hickman, triple Lumen, (TPN) - Sterile gloves, face mask
99. Central Venous Pressure, Gown
100. Chronic/Acute Peritoneal Dialysis-manual, Gown
101. Cleaning all contaminated used non-disposable medical supplies/equipment
102. Cleaning and sterilizing of instruments
103. Cleaning spills of blood or other bodily fluids
104. Colostomy irrigation/care of appliances
105. Diagnostic Skin Testing (PPD)
106. Duo Tube: Insertion and Removal
107. Empty drainage (urine, drains, NG) containers
108. Esophageal Pressure: Blakemore-Sermstaken Tube, Face shield
109. Fundal location and Peripad changing
110. Hemodynamic Pressure Monitoring
111. Ileal Bladder Care
112. Injections: SQ, ID, IM, IV
113. Insertion and Removal of Contact Lenses
114. Assist with Insertion of Chest Tubes (Closed Thoracotomy), Face shield, gown
115. Insertion of Gastric Tube and Suctioning
116. Insertion of INT Needle/IV Catheters
117. Intermittent Naso-Gastric Suction (Gomco)
118. Irrigation of indwelling catheter
119. Irrigation of naso-gastric tube
120. Levine/ sump Tube: Insertion and Removal (Naso-Gastric Tube)
121. Mouth and Faryngeal Suctioning
122. Obtaining Vital Signs when open lesions are present
123. Oral feedings
124. Paracentesis/Thoracocentesis (Assistance)
125. PM Patient Care
126. Preoperative Skin Prep
127. Prosthetic Eye and Eye Socket Irrigation
128. Rectal Digital Stimulation for Spinal Cord injuries
129. Rectal/Vaginal Suppository insertion
130. Removal of equipment (contaminated by procedures)
131. Removal of Vaginal Packs

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132. Removing Drains (J.P., Penrose, etc.): measure drainage amount Specimen Collection (Sputum, Urine, Feces and Blood)
133. Sterile Dressings
134. Staple Removals
135. Insertion Vaginal Irrigation/Douche
136. Counting narcotics/stock drugs
137. Transcribing doctors' orders
138. Admitting and discharging patients
139. Documenting on and maintaining patients' records
140. Computer documentation
141. Handwashing
142. Providing telephone services
143. Inventory and ordering of supplies

RADIOLOGIC TECHNOLOGY AND IMAGING SCIENCE ASSISTANT STUDENTS AND INSTRUCTORS

All Category I procedures require use of gloves.

Demonstration of angiographic, urinary, and digestive, and spinal (myelogram) procedures
Performance of angiographic, urinary, and digestive procedures

RESPIRATORY THERAPY TECHNOLOGY STUDENTS AND INSTRUCTORS

All Category I procedures require use of gloves. Other PPE are noted.

Sputum induction: Face mask/goggles, gloves
Ventilator patient circuit changes: Gown, gloves
Arterial blood gases: Gloves
Aerosolized medication delivery: Gloves, possible face mask
Suctioning: Face mask/goggles or shield
Tracheostomy care: Gown, face mask
Potential cough inducing procedures
Weaning Parameters
Breathing retraining
Chest physiotherapy
Incentive spirometry
Pulmonary function testing
Intubation: Goggles, face mask
Extubation
Cardiopulmonary resuscitation Gloves, barrier device for ventilating patient
Endotracheal tube care
Nasopharyngeal and oropharyngeal airway insertion
Bronchoscopy assisting--Face mask/shield, gown, sterile gloves
Arterial line insertion - Face mask/shield, gown
C-section: Gown, shoe covers, face mask/goggles

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Vaginal deliveries: Gown, shoe covers, face mask goggles

CATEGORY I TASK STANDARD OPERATING GUIDELINES

DEFINITION:

A Category I Task is one in which there is a normal occurrence for exposure to blood, other potentially infectious body materials or airborne pathogens that warrant the use of exposure controls.

Personal protective equipment is required in the performance of Category I tasks, procedures and activities.

FACULTY POSITIONS INVOLVED:

OFTC faculty and staff positions involved in the performance of Category I tasks are:

Emergency Medical Technician (EMT)/Paramedic instructors
Medical Assisting instructors
Patient Care Assisting (CNA) Health Care Assistant (CNA) instructors
Practical Nursing instructors
Radiologic Technology and Imaging Science Assistant instructors
Respiratory Care Technology instructors
Eastman YDC instructors

STUDENT OCCUPATIONAL TRAINING PROGRAMS/COURSES INVOLVED:

The OFTC student occupational programs or courses involved in the performance of Category I tasks are:

Emergency Medical Technician (EMT)/Paramedic students
Medical Assisting students
Patient Care Assisting (CNA), Health Care Assistant (CNA) students
Practical Nursing (LPN) students
Radiologic Technology and Imaging Science Assistant students
Respiratory Care Technology students
Automotive Basic Maintenance and Detailing Technician students
Automotive Collision Repair Helper students
Automotive Body Assistant/Warranty Service students
Certified Construction Worker students
Microsoft Word Application Specialist students
Plant Production Specialist students

PERSONAL PROTECTIVE EQUIPMENT (CATEGORY I TASKS)

The personal protective equipment required will vary with the individual task and the degree of protection required. The faculty or student shall use the following guidelines in addition to those listed in Bloodborne Pathogens Standard and Tuberculosis Guidelines.

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1. The use of gloves is required for all faculty and students involved in the performance of a Category I task. Personnel shall wash their hands after removal of gloves and at the end of the procedure. Gloves shall be replaced as soon as feasible if they are torn, punctured or when their ability to function as barrier protection is compromised. Gloves shall not be washed or decontaminated for reuse and shall be changed between each patient contact. A variety of types of gloves must be available to insure usage. **Non-latex gloves must be available as an alternative for latex-sensitive persons.** Unpowdered gloves must also be furnished.
2. Mask and eye protection (goggles or glasses with solid side shields or chin length face shields) are required if there is a potential for splashes, spills, spray, splatter or aerosolizing of blood or other potentially infectious body materials (O.P.I.M.) and contamination of mucosal membranes, eyes, mouth or nose is likely. **The National Institute of Occupational Safety and Health (NIOSH) must approve masks used for airborne pathogen protection for this purpose.** Approved masks include: HEPA respirators and N-95 respirators.
3. Lab coat, gown, apron or other protective clothing is required if there is a likelihood for soiling of clothing with blood or OPIM. The type and characteristics will depend upon the task and the degree of exposure anticipated. The protective clothing selected shall form an effective barrier for the faculty member or student.
4. Resuscitation equipment (pocket masks, BVMs, or other ventilator devices) shall be immediately available at the work-site and used where the need for emergency resuscitation is likely to occur.
5. Fluid-proof clothing shall be worn if there is the potential for clothing to become soaked with blood or O.P.I.M. These would include, but are not limited to, surgical gowns, shoe covers, etc. Surgical caps or hoods shall be worn if there is the potential for splashing or spraying of blood or O.P.I.M. on the head.

WORK PRACTICES AND ENGINEERING CONTROLS (CATEGORY I TASKS)

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

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

OFTC will have an established evaluation committee, as specified in the Georgia Code, to identify and select needleless systems and engineered sharps injury protection used in occupational training programs. The committee members will represent the service area of OFTC and will include the Infection Control Coordinator, Dean of Allied Health, LPN instructors, a Respiratory Therapy instructor, Medical Assisting instructors and/or others as deemed necessary. This Evaluation Committee will meet annually or as otherwise needed as a subcommittee of the OFTC Safety Team. Minutes of each meeting will be prepared and disseminated to the Infection Control Coordinator and the Safety Coordinator.

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1. **Contaminated needles and other sharps**--Used needles and other sharps shall not be sheared, bent, broken, recapped or resheathed by hand, (except by use of approved methods). **Recapping of contaminated needles or other sharps is prohibited.** When recapping of contaminated needles is determined to be necessary for a specific procedure, it is to be accomplished through the use of resheathing devices, self-sheathing needles or syringes, forceps or other one-handed method of recapping that has been approved by the OFTC Infection Control Coordinator.
2. **Sharps containers**--Immediately or as soon as possible after use, disposable syringes and needles, scalpel blades, and other sharp items shall be placed in an approved puncture-resistant container, for disposal. The container shall be leakproof on the sides, bottom and top. Approved containers shall be marked with the international biohazard symbol. Such containers shall be easily assessable at the work-site and located in areas where needles and other sharps are commonly used.
3. **Hand washing**--Faculty members and students shall wash their hands immediately or as soon as possible after removal of gloves or other PPE and after hand contact with blood or O.P.I.M. Faculty and staff should use an anti-microbial skin cleaner as provided by the college when washing their hands.
4. **Waste Containers** used for medical waste (non-sharp items) that are contaminated with blood or O.P.I.M. shall be marked with the international bio-hazard symbol and closable covers to limit access and prevent secondary contamination. Waste shall be segregated, handled and stored in accordance with the requirements of the Bloodborne Pathogens Standard.
5. **Linen and laundry items** soiled with blood or other O.P.I.M. shall be placed in bags that are labeled and identified as contaminated with potential pathogens or biohazards and prevent soaking through and/or leakage to the exterior. Contaminated laundry items shall be handled with gloves.

OFTC has contracted with a vendor for the periodic pick-up and removal of Sharps containers at the all designated Campuses. Waste containers are emptied by the custodial staff daily or immediately upon an incident. Soiled linens are cleaned on site by the custodial staff.

HOUSEKEEPING MEASURES (CATEGORY I TASKS)

The work site is to be maintained in a clean and sanitary condition. The housekeeping measures are to be followed as the basic means for achieving **disinfection** (inactivating virtually all recognized pathogenic organisms but not necessarily all microbial forms [i.e., bacterial endospores on work surfaces, floors, equipment]) and **sterilization** (physical and chemical procedures designed to destroy all microbial life, including endospores). (See also "Information Sheet 1" appended to this document.)

The housekeeping measures serve to protect the faculty and students of Oconee Fall Line Technical College as well as patients or clients during contact with faculty and students. The OFTC Infection Control Coordinator will review these measures on at least an annual basis for their effectiveness and for changes to meet current guidelines. The clinical sites also are responsible for adhering to housekeeping and all regulations relative to the Exposure Control Plan.

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1. **Schedule**--All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or O.P.I.M. (as evidenced by the ECP maintenance log see Appendix?)

Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after the completion of a procedure, when they are overtly contaminated with blood or O.P.I.M. and at the end of the work shift. At Oconee Fall Line Technical College Lemon 3 disinfectant, virucide, and cleaner (3% alkyl and 96% benzyl ammonium chloride) will be used.

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

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

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

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

2. **Disinfectants**--Following the initial cleanup, one of the following shall be used for cleaning blood or O.P.I.M.
 - a. Chemical germicides that are approved as hospital disinfectants and are tuberculocidal when used in recommended dilutions.
 - b. Products registered by the U.S.E.P.A. as being effective against HIV with an accepted "HIV label".
 - c. A solution of 5.25% sodium hypochlorite (household bleach) diluted with water between 1:10 to 1:100 strength. This solution should be mixed fresh on a daily basis.
3. **Reusable Instruments** and other devices that will be used on other patients or clients should be cleaned and disinfected and/or sterilized upon completion of the procedure. Reusable sharps shall not be stored or processed in a manner that requires the faculty member or student to reach by hand into the container where the sharps have been placed.
 - a. Cleaning is accomplished by washing the instruments and brushing their surfaces to loosen any embedded materials. This cleaning process requires the use of gloves and eye protection by the faculty member or student.

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- b. Disinfection of instruments should be accomplished by soaking them in an approved disinfectant. They should soak for the minimum time specified by the manufacturer of the solution.
 - c. Sterilization of instruments should be accomplished by soaking in an approved liquid sterilizing solution or by autoclaving.
4. **Disposal**--Materials and items to be discarded upon completion of the procedure and have been contaminated with blood or O.P.I.M. shall be placed in appropriate waste containers.
 - a. Sharps shall be placed in approved, puncture-resistant containers that are labeled with the international biohazard symbol and color-coded.
 - b. Materials (other than sharps) that are contaminated with blood or O.P.I.M. shall be placed in an appropriate medical waste container that is labeled with the international biohazard symbol or color-coded.
 - c. Materials (other than sharps) not contaminated with blood or O.P.I.M. shall be placed in a general waste container.
5. **Food, Drinks, etc.**--Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are **prohibited** in work areas where Category I procedures are performed. Food and Drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood and/or O.P.I.M. are present.

CATEGORY II TASKS

"A task or activity performed without exposure to blood or other body materials, or airborne pathogens to which universal precautions/standard precautions apply, but exposure might occur as an abnormal event or an emergency."

CATEGORY II TASK LISTING

Category II tasks performed in classroom, laboratory and clinical areas for each covered occupational training program/course are to be listed below:

COSMETOLOGY (AND RELATED TCC'S) STUDENTS AND INSTRUCTORS

All Category II procedures require use of gloves. Masks, goggles, and gowns may also be used.

Care of burn wounds
Cleaning all contaminated used non-disposable shears/clippers
Cleaning and sterilizing of instruments
Cleaning spills of blood or other bodily fluids

Abrasions on the skin, scalp

COSMETOLOGY

1. Permanent waving and relaxing
2. Hair coloring: temporary rinses; tints & retouches
3. Manicuring and pedicuring
4. Shampooing and styling
5. Hair cutting
6. Skin analysis and facial treatments
7. Scalp treatments
8. Make-up application
9. Eyebrow arching; tweezing; waxing
10. Thermal hair techniques: straightening; waving/curling
11. Manicuring
12. Nail repairs
13. Nail tips with overlays
14. Sculptured nails
15. Nail wraps
16. Pedicuring
17. Salon/shop management
18. Blow drying hair
19. Cleaning and styling wigs/hair pieces
20. Performing receptionist duties: appointment scheduling, cashiering
21. Maintaining supplies and inventory

EARLY CHILDHOOD CARE AND EDUCATION AND RELATED TCC'S/PRE-K STUDENTS AND INSTRUCTORS

All Category II procedures require use of gloves. Masks, goggles, and gowns may also be used.

- Treating minor wounds
- Cleaning up of blood, vomit, urine, and solid body waste
- Administering first aid
- Adhering to universal precautions

EARLY CHILDHOOD CARE AND EDUCATION

1. Cleaning spills of body fluids
2. Performing mouth care
3. Handling contaminated linens
4. Performing wound care: examination, cleaning, and bandaging
5. Performing bathing/skin care of non-intact skin
6. Handling tears, comforting crying children, eye care
7. Performing hair and skin care with clients with non-intact skin
8. Performing resuscitation/CPR
9. Bathing, dressing, feeding, assessing children with intact skin, and without diarrhea, bleeding, or drainage

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10. Administering routine medications with written parental permission
11. Preparing and delivery of food
12. Cleaning routinely of child care areas
13. Feeding adults-infants-children

CATEGORY II TASK STANDARD OPERATING GUIDELINES

DEFINITION:

A Category II Task is one in which there is a potential for, although not planned, contact with blood other potentially infectious materials or airborne pathogens.

FACULTY POSITIONS INVOLVED:

The faculty positions involved in the performance of Category II tasks are:

Cosmetology (and related TCC's) instructors
Early Childhood Care and Education (and related TCC's):Pre-K instructors

STUDENT OCCUPATIONAL AREAS INVOLVED:

The OFTC student occupational programs or courses involved in the performance of Category II tasks are:

Cosmetology (including Cosmetic Esthetician, Nail Technician, and Shampoo Technician) students
Early Childhood Care and Education (and related TCC's):Pre-K students

Category II Tasks

Personal Protective Equipment Required, Work Practice and Engineering Controls and Housekeeping Measures are the same as those listed for Category I.

CATEGORY III TASKS

"A task or activity that does not entail normal or abnormal exposure to blood or other body materials, or airborne pathogens to which universal precautions/standard precautions apply."

CATEGORY III TASK LISTING

NOTE: These occupational areas have been surveyed and contain no tasks with exposure potential. All other programs not listed under category III have been surveyed and contain no tasks with exposure potential.

FACULTY

Studying materials for class
Preparing instructional materials for students
Preparing lesson plans and aids for classroom presentation
Preparing and delivering instruction to students
Maintaining conducive environment in classrooms, labs, and shops
Preparing, administering, and grading student evaluations
Working cooperatively with students on program, lab, or clinical assignments
Advising students
Assisting students in job placement endeavors
Attending faculty meetings
Counseling students with academic problems
Maintaining and improving professional competencies through in-service and staff development
Maintaining attendance and other necessary classroom records
Maintaining inventory of equipment and supplies
Planning and conducting advisory committee meetings
Preparing budget and placing orders for needed supplies and equipment
Developing student schedules
Recruiting students
Assisting in retention efforts of the college
Participating in Back to industry training
Participating in field trips
Participating in school and student organization sponsored extracurricular activities
Assisting students with live work projects

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CATEGORY III TASK STANDARD OPERATING GUIDELINE

DEFINITION:

A Category III Task is one in which there is no potential for exposure to blood, other potentially infectious body materials or airborne pathogens that warrant the use of exposure controls.

No special precautions are required when performing Category III tasks.

FACULTY POSITIONS INVOLVED:

The OFTC faculty positions involved in the performance of Category III tasks are:

Academic Subject Areas
Accounting
Adult Education
Air Conditioning Technology and Related TCC's
Applied Business Technology
Automotive Technology and Related TCC's
Business Administrative Technology and Related TCC's
Car Audio System Installer TCC
Certified Customer Service Specialist
Certified Manufacturing Specialist
Certified Warehousing and Distribution Specialist
Commercial Straight Truck and Passenger Driving
Commercial Truck Driving
Computer Information Systems—Computer Support Specialist & Related TCC's
Computer Information Systems—Networking Specialist & Related TCC's
Computer Information Systems—Web Site Design & Related TCC's
Criminal Justice Technology and Related TCC
Culinary Nutrition Assistant and Culinary Nutrition Manager
Diesel Equipment Technology and Related TCC's
Drafting Technology and TCC's
Electronics Technology and Related TCC's
Engineering and Construction Graphics and Modeling TCC
Health Information Technology
Industrial Mechanical Systems
Industrial Systems Technology and Related TCC's
Lawn Equipment/Small Engine Repair TCC
Machine Tool Technology and Related TCC's
Management and Supervisory Development
Mechanical Maintenance Technician TCC
Pharmacy Technology
Welding and Joining Technology and Related TCC's

EASTMAN YDC INSTRUCTORS AND STUDENTS

By the nature of these classes being taught in a correctional facility, Eastman YDC programs are classified as Category III.

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Automotive Basic Maintenance and Detailing Technician
Automotive Collision Repair Helper
Automotive Body Assistant Warranty Service
Certified Construction Worker
Microsoft Word Application Specialist
Plant Production Specialist

All other programs not listed under category III have been surveyed and contain no tasks with exposure potential.

STUDENT OCCUPATIONAL CATEGORIES INVOLVED:

The student occupational training program/course involved in the performance of Category III tasks only are:

Academic Subject Areas
Accounting
Adult Education
Air Conditioning Technology and Related TCC's
Applied Business Technology
Automotive Technology and Related TCC's
Business Administrative Technology and Related TCC's
Car Audio System Installer TCC
Certified Construction Worker
Certified Customer Service Specialist
Certified Manufacturing Specialist
Certified Warehousing and Distribution Specialist
Commercial Straight Truck and Passenger Driving
Commercial Truck Driving
Computer Information Systems—Computer Support Specialist and TCC's
Computer Information Systems—Networking Specialist and TCC's
Computer Information Systems—Web Site Design and Related TCC's
Criminal Justice and Related TCC's
Culinary Nutrition Assistant and Culinary Nutrition Manager
Diesel Equipment Technology and Related TCC's
Drafting Technology and Related TCC's
Electronics Technology and Related TCC's
Engineering and Construction Graphics and Modeling TCC
Health Information Technology
Industrial Mechanical Systems
Industrial Systems Technology and Related TCC
Lawn Equipment/Small Engine Repair TCC
Machine Tool Technology and Related TCC's
Management and Supervisory Development
Mechanical Maintenance Technician TCC
Pharmacy Technology
Welding and Joining Technology and Related TCC's

All other programs not listed under category III have been surveyed and contain no tasks with exposure potential.

INSTRUMENT STERILIZATION GENERAL SUMMARY

Instruments and devices that will be reused on patients/clients should be disinfected and/or sterilized between uses. This is accomplished by liquid and/or the use of an autoclave. The following information will outline the basic procedures to achieve proper disinfection and/or sterilization.

1. **Cleaning**--All instruments should be rinsed and scrubbed prior to disinfection and/or sterilization to remove fluids, tissue or other materials that may have become embedded in the instrument. The faculty member or student shall wear gloves and protective eyewear when performing this type of task as a means of proper exposure control.
2. **Disinfection**--After they have been cleaned, instruments may be disinfected by soaking in an approved disinfectant. They should soak for at least the minimum time specified by the manufacturer of the solution. The solution should be changed at the frequency recommended by the manufacturer to assure the effectiveness of the disinfection process. The faculty member or student shall wear gloves (protective eyewear if there is a chance of splashing the solution) when performing this type of task as a means of proper exposure control.
3. **Sterilization**--After they have been cleaned, instruments may also be soaked in a disinfecting solution prior to sterilization. Proper sterilization is accomplished through extended soaking in an approved sterilizing solution or in an autoclaving instrument.

To achieve sterilization with a liquid, soaking the instruments must remain in the sterilizing solution for at least the minimum time specified by the manufacturer to achieve sterilization. The faculty member or student must be familiar with the current product being used and assure that the minimum time requirement is met.

To achieve sterilization with an autoclaving instrument, follow the guidelines set forth in the operator's manual of the instrument. OFTC's autoclaves are being used for teaching purposes only and not for providing sterile instruments to perform sterile procedures. Therefore, autoclaves will be cleaned and tested every six months by the program chairperson. The program chairperson will complete an Autoclave Maintenance Log (Appendix?) and provide a copy to the Infection Control Coordinator. Documentation will be kept on file for a minimum of two years.

EQUIPMENT DISINFECTION SUMMARY

Equipment that may have become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary; unless it has been determined that proper decontamination of the equipment is not feasible. A readily observable label (i.e. the international biohazard label) shall be attached to the equipment stating which portions remain contaminated. Information on contaminated equipment shall be conveyed to all affected faculty members or students, the servicing representative and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

Personal protective equipment (i.e. gloves, protective eyewear, etc.) shall be provided to service personnel that work on the equipment in the facility.

HBV/HIV GUIDELINES UNDER THE STANDARD

The following guidelines are a combination of the recommendations of the CDC (Centers for Disease Control), OSHA and the OSHA Bloodborne Pathogen Standard.

Faculty members and students should consider all patients as potentially infectious with HIV and/or HBV and/or other bloodborne pathogens (in accordance with CDC guidelines). Adherence to the infection control guidelines and Universal precautions/standard precautions, as outlined in this manual will greatly lessen the potential for contamination of faculty members or students in the workplace.

HBV VACCINATION

All employees having occupational exposure to blood or other infectious materials shall be offered the HBV vaccination at no cost to the employee. The vaccination is made available within ten working days of initial work assignment unless the employee has previously received the complete Hepatitis B vaccination series or antibody testing has revealed the employee is immune or the vaccine is contraindicated for medical reasons.

Students in covered occupational areas will be provided information for obtaining the vaccination series at their cost.

Students opting to receive the HBV vaccination should receive the first vaccine dose prior to patient/client contact and before practicing any tasks, procedures or activities that involve exposure potential.

A prescreening test may be offered but is not a prerequisite for receiving Hepatitis B vaccination. If prescreening testing is offered and subsequently accepted by the employee it shall also be offered at no cost to the employee. Each employee has the right to refuse vaccination while reserving the right to obtain it at a later date (at no cost to the employee). (Appendix - Sample Form)

Vaccination is also offered as a post exposure follow up for all faculty or students with an occupational exposure incident (skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials).

Documentation of the vaccination program must be found in each individual faculty member's personnel record as well as a master vaccination file. These records are maintained in the Human Resources office. Documentation of student vaccination is to be maintained in the student's record file and master training file. Any faculty member or student declining vaccination must be counseled on the benefits and safety of the vaccine and sign a declination statement. (See <http://www.dtae.org/teched/bap.html> and the subsequent link entitled "Model/Sample Forms.")

POST EXPOSURE FOLLOW UP (BLOOD OR O.P.I.M.)

If the faculty member or student has a percutaneous (needlestick, cut or puncture) or mucous membrane (splash to the eye, nasal mucosa, or mouth) exposure to body fluids (blood or other infectious materials) or has a cutaneous exposure when they have chapped or abraded skin, or otherwise non-intact skin it shall

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be reported as an exposure incident to the faculty member and/or the OFTC Infection Control Coordinator. The OFTC Infection Control Coordinator maintains documentation for exposure incidents.

Following the report of an occupational exposure incident the faculty member or student shall complete an accident/incident report. The employee will be offered a confidential medical evaluation and follow up which will include the following information:

1. Documentation of the route(s) of exposure, HBV and HIV antibody status of the patient(s) (if known), and the circumstances under which the exposure occurred. This information should also be posted to the Master Sharps Injury Log maintained by the OFTC Infection Control Coordinator (Appendix ?).
2. If it is feasible and the source patient can be determined and permission is obtained, collection and testing of the patient's blood to determine the presence of HIV and/or HBV infections shall be conducted.
3. If the source patient refuses consent, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, his/her blood, if available, shall be tested and the results documented. If the source patient is already known to be HIV or HBV positive then testing need not be repeated.
4. Results of the source individual's testing shall be made available to the faculty member or student, and the faculty member or student shall be informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
5. The exposed faculty member or student's blood shall be collected as soon as feasible and tested after consent is obtained from the exposed person.
6. If the faculty member or student consents to baseline blood collections, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least ninety days. If within the ninety days of the exposure incident, the faculty member or student elects to have the baseline sample tested, such testing shall be done as soon as feasible.
7. Oconee Fall Line Technical College shall ensure that the healthcare professional responsible for the faculty member or student's Hepatitis B vaccination is provided a copy of the regulation for "Occupational Exposure to Bloodborne Pathogens".
8. Oconee Fall Line Technical College shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:
 - a. A copy of the regulation for "Occupational Exposure to Bloodborne Pathogens".
 - b. A description of the faculty member or student's duties as they relate to the exposure incident.
 - c. Documentation of the route(s) of exposure and circumstances under which the exposure occurred.
 - d. Results of the source individual's blood testing, *if available*.
 - e. All medical records relevant to the appropriate treatment of the employee including vaccination status, which are the responsibility of Oconee Fall Line Technical College to maintain.

Oconee Fall Line Technical College shall obtain and provide the employee with a copy of the consulting healthcare professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional's written opinion for Hepatitis B vaccination shall be limited

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to whether the vaccination is indicated and if the faculty member or student received such vaccination.

The healthcare professional's written opinion for post-exposure evaluation and follow up shall be limited to the following information:

- a. That the faculty member or student has been informed of the results of the evaluation.
- b. That the faculty member or student has been told about any medical conditions resulting from exposure to blood or other infectious materials which require further evaluation or treatment.

All other findings shall remain confidential and shall not be included in the written report.

The Infection Control Coordinator establishes and maintains a Sharps Injury Log to document exposure incidents as required under paragraph (2) of subsection C of the Georgia Code. The information to be recorded for each exposure incident is specified in paragraph (3) of subsection C of the Georgia Code.

Medical records required by the standard governing occupational exposure shall be maintained as outlined in *29 CFR 1910* Blood Borne Pathogens Standard.

Student medical records shall be retained for a period of one year after graduation, completion, termination or leaving OFTC. Faculty medical records shall be kept by the Human Resources Department and retained for a period of 30 years plus the length of employment.

**REPORTING AND POST-EXPOSURE FOLLOW UP FOR AIRBORNE
PATHOGENS/TUBERCULOSIS**

A. Purpose

This document outlines post exposure reporting and follow up process for a tuberculosis exposure incurred by either a faculty member or student in a covered occupational area. This process is based upon the CDC "*Guidelines for Preventing the Transmission of Tuberculosis in Health Care Settings...*" 1994. In addition, the requirements for HEPA respirators/PPE and training and education are also addressed.

B. Definitions

1. Exposure Potential

Exposure potential is defined as an exposure to the exhaled or expired air of a person with suspected or confirmed tuberculosis; exposure to a high-hazard procedure; or an individual with suspected or confirmed tuberculosis and with the potential to generate potentially infectious airborne respiratory secretions, i.e., aerosolized medication treatment, bronchoscopy, sputum induction, endotracheal intubation, suctioning procedures and autopsies.

2. Workplaces with Inherent Exposure Potential to Airborne Pathogens/ Tuberculosis

- a. Healthcare facilities
- b. Corrections facilities
- c. Homeless shelters
- d. Long term health facilities
- e. Drug treatment centers
- f. Ambulances / EMS vehicles

C. Population at Risk for Occupational Exposure

... "all persons with direct or indirect patient care or client responsibilities. Examples include, but are not limited to: physicians, nurses, assistants, technicians, laboratory workers, morgue workers, EMS personnel, corrections personnel, students, [instructors]"...CDC, 1990.

OFTC faculty members and students in occupational programs or courses who have exposure potential should be included in **Category I (high risk)** for the occupational exposure to tuberculosis.

D. Procedures - Testing/Surveillance for Faculty and Students with Exposure Potential

1. Each faculty member or student must have a tuberculin skin test at the time of employment or prior to assignment to clinical or workplace respectively, unless a previously positive reaction can be documented or after completion of appropriate preventative therapy or adequate therapy can be documented.

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2. Any faculty member or student with a history of Bacillus of Calmette and Guerin (BCG) vaccination should also have the tuberculin skin test as in #1.
3. Any faculty member or student who exhibits a first time positive reaction to the skin test must be cleared by a physician prior to further contact with students or patients/clients. Clearance must be documented in writing and submitted to Human Resources for faculty members. Human Resources will notify the Infection Control Coordinator and department chairperson of all results. Student clearance must be documented and submitted to the program chairperson for students' files. Personnel with documented, active tuberculosis should be also offered HIV antibody testing.
4. Any faculty member or student with a **documented** history of a positive skin test (PPD) or adequate treatment of latent infection or active diseases are to be exempt from further testing unless signs and symptoms of tuberculosis develop.
5. Initial and follow up tuberculin skin tests should be administered and interpreted in accordance with current CDC guidelines.
6. Periodic retesting of PPD-negative faculty members and students should be conducted to identify persons whose skin tests convert to a positive status. The frequency of retesting is risk-dependent. The schedule for persons performing high-risk procedures is every six months (usually in the July and January time period). In general, other covered faculty and students should be tested annually in July.
7. Tuberculin skin tests (initial and periodic) shall be offered to covered faculty at no cost to the employee. Students are responsible for the cost of their skin tests.

F. Procedures - Post Exposure Follow up

1. Immediately upon identification of an accidental exposure involving a covered faculty member or student, the clinical instructor or instructor's supervisor shall be notified as well as the OFTC Infection Control Coordinator and the authorized contact person at the clinical or work site. The Infection Control Coordinator will notify OFTC Human Resources.
2. The exposure incident shall be documented in writing with copies to the authorized person at the clinical or work site, the instructor and the OFTC Infection Control Coordinator (ICC). (Incident Form to be provided.) The Infection Control Coordinator will notify OFTC Human Resources. Initial documentation is to be prepared the day of the incident and must be filed with the ICC within 24 hours of the incident.
3. The exposed faculty member or student is to be counseled immediately after the exposure 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 post-incident. The technical college is responsible for the cost of a post-incident follow up for both covered faculty and students as specified in State Board Policy # H.D.3.b Occupational Exposure to Air Borne Pathogens/Tuberculosis. The Infection Control Coordinator will provide counseling to an exposed faculty member. The clinical instructor/program instructor will provide counseling to an exposed student.

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4. Any faculty member or student with exposure potential with a positive skin test upon repeat testing, or after 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.
5. Any faculty member or student with exposure potential with a positive skin test, upon repeat testing or exhibiting signs and symptoms of tuberculosis, shall not have patient or client contact until such time as he or she is cleared by a physician after further testing and/or by initiation of appropriate therapy.
6. All faculty members and students who have contact with a faculty member or student found to have active tuberculosis shall be advised to have a PPD skin test to be cleared for further participation in the class or course. Any person exposed, as above, with a documented history of positive PPD skin tests may be recommended for a diagnostic chest X-ray.
7. Appropriate treatment protocols shall be followed per CDC Guidelines and a timetable for repeat testing shall be established.

F. Personal Protective Equipment (PPE) - HEPA or other Approved N-95 Respirators

1. Personal protective equipment (PPE) shall be utilized as follows for known or highly suspicious patient or client cases:
 - a. High efficiency particulate air (HEPA) respirators or N.I.O.S.H.- approved N-95 respirators shall be used by faculty and students when entering a patient or clients' hospital room when the patient is known or highly suspected of having active tuberculosis.
 - b. HEPA (filter) respirator fit testing for each faculty member or student must be conducted to insure a reliable fit and face-seal prior to use of the equipment. This is required only if the HEPA respirator is to be used in lieu of other types of respirators.
 - c. The user should fit-check the respirator seal each time he or she uses the respirator, prior to entering a patient's or client's room.
 - d. Disposable or reusable HEPA or other N.I.O.S.H. approved respirators may be used. Reusable respirators must be stored to maintain the form-fit after cleaning after patient contact.
2. Any faculty member or student with a respiratory disease or other disorder which would cause respiratory impairment: decreased pulmonary function may be required to be certified as capable of using an approved respirator by a physician. This certification is to be in writing and submitted to the program chairperson for students and to Human Resources for faculty. Human Resources will notify the Infection Control Coordinator and department chairperson.
3. Any faculty member or student with a certified respiratory impairment that would prevent the use of a HEPA or other respirator should not be assigned to a known tuberculosis case or to a highly suspicious patient/client. An alternative assignment is to be made.
4. Personal protective equipment is to be provided by OFTC for demonstration and practice lab activities. The clinical or work site may provide PPE for faculty members and students during

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rotations. If the PPE is not provided for actual patient/client contact, it is the responsibility of OFTC to provide it to faculty members at no cost and to students at their cost.

G. Required Education and Training for Covered Faculty Members and Students

Faculty/Staff Training

Training is conducted annually (usually during May/June time period). This training is provided on-line with ample references to procedures, videos, etc. Additionally, an assessment must be taken by each employee following the training. A score of 100% must be attained in order to successfully complete the course.

Part-time employees classified in Categories I and II are required to successfully complete the course also annually. Likewise, May/June are the established periods for the annual training.

All new full-time and part-time employees in Categories I and II are trained by the Infection Control Coordinator and provided a copy of the OFTC Exposure Plan within ten days of employment.

Student Training

Training is provided to students in Categories I and II by their respective faculty prior to performing student-student or student-patient/client procedures as outlined in the course syllabus.

1. Each faculty member or student shall receive education and training about tuberculosis as part of the blood and airborne pathogens education and training module. Faculty members shall receive annual refresher training thereafter. The OFTC Infection Control Coordinator shall be responsible for monitoring and evaluating the effectiveness of this education and training process.
2. Training shall be documented as specified in the OFTC Exposure Control Plan.
3. **The following shall be included in the annual training module:**
 - a. Mode(s) of Transmission
 - b. Pathogenesis
 - c. Diagnosis and Assessment of Tuberculosis
 - d. Latent Infection Stage Compared to the Active Disease State
 - e. Signs and Symptoms of Tuberculosis
 - f. The Possibility of Re-infection in Persons with a Positive PPD
 - g. The Potential for Occupational Exposure and Transmission of Tuberculosis
 - h. Principles/Practices Which Reduce Risk of Exposure/Transmission
 - i. Review of Written Policies and Procedures.
 - j. The Purpose of PPD Testing and Significance of A Positive Result
 - k. Principles of Preventive Therapy in Latent Infection
 - l. Process and Steps in the Medical Evaluation of a PPD Test Conversion or Following Signs and Symptoms of Tuberculosis
 - m. Principles of Drug Therapy for Active Tuberculosis
 - n. The Risk of TB in HIV or AIDS Patients or Other Immunosuppressive Disease
 - o. Confidentiality Secondary to Assessment and Treatment of Tuberculosis
 - p. OFTC's Policy on Voluntary Duty Reassignment Options for Immunocompromised Faculty Members and Students with Exposure Potential.

APPENDIX F

SAMPLE/MODEL FORMS

- 1. 29 CFR training Program Summary Form**
- 2. Employee/Student Compliance Log Form**
- 3. Personal Protective Equipment/Task Log Form**
- 4. Decontamination Log Form**
- 5. Major Points of Work Practice/Engineering Controls**
- 6. Disinfectant Information Sheet**
- 7. Accidental Exposure Documentation Form**
- 8. Hepatitis B Vaccination Consent Form**
- 9. Employee Hepatitis B Vaccine Declination Form**
- 10. Student Hepatitis B Vaccine Declination Form**
- 11. Housekeeping log for BBP spill cleanup**
- 12. Needle stick log**

OFTC EXPOSURE CONTROL EVALUATION COMMITTEE

INFECTION CONTROL COORDINATOR	Leslie Thigpen
NORTH CAMPUS COORDINATOR	Michelle Weatherford
SOUTH CAMPUS COORDINATOR	Tammy Bayto
ALLIED HEALTH LPN	Deb Thomsen
ALLIED HEALTH RAD TECH	Stephanie Morris
ALLIED HEALTH RESPIRATORY	Natalie Smith
CTC MANAGER	Beverly Trevisol
EARLY CHILDHOOD EDUCATION	Angela Raines
EARLY CHILDHOOD PRE-K CENTER	Jennifer Giles
COSMETOLOGY	Lisa Jones
DIRECTOR OF SAFETY/SECURITY	Rick Swanson
FACILITIES DIRECTOR SOUTH CAMPUS	Ragan Green

APPENDIX

Faculty/Staff Hepatitis B Vaccine Declination Statement
Oconee Fall Line Technical College

Name: _____ Program: _____

SS#: _____

I understand that due to my occupational training exposure to blood or other potentially infectious body 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** cost to me. However, **I decline hepatitis B vaccination at this time.** I understand that by declining this vaccine, I continue to be a risk of acquiring hepatitis B, a serious disease.

If in the future I continue to have occupational training exposure to blood or other potentially infectious body materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at **no** cost to me by contacting the OFTC Human Resources office.

Signature

Date

Signature, OFTC Human Resources Specialist

Date

APPENDIX

**Student Hepatitis B Vaccine Declination Statement
Oconee Fall Line Technical College**

Name: _____ Program: _____
SS#: _____

I understand that due to my occupational training exposure to blood or other potentially infectious body 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 a cost** to me. However, **I decline hepatitis B vaccination at this time**. I understand that by declining this vaccine, I continue to be a risk of acquiring hepatitis B, a serious disease.

If in the future I continue to have occupational training exposure to blood or other potentially infectious body materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series **at a cost** to me by contacting the OFTC Human Resources office.

Signature _____ Date _____

Signature, OFTC Human Resources Specialist _____ Date _____

OFTC EXPOSURE CONTROL PLAN 2011-2012

Appendix

Ocoee Fall Line Technical College

Exposure Control Plan for Blood and Airborne Pathogens Training Documentation Form

Name: _____ Program: _____
Purpose of Training: Initial Training Annual Refresher
Classification of Trainee: Faculty Student Other
Date(s) of Training: _____

Training Summary

The participant listed on this form has received instruction on the following topics:

1. OSHA Standard CFR 1910
2. Epidemiology, signs and symptoms of bloodborne diseases
4. Modes of transmission
5. Technical college exposure control plan for blood and air-borne pathogens
6. Identifying tasks that may involve exposure to blood or OPIM
7. Workplace practices and equipment used to prevent/minimize potential exposure
8. Personal Protective Equipment: types, selection of appropriate type, proper use, location, storage, removal, handling, decontamination and disposal
9. Hepatitis B vaccination
10. Emergency first aid and contact person for exposure
11. Procedures to be followed after an exposure
12. Post-exposure evaluation and follow up
13. Labels and sign requirements
14. Mode of transmission, pathogenesis, signs and symptoms of TB
15. Diagnosis and assessment of TB
16. Potential for occupational exposure to TB, practices to prevent exposure potential
17. PPD testing, test results, and positive TB status (treatment, active disease vs. Latent infection, reinfection, BCG vaccination and false positive status)
18. Drug therapy for latent infection status
19. Preventive therapy for latent infection status
20. Risk of TB in HIV seropositive or AIDS patients, other immunosuppressive diseases/conditions
21. Medical evaluation post-exposure and PPD conversion
22. Confidentiality secondary to assessment and treatment of faculty or students that develop TB disease, HIV seropositive status or AIDS
23. Voluntary duty reassignment options

Signature of Instructor

Date

Student Signature

Date

Revised 7/11