

2017-2018 EXPOSURE CONTROL PLAN

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OGEECHEE
TECHNICAL COLLEGE
Education with Purpose

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**Exposure Control Plan
for
Occupational Exposure to
Bloodborne Pathogens
and
Airborne Pathogens/Tuberculosis
Ogeechee Technical College
2017-2018**

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Ogeechee Technical College
Exposure Control Plan
for
Occupational Exposure to
Bloodborne Pathogens and Airborne Pathogens/Tuberculosis
2017-2018

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. Felicia Barefoot 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:

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- 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. Ogeechee 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. (See Appendices A, B, & C)
- D. Ogeechee Technical College engages in the following contractual agreements regarding exposure control: No contractual agreements are in place at this time.
- E. Ogeechee Technical College engages in the following training, drills and exercises regarding exposure control. Exposure control drills are performed as a portion of the emergency drills performed on campus. Exposure control training is performed upon initial hiring of employees and annually thereafter. The protocol for the retention of training records is for the documentation of annual training regarding the *Exposure Control Plan* shall be placed in each covered faculty employee personnel file with an additional copy in the technical college master training file. Documentation of student training shall be maintained in the student's academic file maintained by the individual program director/instructor.
- F. The protocol for the annual review of the Ogeechee Technical College ECP is for the *Exposure Control Plan* to 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 the technical college to pose a potential exposure risk. The protocol for the retention of the ECP is for the ECP to be available online at www.ogeecheetech.edu/faculty-staff/campus-safety-a-security as well as in every classroom, laboratory and work area.

II. EXPOSURE DETERMINATION

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

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

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

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

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

III. IMPLEMENTATION OF METHODS OF EXPOSURE CONTROL

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

B. Exposure Control Plan:

1. All covered employees and covered students will receive an explanation of this ECP during their initial training or academic experience, as well as a review on an annual basis. All covered employees and covered students can review this ECP at any time while performing these tasks or activities by contacting the Exposure Control Coordinator. 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 individual program directors/instructors.

Types of PPE that are provided include the following:

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 available.
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, to be worn outside the work-site, 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 ventilatory 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.

- 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 labeled biohazard containers.
 4. Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
 5. Utility gloves may be decontaminated for reuse if their integrity is not compromised. Utility gloves should be discarded if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
 6. Never wash or decontaminate disposable gloves for reuse.
 7. Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
 8. Remove immediately, or as soon as feasible, any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.
- C. The protocol for handling used PPE is as follows: All used PPE that are contaminated with blood or O.P.I.M. shall be marked with the international bio-hazard symbol and possess covers to limit access and prevent secondary contamination. Waste shall be segregated, handled and stored in accordance with the requirements of the Blood Borne Pathogens Standard.

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. Individual program directors and supervisors are responsible for training/record keeping for decontamination of their assigned areas.
- 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:
 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 technical college 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 leak proof 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 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 or institution 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 biohazard symbol and possess covers to limit access and prevent secondary contamination. Waste shall be segregated, handled and stored in accordance with the requirements of the Blood Borne 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 identify them 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.

- B. Protocol and documentation of the inspection, maintenance and replacement of sharps disposal containers is the responsibility of the individual program directors/instructors.
- C. The processes for assessing the need for revising engineering and administrative controls, procedures, or products, and the individuals/groups involved are reviewed by the individual program advisory committees meetings and the safety committee.

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 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 leak proof 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. The protocol for handling other regulated waste is: 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 possess covers to limit access and prevent secondary contamination. Waste shall be segregated, handled and stored in accordance with the requirements of the Blood Borne Pathogens Standard.
- C. 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 through individual program directors/instructors.
- D. Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.
- E. 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. **Linen and laundry items** soiled with blood or other O.P.I.M. shall be placed in bags that are labeled and identify them 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. Contaminated laundry items are not laundered on campus. These contaminated items are placed in red biohazard bags then discarded in containers marked with the international bio-hazard symbol.
- B. The following laundering requirements must be met (document procedures):
 - 1. Handle contaminated laundry as little as possible, with minimal agitation.
 - 2. Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Bags marked with the international biohazard symbol are used for this purpose.
 - 3. Wear the following PPE when handling and/or sorting contaminated laundry:
Contaminated laundry items shall be handled with gloves.

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: All waste contaminated by blood or O.P.I.M. is placed in approved containers labeled with the international biohazard symbol then boxed, sealed and appropriate label provided through contractual agreement is affixed to the container.
- B. Individual program directors/instructors are responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into or out of the facility. Covered employees and covered students are to notify the individual program director/instructor if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

X.VACCINATION FOR HEPATITIS B

- A. The Exposure Control Coordinator will ensure training is provided to covered employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. Individual program directors 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. Vaccinations:

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 offered the vaccination series at cost.

Students 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).

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. 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.")

XI. POST-EXPOSURE FOLLOW-UP

- A.** Should an exposure incident occur, contact the clinical instructor or the faculty member's supervisor at the telephone number provided in Appendix B.
- 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. The Exposure Control Coordinator 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. The Exposure Control Coordinator 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 2017-2018 HCPP the following incidents surrounding exposure occurred. *No reported incidents at the time of review.*

XIII. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

- A. The Exposure Control Coordinator will review the circumstances of all exposure incidents to determine:
1. engineering controls in use at the time
 2. administrative practices followed
 3. a description of the device being used (including type and brand)
 4. protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
 5. location of the incident (O.R., E.R., patient room, etc.)
 6. procedure being performed when the incident occurred
 7. training records of covered employee or student
- B. The Exposure Control Coordinator will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log (see Appendix D).
- C. If revisions to this ECP are necessary the Exposure Control Coordinator will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding individuals/occupational areas to the exposure determination list, etc.).
- D. The following protocol is followed for evaluating the circumstances surrounding an exposure incident:

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

If the faculty member or student has a percutaneous (needle stick, 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 be reported as an exposure incident to the faculty member and/or the technical college Infection Control Coordinator.

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.
2. If it is feasible, and the source patient can be identified, 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, their 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 patient'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. The 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 Blood Borne Pathogens".
 8. The 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 Blood borne 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 individuals blood testing, *if available*.
 - e. All medical records relevant to the appropriate treatment of the employee including vaccination status, which are the Technical College's responsibility to maintain.

The 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 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 shall establish and maintain 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 the technical college. Faculty medical records shall be retained for a period of 30 years plus the length of employment.

Post Exposure Follow up (Airborne Exposure)

1. Immediately upon identification of an accidental exposure involving a faculty member or student, the clinical instructor or instructor's supervisor shall be notified as well as the technical college Infection Control Coordinator and the authorized contact person at the clinical or work site.
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 technical college Infection Control Coordinator (ICC). (Incident Form to be provided.) 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 # II.D.3.b Occupational Exposure to Air Borne Pathogens/Tuberculosis
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.

XIV. COMMUNICATION OF HAZARDS AND TRAINING

A. All covered employees and covered students who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

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

B. Training materials are available from the Exposure Control Coordinator.

XV. RECORDKEEPING

A. Training Records

1. Training records are completed for each covered employee and covered student upon completion of training. These documents will be kept for at least three years in the student's master academic file maintained by the individual program director/instructor.
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 Human Resources Office.

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. Human Resources is responsible for maintenance of the required medical records. These confidential records are kept in Human Resources Office 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 Office.

C. Recordkeeping

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

D. Sharps Injury Log

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

- E. The Sharps Injury Log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers redacted from the report. The following protocol is followed for evaluating the circumstances surrounding sharp injuries:

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.
2. If it is feasible, and the source patient can be identified, 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, their 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 patient'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. The 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 Blood Borne Pathogens".
 8. The 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 Blood borne 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 individuals blood testing, *if available.*
 - e. All medical records relevant to the appropriate treatment of the employee including vaccination status, which are the Technical College's responsibility to maintain.

The 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 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.

Appendix A

CATEGORY I TASK LISTING

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

Central Sterile Processing Technician

1. Cleaning/Disinfecting the OR room
2. Cleaning/Disinfecting Instruments/Equipment
3. Injuries due to sharps injury
4. Exposure to BBP contaminants from cleaning blood spills 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

Computed Tomography Specialist

1. Administering emergency care for patient having severe adverse reaction to contrast media, procedure, accident
2. Setting up procedure trays for special exam
3. Cleaning radiologic equipment and facilities
4. Administering contrast media orally
5. Administering contrast media rectally
6. Administering contrast media through urinary catheters
7. Administering contrast media IV
8. Conducting computerized tomography
9. Performing tomography
10. Providing assistance for vomiting patient
11. Administering IV injection
12. Exposure to BBP contaminants from cleaning blood spills 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.

Cosmetology Esthetician Hair Designer Shampoo Technician

1. Manicuring client/student
2. Pedicuring client/student
3. Accidentally cut client with scissors
4. Haircutting
5. Administering care for chemical burns from permanent solutions
6. Administering care for thermal burns from curling irons
7. Applying treatments to skin
8. Exposure to BBP contaminants from cleaning blood spills 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.

Dental Assisting

1. Suctioning oropharynx
2. Performing CPR – (adult, child, infant)
3. Autoclaving/sterilizing/disinfecting instruments
4. Handling and disposing of sharps/disposable needles
5. Assisting dentist or hygienist with all intraoral procedures
6. Exposing and developing intraoral radiographs
7. Taking alginate impressions
8. Applying pit and fissure sealants
9. Removing topical fluoride
10. Placing and removing of periodontal dressings
11. Applying topical fluoride
12. Sterilizing and disinfecting treatment rooms
13. Rebonding and removing ortho brackets
14. Removing dry socket medication
15. Removing excess cement
16. Removing and cementing temporary crowns and bridges
17. Applying topical anesthetic
18. Placing and removing rubber dams
19. Exposure to BBP contaminants from cleaning blood spills 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.

Diagnostic Medical Sonography

1. Administering emergency care for patient having severe adverse reaction to contrast media, procedure, accident
2. Setting up procedure trays for special exam
3. Cleaning radiologic equipment and facilities
4. Conducting vaginal examination
5. Administering IV injection
6. Exposure to BBP contaminants from cleaning blood spills 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.

Early Childhood Care and Education

Child Development Specialist

Early Childhood Exceptionalities

Early Childhood Care and Education Basics

Early Childhood Program Administration

1. Changing diapers
2. Cleaning mucous secretions – nasal
3. Administering First Aid
4. Cleaning cuts, scrapes, abrasions
5. Applying pressure to nosebleeds
6. Taking oral temperatures

7. Assisting a vomiting child
8. Assisting in giving medications (oral and topical)
9. Administering CPR
10. Exposure to BBP contaminants from cleaning blood spills 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.

Echocardiography

1. Administering emergency care for patient having severe adverse reaction to contrast media, procedure, accident
2. Setting up procedure trays for special exam
3. Cleaning radiologic equipment and facilities
4. Conducting vaginal examination
5. Administering IV injection
6. Exposure to BBP contaminants from cleaning blood spills 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.

Funeral Service Education Certified Crematory Operator Certified Funeral Celebrant

Funeral Planning and Insurance Counselor

1. Exposure to all body fluids (blood, saliva, feces, sputum, bile, gastric contents, etc.) from deceased individuals (topical and from within the body,) and gases as may be emitted by the body, while performing embalming operation.
2. Exposure to embalming chemical while performing embalming operations (contact and airborne)
3. Removal of, and replacing of, any dressings, bandages, etc. that may be required
4. Removal of, disposition of, soiled clothing from deceased
5. Dressing of deceased as necessary
6. Disposal of contaminated clothing, dressings, bandages, cotton, packing, etc.
7. Maintenance of soiled laundry as necessary
8. Removal and replacement of dentures as necessary
9. Removal of catheters, colostomy bags, pace makers, traumatic glass impactions, casts, etc., as necessary
10. Removal of body, and transport to College, and removal to final disposition site as necessary
11. Exposure to BBP contaminants from cleaning blood spills 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.

Health Care Assistant

(Skills may differ depending on program track selected)

1. Applying bandages and binders
2. Assisting in managing decubitus ulcers

3. Providing postmortem care
4. Collecting specimens
5. Administering basic First Aid
6. Performing CPR and the Heimlich maneuver
7. Administering enemas
8. Interacting with patients in isolation
9. Giving AM care (bed bath, shower, and oral care)
10. Providing perineal care
11. Providing eye, hair, and nail care
12. Shaving the client
13. Assisting with bowel and bladder elimination
14. Observing/assisting during set up sterile procedure trays for special exam
15. Cleaning radiologic equipment and facilities
16. Assisting during oral contrast procedures
17. Assisting during rectal contrast procedures
18. Observing during radiography using portable x-ray
19. Observing during computerized tomography
20. Observing during tomography
21. Observing/assisting during contrast radiographic exams
22. Observing/assisting with fluorography study
23. Observing during arthrogram
24. Providing assistance for vomiting patient
25. Exposure to BBP contaminants from cleaning blood spills 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.

Health Care Science

1. Observing/assisting during set up sterile procedure trays for special exam
2. Cleaning radiologic equipment and facilities
3. Assisting during oral contrast procedures
4. Assisting during rectal contrast procedures
5. Observing during radiography using portable x-ray
6. Observing during computerized tomography
7. Observing during tomography
8. Observing/assisting during contrast radiographic exams
9. Observing/assisting with fluorography study
10. Observing during arthrogram
11. Providing assistance for vomiting patient
Exposure to BBP contaminants from cleaning blood spills 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

Medical Assisting

1. Performing lab tests
2. Collecting urinalysis and cultures
3. Measuring hematocrit

4. Performing capillary sticks
5. Performing accucheck
6. Preparing wright staining
7. Performing phlebotomy
8. Assisting with minor surgery
9. Obtaining specimens; stool, urine, throat, vaginal, etc.
10. Autoclaving/sterilizing/disinfecting
11. Administering medication
12. Irrigating: eye, ear, wound, and nasal
13. Applying and removing dressings
14. Exposure to BBP contaminants from cleaning blood spills 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.

Nurse Aide

1. Applying bandages and binders
2. Assisting in managing decubitus ulcers
3. Providing postmortem care
4. Collecting specimens
5. Administering basic First Aid
6. Performing CPR and the Heimlich maneuver
7. Administering enemas
8. Interacting with patients in isolation
9. Giving AM care (bed bath, shower, and oral care)
10. Providing perineal care
11. Providing eye, hair, and nail care
12. Shaving the client
13. Assisting with bowel and bladder elimination
14. Providing assistance for a vomiting patient
15. Exposure to BBP contaminants from cleaning blood spills 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

Advanced Emergency Medical Technician (AEMT)

Emergency Medical Responder

Emergency Medical Technician

EMS Professions

Paramedicine

1. Performing capillary sticks
2. Performing phlebotomy
3. Administering medication (SC, IV, oral)
4. Irrigating (eye, ear, wound, and nasal)
5. Changing dressings
6. Providing postmortem care
7. Suctioning oropharynx

8. Taking vital signs
9. Managing open fractures
10. Managing and discontinuing IV Infusions
11. Performing CPR (infant, child, adult)
12. Positioning bedpan/urinals for patients
13. Assisting a vomiting patient
14. Administering artificial ventilation
15. Interacting with patient in isolation
16. Collecting urine/stool specimens
17. Performing tracheal care
18. Cleaning and irrigating wounds
19. Performing intubation (oral, nasal, digital)
20. Assisting in the delivery of a newborn
21. Exposure to BBP contaminants from cleaning blood spills 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.

Practical Nursing

1. Removing sutures and staples
2. Managing decubitus ulcer
3. Providing postmortem care
4. Collecting cultures: pharynx nasal, sputum, gastric, feces, urine, wound
5. Performing accuchecks
6. Collecting and testing urine and stool specimens
7. Suctioning oropharynx, nasotracheal, endotracheal
8. Performing tracheostomy care
9. Preparing and administering: oral, topical, parenteral and IV medicines
10. Administering eye drops, and ointments
11. Administering ear drops
12. Instilling medication into the vagina and rectum
13. Applying and removing dressings
14. Cleaning the wound and irrigation of a wound
15. Preparing for and assisting with tissue and fluid biopsies
16. Assisting with centesis
17. Assisting with direct visualization procedures
18. Interacting with patient in isolation
19. Giving AM care (bed bath, shower, and oral care)
20. Providing perineal care
21. Providing eye care
22. Shaving the client
23. Providing nail care
24. Inserting straight and indwelling catheters
25. Administering enemas
26. Digitally removing feces
27. Managing an enterostomy and urostomy

28. Assisting with insertion of chest tubes and monitoring
29. Performing CPR (infant, child, adult)
30. Taking vital signs
31. Applying and managing splints or casts
32. Providing care for patient in traction
33. Measuring intake and output
34. Inserting nasogastric tubes
35. Managing and discontinuing an IV infusion
36. Exposure to BBP contaminants from cleaning blood spills 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.

Radiologic Technology

1. Performing intravenous pyelogram
2. Conducting voiding cystogram
3. Conducting intravenous cholangiogram
4. Administering emergency care for patient having severe adverse reaction to contrast media, procedure, accident
5. Setting up procedure trays for special exam
6. Cleaning radiologic equipment and facilities
7. Administering contrast media orally
8. Administering contrast media rectally
9. Administering contrast media through urinary catheters
10. Administering contrast media IV
11. Performing radiography using stat x-ray
12. Performing radiography using portable x-ray
13. Conducting computerized tomography
14. Performing tomography
15. Conducting OR radiography
16. Conducting/assisting contrast radiograph
17. Assisting with fluorography study
18. Performing venography
19. Performing fistula sinus tract x-ray
20. Performing myelogram
21. Assisting with arthrogram test
22. Assisting with trans-hepatic cholangiogram
23. Assisting with hysterosalpingography
24. Assisting with bronchogram
25. Providing assistance for vomiting patient
26. Administering IV injection
27. Exposure to BBP contaminants from cleaning blood spills 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.

Surgical Technology

1. Applying/removing dressings
2. Taking vital signs
3. Managing and discontinuing IV infusions
4. Performing CPR (infant, child, adult)
5. Positioning bedpans and urinal for patients
6. Maintaining and/or emptying foley catheters and/or other drainage systems
7. Assisting a vomiting patient
8. Collecting specimens—stool, urine, throat, vaginal, etc.
9. Cleaning and irrigation wounds
10. Assisting in delivery of newborn
11. Preparing for and assisting with tissue and fluid biopsies
12. Applying bandages/binders
13. Interacting with patients in isolation
14. Prepping/shaving a patient
15. Assisting with direct visualization surgery
16. Inserting straight/indwelling urinary catheters
17. Assisting with insertion of chest tubes
18. Applying and managing splints and casts
19. Maintaining sharps, instruments, needles, scalpels, etc.
20. Endoscopy
21. Exposure to BBP contaminants from cleaning blood spills 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

Veterinary Technology

Veterinary Technician Assistant

Veterinary Technology Sonographer

1. Exposure from injuries caused by: bites, scratches, kicks, scalpel cuts, surgical electrocautery unit, needle sticks, and broken cover slips/slides
2. Exposure from burns caused by steam from autoclave and surgical electrocautery unit
3. Treatment of eye irrigation due to splashes with cleaning chemicals and formalin
4. Occupational exposure to transmittable animal borne diseases.
5. Exposure to BBP contaminants from cleaning blood spills 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

Category I Faculty POSITIONS INVOLVED:

Advanced Emergency Medical Technician (AEMT) Instructors
Central Sterile Processing Technician Instructors
Child Development Specialist Instructors
Computed Tomography Specialist Instructors
Cosmetology Instructors

Dental Assisting Instructors
Diagnostic Medical Sonography Instructors
Early Childhood Care and Education Instructors
Early Childhood Program Administration Instructors
Early Childhood Exceptionalities Instructors
Echocardiography Instructors
EMS Professions Instructors
Emergency Medical Technology Instructors
Esthetician Instructor
Funeral Service Education Instructors
Health Care Assistant Instructors
Health Care Science Instructors
Medical Assisting Instructors
Nurse Aide Instructors
Practical Nursing Instructors
Radiologic Technology Instructors
Shampoo Technician Instructors

CATEGORY II TASK LISTING

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

Air Conditioning Technology Air Conditioning Electrical Technician Air Conditioning Repair Specialist

1. Exposure from injuries caused by hand tools and power tools
2. Exposure from burns caused by welding metal with a Oxy-Acetylene torch
3. Exposure from burns caused by contact with live electrical circuit
4. Treatment of eye irrigation due to foreign object in eye
5. Exposure to BBP contaminants from cleaning blood spills 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.

Automotive Technology Automotive Chassis Technician Specialist Automotive Climate Control Technician Automotive Engine Performance Technician Automotive Engine Repair Technician Heavy Diesel Service Technician

1. Administering First Aid
2. Exposure from injuries caused by hand tools and power tools
3. Exposure from burns caused by contact with hot engine or other truck parts
4. Treatment of eye injury due to foreign object in eye

5. Exposure to BBP contaminants from cleaning blood spills 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

Construction Management
Certified Construction Worker
Advanced Carpentry
Carpentry Fundamentals
Carpentry Technology
Construction Manager

1. administering First Aid
2. Exposure from injuries caused by hand tools and power tools
3. Treatment of eye injury due to foreign object in eye
4. Exposure to BBP contaminants from cleaning blood spills 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.

Criminal Justice Technology
Criminal Justice Specialist
Crime Scene Fundamentals
Crime Scene Investigation
Criminal Justice Fundamentals
Introduction to Criminal Justice
Selected Topics in Criminal Justice
Basic Law Enforcement

1. Administering basic First Aid
2. Performing CPR
3. Exposure to BBP contaminants from cleaning blood spills 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.

Culinary Arts
Baking and Pastry Specialist
Catering Specialist
Culinary Nutrition Assistant
Food Production Worker I
Prep Cook

1. Exposure from injuries caused by glassware/plates, knives, can opener, robocop/equipment blades, electric slicer, Mandoline (stainless steel slicer), oyster and clam knives, thermometer stems, meat grinder, immersion blender, and heavy equipment.
2. Exposure from burns caused by steamer, steam table, ovens, grills, deep fryers, stove, salamander, tilt skillet, steam kettle, and heavy equipment.
3. Treatment of eye irritation due to splashes with cleaning chemicals, hot liquids, and airborne food particles
4. Exposure to BBP contaminants from cleaning blood spills 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.

Dental Assisting

1. Monitoring patients under nitrous oxide
2. Fabricating extraorally temporary crowns and bridges
3. Packaging, transferring and receiving laboratory cases
4. Exposing extraoral radiographs
5. Performing vital signs
6. Taking a medical/health history
7. Assisting with exams
8. Providing post-operative instructions
9. Fabricating mouth guards, bleaching trays, and custom trays
10. Providing home care instructions
11. Exposure to BBP contaminants from cleaning blood spills 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.

Designated First Aid Personnel

1. Administering basic First Aid
2. Performing CPR
3. Exposure to BBP contaminants from cleaning blood spills 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.

Diagnostic Medical Sonography

1. Administering emergency care for patient having severe adverse reaction to contrast media, procedure, accident
2. Setting up procedure trays for special exam
3. Cleaning radiologic equipment and facilities
4. Conducting vaginal examination
5. Administering IV injection
6. Exposure to BBP contaminants from cleaning blood spills 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.

Director for Campus Safety and Security

1. Administering First Aid
2. Performing CPR
3. Exposure to BBP contaminants from cleaning blood spills 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.

Director for Plant Operations

1. Administering First Aid
2. Performing CPR
3. Exposure to BBP contaminants from cleaning blood spills 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.

Electrical Systems Technology
Basic Electrical Technician
Commercial Wiring
Programmable Control Technician I
Photovoltaic Systems Installation and Repair Technician
Industrial Electrical Technology

1. Exposure from injuries caused by hand tools and power tools
2. Exposure from burns caused by contact with live electrical circuit
3. Treatment of eye irrigation due to foreign object in eye

4. Exposure to BBP contaminants from cleaning blood spills 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.

Fire Fighter I
Fire Fighter II

1. Administering basic First Aid
2. Performing the Heimlich maneuver
3. Performing CPR
4. Exposure to BBP contaminants from cleaning blood spills 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

Fish and Wildlife Management

1. Exposure from injuries caused by conducting necropsies (animal autopsy) and bites from animals
2. Exposure from injuries caused by conducting game animal processing procedures
3. Exposure from injuries caused by using forestry tools such as a diameter tape, hypo hatchet, tree injector, and paint gun
4. Exposure from injuries caused by construction of deer stands, contact with woodland obstacles such as briars and tree limbs encountered on field trips.
5. Exposure from burns caused by conducting prescribed burning procedures and Q-beam lights
6. Treatment of eye irrigation due to the use of abrasive chemicals used in water sampling kit.
7. Exposure to BBP contaminants from cleaning blood spills 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.

Crime Scene Investigation Certificate

1. Administering basic First Aid
2. Performing the Heimlich maneuver

3. Performing CPR
4. Exposure to BBP contaminants from cleaning blood spills 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

Funeral Service Education

1. Exposure to all body fluids (blood, saliva, feces, sputum, bile, gastric contents, etc.) from deceased individuals (topical and from within the body,) and gases as may be emitted by the body, while performing embalming operation.
2. Exposure to embalming chemical while performing embalming operations—(contact and airborne)
3. Removal of, and replacing of, any dressings, bandages, etc. that may be required
4. Removal of, disposition of, soiled clothing from deceased
5. Dressing of deceased as necessary
6. Disposal of contaminated clothing, dressings, bandages, cotton, packing, etc.
7. Maintenance of soiled laundry as necessary
8. Removal, and replacement of, dentures as necessary
9. Removal of catheters, colostomy bags, pace makers, traumatic glass impactions, casts, etc., as necessary
10. Removal of body, and transport to college, and removal to final disposition site as necessary
11. Exposure to BBP contaminants from cleaning blood spills 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.

Geographic Information Systems Technology Geographic Information Systems Soil Mapping

1. Exposure to injuries caused by scraps, cuts and abrasions sustained from falls during field trips to forest locations.
2. Providing First Aid
3. Performing CPR
4. Exposure to BBP contaminants from cleaning blood spills 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.

Hotel, Restaurant, & Tourism Management Event Coordinator

Hospitality Operations Associate

1. Exposure from injuries caused by: cuts, scratches, and falls.
2. Exposure from burns caused by: kitchen equipment, coffee/tea maker, and candles
3. Treatment of eye irritation caused by: cleaning and dish chemicals, bug and bombs/spray
4. Exposure to BBP contaminants from cleaning blood spills 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

Maintenance Technicians

1. Administering First Aid
2. Performing CPR
3. Exposure to BBP contaminants from cleaning blood spills 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.

Medical Assisting

1. Measuring vital signs
2. Performing an EKG
3. Assisting with exams
4. Positioning and draping
5. Applying heat and cold therapy
6. Performing physical therapy
7. Performing respiratory therapy
8. Performing radiology
9. Collecting a throat culture
10. Using a microscope
11. Performing venipuncture
12. Exposure to BBP contaminants from cleaning blood spills 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

Medical Coding

Medical Office Support Specialist

1. Administering basic First Aid
2. Performing the Heimlich maneuver
3. Performing CPR
4. Exposure to BBP contaminants from cleaning blood spills 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

Nurse Aide

1. Performing vital signs
2. Assisting with exams
3. Applying heat and cold therapy
4. Transferring the patient from stretcher to bed to bed to stretcher
5. Bed making
6. Performing range of motion exercises
7. Measuring intake and output
8. Assisting with ADL's
9. Applying restraints
10. Performing back massage
11. Escorting patient (wheelchair, stretcher, and ambulation)
12. Exposure to BBP contaminants from cleaning blood spills 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

Opticianry

1. Exposure to injuries caused by hand tools
2. Exposure to contamination by inserting contact lenses
3. Exposure to injuries caused by broken lens and frames
4. Exposure to injuries caused by opticianry equipment
5. Exposure to BBP contaminants from cleaning blood spills 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.

Advanced Emergency Medical Technician (AEMT)

Emergency Medical Technology

Emergency Medical Responder

Emergency Medical Technician

EMS Professions

Paramedicine

1. Performing vital signs
2. Taking a patient history
3. Administering automatic external defibrillation
4. Administering medication
5. Applying heat and cold therapy
6. Transferring a patient
7. Providing fracture care
8. Performing the Heimlich maneuver
9. Administering oxygen
10. Applying restraints
11. Using techniques of the physical exam
12. Transferring/transporting a patient to an ambulance and a health care facility
13. Transferring/transporting an infectious patient
14. Cleaning/disinfecting an ambulance and equipment
15. Performing defibrillation and cardioversion
16. Exposure to BBP contaminants from cleaning blood spills 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.

Pharmacy Technology

1. Cleaning contaminated medical equipment
2. Providing First Aid
3. Performing CPR
4. Exposure to BBP contaminants from cleaning blood spills 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

Practical Nursing

1. Removing sutures and staples

2. Managing decubitus ulcer
3. Providing postmortem care
4. Collecting cultures: pharynx nasal, sputum, gastric, feces, urine, wound
5. Performing accuchecks
6. Collecting and testing urine and stool specimens
7. Suctioning oropharynx, nasotracheal, endotracheal
8. Performing tracheostomy care
9. Preparing and administering: oral, topical, parenteral and IV medicines
10. Administering eye drops, and ointments
11. Administering ear drops
12. Instilling medication into the vagina and rectum
13. Applying and removing dressings
14. Cleaning the wound and irrigation of a wound
15. Preparing for and assisting with tissue and fluid biopsies
16. Assisting with centesis
17. Assisting with direct visualization procedures
18. Interacting with patient in isolation
19. Giving am care (bed bath, shower, and oral care)
20. Providing perineal care
21. Providing eye care
22. Shaving the client
23. Providing nail care
24. Inserting straight and indwelling catheters
25. Administering enemas
26. Digitally removing feces
27. Managing an enterostomy and urostomy
28. Assisting with insertion of chest tubes and monitoring
29. Performing CPR (infant, child, adult)
30. Taking vital signs
31. Applying and managing splints or casts
32. Providing care for patient in traction
33. Measuring intake and output
34. Inserting nasogastric tubes
35. Managing and discontinuing an IV infusion
36. Exposure to BBP contaminants from cleaning blood spills 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

Plant Operations Personnel

1. Providing First Aid
2. Performing CPR
3. Exposure to BBP contaminants from cleaning blood spills 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

Radiologic Technology

1. Positioning for testing
 2. Positioning on a bedpan/urinal
 3. Administering CPR
 4. Administering artificial ventilation
 5. Escorting to and from waiting area, dressing room, exam room, or treatment room
 6. Transporting on a stretcher
 7. Turning patient on table
 8. Measuring vital signs
 9. Administering oxygen
 10. Transferring between exam table to wheelchair
 11. Transferring between exam table and stretcher
 12. Immobilizing a pediatric patient
 13. Prepping skin for procedures
 14. Regulating IV infusions
 15. Disconnecting IV infusions
 16. Preparing for an exam/treatment
 17. Filling bladder
 18. Handling patient with spine or skull injury
 19. Transporting patient in wheelchair
 20. Performing mammography
 21. Performing sonography
22. Exposure to BBP contaminants from cleaning blood spills 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

Veterinary Technology

Veterinary Technician Assistant

Veterinary Technology Sonographer

1. Exposure from injuries caused by: bites, scratches, kicks, scalpel cuts, surgical electrocautery unit, needle sticks, and broken cover slips/slides
2. Exposure from burns caused by steam from autoclave and surgical electrocautery unit
3. Treatment of eye irrigation due to splashes with cleaning chemicals and formalin
4. Occupational exposure to transmittable animal borne diseases.
5. Exposure to BBP contaminants from cleaning blood spills 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

Basic Shielded Metal Arc Welder

Gas Metal Arc Welder

Gas Tungsten Arc Welder

Vertical Shielded Metal Arc Welder Fabricator

1. Exposure from injuries caused by hand tools and power tools
2. Exposure from burns caused by welding metals with electrical welding machines and

- cutting metal with an Oxy-Acetylene torch.
3. Treatment of eye irrigation due to foreign object in eye.
 4. Exposure to BBP contaminants from cleaning blood spills 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

Category II FACULTY POSITIONS:

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

Advanced Emergency Medical Technician (AEMT) Instructors
Air Conditioning Electrical Technician Instructors
Air Conditioning Repair Specialist Instructors
Air Conditioning Technology Instructors
Automotive Chassis Technician Instructor
Automotive Climate Control Technician Instructor
Automotive Engine Performance Technician Instructors
Automotive Fundamentals Instructors
Automotive Technology Instructors
Basic Electrical Technician Instructors
Basic Law Enforcement Instructors
Basic Shielded Metal Arc Welder Instructors
Certified Construction Worker Instructors
Commercial Construction Management Instructors
Commercial Wiring Instructors
Construction Management Instructors
Crime Scene Fundamentals Instructors
Crime Scene Investigation Instructors
Criminal Justice Fundamentals Instructors
Criminal Justice Specialist Instructors
Criminal Justice Technology Instructors
Culinary Arts Instructors
Dental Assisting Instructors
Designated First Aid Personnel
Diagnostic Medical Sonography Instructors
Director for Campus Safety and Security
Director for Plant Operations
Electrical Systems Technology Instructor
Emergency Medical Technician Instructors
Event Coordinator Instructor
Fire Fighter I Instructors
Fire Fighter II Instructors
Fish and Wildlife Management Instructors
Forensic Science Technology Instructors

Funeral Service Education Instructors
Gas Metal Arc Welder Instructors
Gas Tungsten Arc Welder Instructors
Geographic Information Systems Technology Instructors
Hospitality Operations Associate Instructors
Hotel, Restaurant, & Tourism Management Instructors
Maintenance Technicians Instructors
Medical Assisting Instructors
Medical Coding Instructors
Medical Office Support Specialist Instructor
Nurse Aide Instructors
Opticianry Instructors
Pharmacy Technology Instructors
Photovoltaic Systems Installation and Repair Technician Instructors
Plant Operations Personnel
Practical Nursing Instructors
Prep Cook Instructors
Programmable Control Technician Instructors
Radiologic Technology Instructors
Vertical Shielded Metal Arc Welder Fabricator Instructors
Veterinary Technician Assistant Instructors
Veterinary Technology Instructors
Veterinary Technology Sonographer Instructors

Appendix B

Occupational Exposure I.C. Program Administration					
Job/Program Classification	Responsible Authority	Office Number	Cell Number	Email	Exposure Category
Accounting	Cindi Mills	912-871-1621	912-682-7804	cmills@ogeecheetech.edu	Category III
Agribusiness	Bill Worthington	912-688-6034	912-481.1063	bworthington@ogeecheetech.edu	Category III
Air Conditioning Technology	Shane Todd	912-871-1716	912-290-3094	stodd@ogeecheetech.edu	Category II
Automotive Technology	Allen McDaniel	912-688-6917	478-455-3409	lmcdaniel@ogeecheetech.edu	Category II
Basic Law Enforcement	Jim Mitchell	912-739-5369	912-704-8449	jmitchell@ogeecheetech.edu	Category II
Business Administrative Technol	LeAnne Robinson	912-871-1617	912-541-0901	lrobinson@ogeecheetech.edu	Category III
Business Management	Alex Harris	912-871-1622	678-232-1138	aharris@ogeecheetech.edu	Category III
Commercial Truck Driving	Jim Riner	912-739-2671	478-494-5353	jriner@ogeecheetech.edu	Category III
Computer Information Systems	Donnie Collins	912-871-1618	912-531-2077	dcollins@ogeecheetech.edu	Category III
Construction	Charlie Collins	912-871-1692	912-531-3270	ccollins@ogeecheetech.edu	Category II
Cosmetology	Jeff Shaver	912-688-6957	912-481-2404	jshaver@ogeecheetech.edu	Category I
Criminal Justice	Neal Owens	912-871-1690	912-414-5020	nowens@ogeecheetech.edu	Category II
Culinary Arts	Tony Piscano	912-688-6957	912-312-9214	apiscano@ogeecheetech.edu	Category II
Dental Assisting	Yvonne Jenkins	912-486-7700	912-531-5489	yjenkins@ogeecheetech.edu	Category I
Early Childhood Care & Educatio	Jeannie McCorkle	912-688-6003	912-682-9677	jmccorkle@ogeecheetech.edu	Category I
Echocardiography	Capre Mitchell	912-688-6950	919-791-6971	cmitchell@ogeecheetech.edu	Category II
Health Care Science (Echo/Sonc	Tina Welch	912-688-6968	706-871-6125	twelch@ogeecheetech.edu	Category II
Electrical Systems Technology	Norm Threatt	912-871-1619	912-687-2000	nthreatt@ogeecheetech.edu	Category II
Fire Science	Frank Killebrew	912-688-6978	229-309-5960	ckillebrew@ogeecheetech.edu	Category II
Fish & Wildlife Management	Heather Lee	912-688-6036	912-690-5434	hlee@ogeecheetech.edu	Category II
Funeral Service	Michelle Rupar	912-871-1960	912-704-8257	mrupar@ogeecheetech.edu	Category I
Geographic Information System	John Locke	912-688-6035	912-398-6019	jlocke@ogeecheetech.edu	Category II
Health Information Technology	Priscilla Waters	912-486-7401	912-243-2270	pgarrison@ogeecheetech.edu	Category III
Hotel/Restaurant/Tourism	Mike Twisdale	912-871-8520	912-661-7218	mtwisdale@ogeecheetech.edu	Category II
Medical Assisting/Medical Codi	Marilyn Turner	912-486-7616	912-687-4109	mturner@ogeecheetech.edu	Category I
Neuromuscular Massage Therap	Anita Brown	912-871-8518	912-678-4372	abrown@ogeecheetech.edu	
Opticianry	Deborah Deloach	912-486-7404	912-334-7585	ddeloach@ogeecheetech.edu	Category II
Paramedicine Technology	Frank Killebrew	912-688-6978	229-309-5960	ckillebrew@ogeecheetech.edu	Category I
Pharmacy Technology	Kendrea Durant	912-486-7620	912-678-2408	koneal@ogeecheetech.edu	Category II
Practical Nursing	Cheryl Collins	912-486-7653	912-536-5916	ccollins@ogeecheetech.edu	Category I

Occupational Exposure I.C. Program Administration					
Job/Program Classification	Responsible Authority	Office Number	Cell Number	Email	Exposure Category
Nurse Aide	Brittney Hendrix	912-688-6967	478-494-1689	bhendrix@ogeecheetech.edu	Category I
Radiologic Technology	Jan Martin	912-871-1647	912-687-2909	jmartin@ogeecheetech.edu	Category I
Computed Tomography	Matt Dunn	912-871-1647	912-531-0315	mdunn@ogeecheetech.edu	Category I
Health Care Science (Rad Tech)	Matt Dunn	912-871-1647	912-531-0315	mdunn@ogeecheetech.edu	Category I
Radiology Picture Archiving	David Raulerson	912-688-6021	912-237-6230	draulerson@ogeecheetech.edu	Category III
Sonography	Tina Welch	912-688-6968	706-871-6125	twelch@ogeecheetech.edu	Category II
Health Care Science (Echo/Sonc	Capre Mitchell	912-688-6950	919-791-6971	cmitchell@ogeecheetech.edu	Category I
Surgical Technology	Terri Crosson	912-486-7807	706-799-3630	tcrosson@ogeecheetech.edu	Category I
Veterinary Technology	Amy Dorminey	912-688-6037	912-245-5180	adorminey@ogeecheetech.edu	Category I
Welding & Joining Technology	John Edwards	912-681-3764	912-682-2468	jedwards@ogeecheetech.edu	Category II
Campus Safety & Security	Stan York	912-681-5667		syork@ogeecheetech.edu	Category II
Plant Operations	Buddy Sapp	912-871-1634		bsapp@ogeecheetech.edu	Category II

Appendix C

Category I			
Program	Course	Semester(s) Offered	Pathogens & PPE Covered
Advanced EMT	EMSP 1510	Summer & Fall	Bloodborne/Airborne Pathogen Exposure. Follow up in clinical
Central Sterile Processing Technician	SURG 1010	Spring	Airborne pathogen Exposure
Child Development Specialist	ECCE 1105	Summer, Fall, and Spring	Bloodborne/Airborne Pathogen Exposure. Follow up in clinical
Computed Tomography Specialist			
Cosmetology	COSM 1000	Spring & Fall	Bloodborne/Airborne Pathogen Exposure. Follow up in clinical
Dental Assisting			
Diagnostic Medical Sonography	DMSO 1010	Fall	Airborne pathogen Exposure
Early Childhood Care and Education	ECCE 1105	Summer, Fall, and Spring	Bloodborne/Airborne Pathogen Exposure. Follow up in clinical
Early Childhood Program Administrative Certificate			
Early Childhood Exceptionalities			
Echocardiography	ECHO 1100	Fall	Airborne pathogen Exposure
Emergency Medical Technology	EMSP 1110		Bloodborne/Airborne Pathogen Exposure. Follow up in clinical
EMS Professions	EMSP 1110 & 1510		Bloodborne/Airborne Pathogen Exposure. Follow up in clinical
Esthetician	ESTH 1000	Fall	Bloodborne/Airborne Pathogen Exposure. Follow up in clinical
Funeral Service Education			

Program	Course	Semester(s) Offered	Pathogens & PPE Covered
Health Care Assistant	NAST 1100	Every Semester	Bloodborne/Airborne Pathogen Exposure. Follow up in clinical
Health Care Science			
Medical Assisting	MAST 1080/MAST 1090	Every Semester	Blood and Airborne Pathogens/Microbiology
Nurse Aid	NAST 1100	Every Semester	Bloodborne/Airborne Pathogen Exposure. Follow up in clinical
Practical Nursing	PNSG 2030	Fall Semester & every other Spring	Bloodborne/Airborne Pathogen Exposure. Follow up in clinical
Radiologic Technology	RADT 1010	ALL	INFECTION CONTROL/TRANSMISSION BASED PRECAUTIONS; BLOODBORNE
Shampoo Technician	COSM 1000	Spring & Fall	Bloodborne/Airborne Pathogen Exposure. Follow up in clinical
Surgical Technology	Surg 1020	Fall	Airborne pathogen Exposure and Accidental Needle Stick
Veterinary Technician Assistant	VETT 1010 & 1020	Summer & Spring	OSHA Compliance and safety, needle safety and handling, pathogen
Veterinary Technology	VETT 1010,1020, 2230, 216	Summer, Fall & Spring	OSHA Compliance and safety, needle safety and handling, pathogen
Veterinary Technology Sonographer			

Category II Areas			
Program	Course	Semester(s) Offered	Pathogens & PPE Covered
Air Conditioning Electrical Technician	AIRC 1030	Fall	Blood - gloves and safety glasses : Unit 32
Air Conditioning Repair Specialist	AIRC 1030, AIRC 1005	Fall & Spring	Blood - gloves and safety glasses : Unit 32 & Unit 3
Air Conditioning Technology	AIRC 1030, AIRC 1005	Fall & Spring	Blood - gloves and safety glasses : Unit 32 & Unit 3
Automotive Chassis Technician	AUTT 1010	Fall/Spring	Chapters 6 (Shop Safety). Objectives- Describe PPE used by technicians.
Automotive Climate Control Technician	AUTT 1010	Fall/Spring	Chapters 6 (Shop Safety). Objectives- Describe PPE used by technicians.
Automotive Engine Performance Technician	AUTT 1010	Fall/Spring	Chapters 6 (Shop Safety). Objectives- Describe PPE used by technicians.
Automotive Fundamentals	AUTT 1010	Fall/Spring	Chapters 6 (Shop Safety). Objectives- Describe PPE used by technicians.
Automotive Technology	AUTT 1010	Fall/Spring	Chapters 6 (Shop Safety). Objectives- Describe PPE used by technicians.
Basic Electrical Technician			
Certified Construction Worker			
Commercial Construction Management			
Commercial Wiring			
Construction Management			
Crime Scene Fundamentals	CRJU1063	Spring	Bloodborne/Airborn Pathegen Exposure
Crime Scene Investigation	FOSC2010	Spring	Bloodborne/Airborn Pathegen Exposure

Program	Course	Semester(s) Offered	Pathogens & PPE Covered
Criminal Justice Fundamentals	CRJU1040	Fall & Spring	Bloodborne/Airborn Pathogen Exposure
Criminal Justice Specialist	CRJU1040	Fall & Spring	Bloodborne/Airborn Pathogen Exposure
Criminal Justice Technology	CRJU1040	Fall & Spring	Bloodborne/Airborn Pathogen Exposure
Culinary Arts	CUUL 1110	Fall, Spring, Summer	Bloodborne/Airborne Pathogen Exposure. Follow up in kitchen labs
Dental Assisting			
Diagnostic Medical Sonography			
Electrical Systems Technology	IDFC 1007	Every Semester	Safety book chapters 3,4 & 11
Emergency Medical Technician	EMSP 1110	Fall & Spring	Bloodborne/Airborne Pathogen Exposure. Follow up in clinical
Event Coordinator			
Fire Fighter I			
Fire Fighter II			
Fish and Wildlife Management	FWMT 1000	Fall	Airborne Pathogen Exposure. CPR, First Aid and AED
Forensic Science Technology			
Funeral Service Education			
Gas Metal Arc Welder	WELD 1000	Every Semester	Chapter 1 of Modern Welding textbook covers safety, PPE, and

Program	Course	Semester(s) Offered	Pathogens & PPE Covered
Gas Tungsten Arc Welder	WELD 1000	Every Semester	Chapter 1 of Modern Welding textbook covers safety, PPE, and
Geographic Information Systems Technology			
Hospitality Operations Associate			
Hotel, Restaurant, & Tourism Management			
Medical Assisting	MAST 1080/MAST 1090	Every Semester	Blood and Airborne Pathogens/Microbiology
Medical Coding			
Medical Office Support Specialist			
Nurse Aid	NAST 1100	Every Semester	Bloodborne/Airborne Pathogen Exposure. Follow up in clinical
Opticianry			
Pharmacy Technology	PHAR1010, PHAR1030 PHAR1050, PHAR2070	Fall and Spring	Airborne and Pathogen Exposure (PHAR1010 introduction in online
Photovoltaic Systems Installation & Repair Techn			
Practical Nursing	PNSG 2030	Fall Semester & every other Spring	Bloodborne/Airborne Pathogen Exposure. Follow up in clinical
Prep Cook	CUUL 1110	Fall, Spring, Summer	Bloodborne/Airborne Pathogen Exposure. Follow up in kitchen labs
Programmable Control Technician			
Radiologic Technology	RADT 1010	ALL	INFECTION CONTROL/TRANSMISSION BASED PRECAUTIONS; BLOODBORNE

Program	Course	Semester(s) Offered	Pathogens & PPE Covered
Vertical Shielded Metal Arc Welder Fabricator	WELD 1000	Every Semester	Chapter 1 of Modern Welding textbook covers safety, PPE, and
Veterinary Technician Assistant	VETT 1010 & 1020	Summer & Spring	OSHA Compliance and safety, needle safety and handling, pathogen
Veterinary Technology	VETT 1010,1020, 2230, 2160	Summer, Fall & Spring	OSHA Compliance and safety, needle safety and handling, pathogen
Veterinary Technology Sonographer	Not Currently Offered	n/a	n/a

Appendix D

Ogeechee Technical College

Sharps Injury Log

2017-2018

Name	Date of Incident	Location of Incident	Follow Up Complete
1			
2			
3			
4			
5			
6			
7			
8			