2025-2026 EXPOSURE CONTROL PLAN

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OGEECHEE TECHNICAL COLLEGE
Education with Purpose

Exposure Control Plan
for Bloodborne Pathogens and Airborne Pathogens/Tuberculosis
Ogeechee Technical College
2025-2026

REVIEWED: Felicia Banegas Rojas **DATE:** 7/14/25
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OGEECHEE TECHNICAL COLLEGE

APPROVED: [signature] **DATE:** 7.14.25
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REVIEWED: _____ **DATE:** _____
EMERGENCY MANAGER
TECHNICAL COLLEGE SYSTEM OF GEORGIA

APPROVED: _____ **DATE:** _____
DIRECTOR OF PUBLIC SAFETY
TECHNICAL COLLEGE SYSTEM OF GEORGIA

Ogeechee Technical College
Exposure Control Plan for
Occupational Exposure to Bloodborne Pathogens
and Airborne Pathogens/Tuberculosis
2025-2026

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 3.4.1. 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:
Felicia Barefoot
Joseph E. Kennedy, Room 312
Office: 912-688-6011
Email: fbarefoot@ogeecheetech.edu

B. Those employees and students who are determined to be at risk for occupational exposure to blood, other potentially infectious materials (OPIM) as well as at risk for exposure to airborne pathogens/tuberculosis must comply with the procedures and work practices outlined in this ECP.

C. 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).

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 OTCNet.

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.

Appendix A includes a list of job and/or student program classifications which have Category I or II occupational exposure. Included is a list of the tasks or activities or groups of closely related tasks or activities in which occupational exposure may occur for these individuals.

Appendix B includes contact information for those responsible for job and/or program classifications listed in Appendix A.

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 Felecia Barefoot. 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 (OPIM) 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 OPIM. 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 OPIM 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 OPIM 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 Bloodborne 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 of other PPE and after hand contact with blood or OPIM Faculty and staff should use an anti-microbial skin cleaner as provided by the college or institution when washing their hands.

4. **Waste Containers**-Waste containers used for medical waste (non-sharp items) that are contaminated with blood or OPIM 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 Bloodborne Pathogens Standard.

5. **Linen and laundry items**-Linen and laundry items soiled with blood or other OPIM 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.

C. The protocol for handling other regulated waste is: used for medical waste (non-sharp items) that are contaminated with blood or OPIM 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 Bloodborne Pathogens Standard.

D. Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available through individual program directors/instructors.

E. Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

F. Broken glassware that may be contaminated is only picked up using mechanical

means, such as a brush and dustpan.

VIII. LAUNDRY

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

A. Linen and laundry items soiled with blood or other OPIM 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 OPIM 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 should contact their healthcare provider to recieve the vaccination series.

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.

XI. POST-EXPOSURE FOLLOW-UP

A. Should an exposure incident occur, contact the faculty member 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

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 Exposure Control Coordinator 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 2024-2025, 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 C for example of the Sharps Injury Log).

C. If revisions to this ECP are necessary the Exposure Control Coordinator will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding individuals/occupational areas to the exposure determination list, etc.).

D. The following protocol is followed for evaluating the circumstances surrounding an exposure incident:

Post Exposure Follow-Up (Blood or OPIM)

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 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 Bloodborne 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 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 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* Bloodborne 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.
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.
2. The Sharps Injury Log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If 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 Bloodborne 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 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 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:

Cosmetology
Esthetician
Hair Designer
Salon & Spa Support

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.

Early Childhood Care and Education
Child Development Specialist
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.

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.

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

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.

Paramedicine
Advanced Emergency Medical Technician (AEMT)
Emergency Medical Responder
Emergency Medical Technician
EMS Professions

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
(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.

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 fistual 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.

Sonography
(Diagnostic Medical Sonography)

1. Administering emergency care for patient having severe adverse reaction to contrast media, procedure, accident
2. Cleaning radiologic equipment and facilities
3. Administering IV injection
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.

Sonography
(Echocardiography)

1. Administering emergency care for patient having severe adverse reaction to contrast media, procedure, accident
2. Cleaning radiologic equipment and facilities
3. Administering IV injection
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.

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

Cosmetology/Esthetician Instructors
Dental Assisting Instructors
Early Childhood Care and Education Instructors
Funeral Service Education Instructors
Medical Assisting Instructors
Nurse Aide Instructors
Nursing Instructors
Paramedic Instructors
Practical Nursing Instructors
Radiologic Technology Instructors
Sonography Instructors
Veterinary Technology 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
Auto Electrical/ Electronic Systems Technician
Electric Vehicle Professional

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 vehicle parts
4. Exposure from burns caused by contact with live electrical circuits
5. Treatment of eye injury due to foreign object in eye
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

Construction Management Technology
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 Criminal
Justice Fundamentals Introduction
to Criminal Justice
Selected Topics in Criminal Justice

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 irrigation 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.

Diesel Technology

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

Director for Campus Safety

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
Commercial Electrical Construction 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.

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, chainsaw, and paint gun
4. Exposure from injuries caused by construction, 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.

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.

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

Nurse Aide

1. Performing vital signs
2. Assisting with exams
3. Applying heat and cold therapy4. 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

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.

Paramedicine
Advanced Emergency Medical Technician (AEMT)
Emergency Medical Technology
Emergency Medical Responder
Emergency Medical Technician
EMS Professions

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.

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

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. 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

Sonography
(Diagnostic Medical Sonography)

1. Administering emergency care for patient having severe adverse reaction to contrast media, procedure, accident
2. Cleaning radiologic equipment and facilities
3. Administering IV injection
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.

Sonography
(Echocardiography)

1. Administering emergency care for patient having severe adverse reaction to contrast media, procedure, accident
2. Cleaning radiologic equipment and facilities
3. Administering IV injection
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.

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

Welding Technology
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:

Air Conditioning Technology Instructors
Automotive Technology Instructors
Automotive/Electric Vehicle Instructors
Construction Management Instructors
Criminal Justice Technology Instructors
Culinary Arts Instructors
Dental Assisting Instructors
Diesel Technology Instructors
Electrical/Industrial Systems Technology Instructors
Fish and Wildlife Management Instructors
Funeral Service Education Instructors
Medical Assisting Instructors
Nurse Aide Instructors
Nursing Instructors
Paramedicine Instructors
Practical Nursing Instructors
Radiologic Technology Instructors
Sonography Instructors
Veterinary Technology Instructors
Welding technology Instructors

Appendix B

Exposure Control Plan Program Administration				
Job/Program Classification	**Responsible Authority**	**Office Number**	**Email**	**Exposure Category**
Deans				
Dean for Academic Affairs (Industry & Public Service)	Neal Owens	912-871-1690	nowens@ogeecheetech.edu	Category I & II
Dean for Academic Affairs (Business, General Education & Dual Enrollment)	LeAnne Robinson	912-871-1626	lrobinson@ogeecheetech.edu	Category II
Dean for Academic Affairs (Health Sciences & Online Learning)	Kathleen Bombery	912-688-6966	kbombery@ogeecheetech.edu	Category I
Faculty				
Air Conditioning Technology	Shane Todd	912-871-1716	stodd@ogeecheetech.edu	Category II
Automotive Technology	Logan Jones	912-688-6917	ljones@ogeecheetech.edu	Category II
Automotive Technology/Electric Vehicles	Allen McDaniel	912-871-8541	lmcdaniel@ogeecheetech.edu	Category II
Construction	Matt Peacock	912-871-1619	mpeacock@ogeecheetech.edu	Category II
Cosmetology	Jeff Shaver	912-688-6957	jshaver@ogeecheetech.edu	Category I
Criminal Justice	Abdias Paul	912-871-1690	apaul@ogeecheetech.edu	Category II
Culinary Arts	Bryan Richard	912-688-6030	brichard@ogeecheetech.edu	Category II
Dental Assisting	Yvonne Jenkins	912-486-7700	yjenkins@ogeecheetech.edu	Category I
Diesel Technology	Gary Perttula	912-739-5369	gperttula@ogeecheetech.edu	Category II
Early Childhood Care & Education	Paula Clifton	912-688-6013	pclifton@ogeecheetech.edu	Category I
Electrical/Industrial Systems Technology	Matt Peacock	912-871-1619	mpeacock@ogeecheetech.edu	Category II
Fish & Wildlife Management	Casey Corbett	912-688-6036	ccorbett@ogeecheetech.edu	Category II
Funeral Service Education	Michelle Rupar	912-871-1960	mrupar@ogeecheetech.edu	Category I
Medical Assisting	Michelle Odom	912-486-7773	modom@ogeecheetech.edu	Category I
Nurse Aide	Felicia Barefoot	912-688-6011	fbarefoot@ogeecheetech.edu	Category I
Nursing	Ariel Cagle	912-486-7617	acagle@ogeecheetech.edu	Category I
Paramedicine Technology	Laura Coleman	912-871-8552	llcoleman@ogeecheetech.edu	Category I
Practical Nursing	Angel Shuman	912-486-7651	Ashuman@ogeecheetech.edu	Category I
Radiologic Technology	Matt Dunn	912-871-1647	mdunn@ogeecheetech.edu	Category I
Sonography (DMS)	April Amans	912-688-6019	aamans@ogeecheetech.edu	Category I
Sonography (Echo)	Sarah Singletary	912-688-6950	ssingletary@ogeecheetech.edu	Category I
Veterinary Technology	Amy Dorminey	912-688-6037	adorminey@ogeecheetech.edu	Category I
Welding & Joining Technology	John Edwards	912-681-3764	jedwards@ogeecheetech.edu	Category II
Campus Safety	Nathan Tirey	912-681-5667	ntirey@ogeecheetech.edu	Category II
Plant Operations	Charlie Collins	912-871-1634	cpcollins@ogeecheetech.edu	Category II

Appendix C

Ogeechee Technical College
Sharps Injury Log
2025-2026

Name	Date of Incident	Location of Incident	Follow-Up Complete
1			
2			
3			
4			
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10			

Appendix D

Exposure Control Plan Training Log 2024-2025					
Job/Program/Occupational/Area	**Program Coordinator/Director**	**Exposure Category**	**Course**	**Date**	**Training Topic**
All College Faculty & Staff (all sites)	N/A	I, II	N/A	Required Annual Training (each Spring Staff Development Day)	Bloodborne/Airborne Pathogens
Air Conditioning Technology	Shane Todd	II	AIRC 1005 & 1030	Fall & Spring	Blood - Gloves and Safety Glasses (Unit 32)
Automotive Technology	Logan Jones	II	AUTT 1010	Fall & Spring	Shop Safety - PPE used by Technicians (Chapter 6)
Automotive Technology/Electric Vehicles	Allen McDaniel	II	AUTT 2105	Fall or Spring	Safety Equipment, PPE and Special Tooling, and Standard EV/Hybrid Shop Safety Protocols
Construction Management Technology	Jeffry Roberson	II	COFC 1080	Fall & Spring	Bloodborne/Airborne Pathogens
Cosmetology & Esthetician	Jeff Shaver	I	COSM 1000 & ESTH 1000	Spring & Fall	Bloodborne/Airborne Pathogen Exposure. Follow-up in the clinical
Criminal Justice Technology	Abdias Paul	II	CRJU 1040, CRJU 1063, FOSC 2010	Fall & Spring	Bloodborne/Airborne Pathogen Exposure
Culinary Arts	Bryan Richard	II	CUUL 1110	Fall, Spring, and Summer	Bloodborne/Airborne Pathogen Exposure. Follow-up in kitchen labs
Dental Assisting	Yvonne Jenkins	I, II	DENA 1050 & ALHS 1040	Fall	Bloodborne/Airborne Pathogens
Designated First Aid Personnel	Chris Page / Laura Coleman	II	N/A	Required Annual Training (each Spring Staff Development Day)	Bloodborne/Airborne Pathogens
Diesel Technology	Gary Perttula	II	DIET 1000	Fall or Spring	Diesel Safety
Director for Campus Safety	Mark Gerbino / Nathan Tirey	II	N/A	Required Annual Training (each Spring Staff Development Day)	Bloodborne/Airborne Pathogens
Director for Plant Operations	Charlie Collins	II	N/A	Required Annual Training (each Spring Staff	Bloodborne/Airborne Pathogens

				Development Day)	
Early Childhood Care and Education	Paula Clifton	I	ECCE 1105	Fall, Spring, and Summer	Bloodborne/Airborne Pathogen Exposure. Follow-up in the clinical
Electrical & Industrial Systems Technology	Norm Threatt / Matt Peacock	II	IDFC 1007	Every Semester	Safety Chapters 3, 4 & 11
Fish and Wildlife Management	Casey Corbett	II	FWMT 1000	Fall and Summer	Airborne Pathogen Exposure. CPR, First Aid, and AED
Funeral Service Education	Michele Rupar	I, II	FSRV 2030 (first and second week)	Every Semester	Bloodborne Pathogen Rule, Formaldehyde Standards, PPE, Engineering Controls, and Work Practice Controls
Medical Assisting	Michelle Odom	I, II	MAST 1080 and MAST 1090	Fall and Spring (1080) Spring and Summer (1090)	Bloodborne/Airborne Pathogens/Microbiology
Nurse Aide	Felicia Barefoot	I, II	NAST 1100	Fall, Spring, and Summer	Bloodborne/Airborne Pathogen Exposure. Follow-up in the clinical
Nursing	Jackie Howard / Ariel Cagle	I, II	RNSG 1600	Spring Semester	Bloodborne/Airborne Pathogen Exposure. Follow-up in the clinical
Paramedicine	Chris Page	I, II	EMSP 1110 & 1510	Fall, Spring, and Summer	Bloodborne/Airborne Pathogen Exposure. Follow-up in the clinical
Plant Operations Personnel (includes Janitorial Staff)	Charlie Collins	II	N/A	Required Annual Training (each Spring Staff Development Day)	Bloodborne/Airborne Pathogens
Practical Nursing	Angel Shuman	I, II	PNSG 2030	Fall & Every Other Spring	Bloodborne/Airborne Pathogen Exposure. Follow-up in the clinical
Radiologic Technology (Computed Tomography Specialist)	Jan Martin / Matt Dunn	I, II	RADT 1010	Fall, Spring, and Summer	Infection Control/Transmission Based Precautions. Bloodborne Pathogens
Sonography (Diagnostic Medical Sonography)	April Amans	I, II	DMSO 1010	Fall	Airborne Pathogen Exposure
Sonography (Echocardiography)	Sarah Singletary	I, II	ECHO 1100	Fall	Airborne Pathogen Exposure
Veterinary Technology	Dr. Amy Dorminey	I, II	VETT 1010, 1020, 2230, 2160	Fall, Spring, and Summer	OSHA Compliance and Safety. Needle Safety and Handling. Pathogens
Welding and Joining	John Edwards	II	WELD 1000	Every Semester	Chapter 1 of Modern Welding (Safety and PPE)