Technical College
System of Georgia

Nathan Deal
Governor

Matt Arthur
Commissioner

August 7, 2018

President Lorette Hoover
Columbus Technical College
928 Manchester Expressway
Columbus, GA 31904

Dear President Hoover:

Enclosed is the approved and signed copy of the 2018-2019 Exposure Control Plan for Occupational Exposure to Bloodborne and Airborne Pathogens for your college. Your ECP has been approved without need for revisions. We appreciate the hard work and dedication you and your staff have shown.

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

Sincerely,

Lisa Anne Beck
Emergency Manager

(Please send a copy to your College Exposure Control Coordinator, Donna Emmons for college distribution.)

COLUMBUS TECHNICAL COLLEGE

Exposure Control Plan for Occupational Exposure to Bloodborne Pathogens and Airborne Pathogens/Tuberculosis

Columbus Technical College

2018-2019

REVIEWED: _____ **DATE:** 05-02-18
EXPOSURE CONTROL COORDINATOR
{Columbus Technical College – Donna J. Emmons}

APPROVED: _____ **DATE:** **May 1, 2018**
PRESIDENT
{Columbus Technical College – Lorette M Hoover}

REVIEWED: _____ **DATE:** 07/09/18
EMERGENCY MANAGER
TECHNICAL COLLEGE SYSTEM OF GEORGIA

APPROVED: _____ **DATE:** 07312018
DIRECTOR OF CAMPUS SAFETY
TECHNICAL COLLEGE SYSTEM OF GEORGIA

Columbus Technical College
Exposure Control Plan
for
Occupational Exposure to
Bloodborne Pathogens and Airborne Pathogens/Tuberculosis
2018-2019

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. *Donna J. Emmons* 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:
Donna J. Emmons
928 Manchester Expressway Columbus, GA 31904
Office: 706-641-5693 Cell 706-577-7514

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. *Columbus 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.

Contact Information for Responsible Person(s) or Department(s):
See Occupational Exposure I.C. Program Administration - Columbus Technical College
Appendix I at end of Exposure Control Plan.

D. *Columbus Technical College* engages in the following contractual agreements regarding exposure control:

a. Steri-Cycle – for sharps containers and medical waste (Contract kept in Accounting Office 928 Manchester Expressway Columbus, GA 31904
Steri-cycle Contract.docx

b. Columbus Department of Public Health – all employees in Category I and Category II are offered required shots (PPD, Hep B Series, titer and/or booster) once a year at the college's expense.
Columbus Technical College MOU - 2017.doc

E. *Columbus Technical College* engages in the following training, drills and exercises regarding exposure control. The protocol for the retention of training records is:
Columbus Technical College engages in the following training, drills and exercises:
Employee annual trainings which are conducted on the anniversary hire date of each employee consist of Blood Bourne pathogens, Hazardous Materials ,Unlawful Harassment, computer and internet use, Safety and Security training, Family Medical Leave Act training,

workers compensation, OSHA training, Sexual Harassment all training requires a quiz after each section and the employee must have a passing score of 70 or above.

The college engages in Active Shooter training, Evacuation emergency lift chair training, fire and tornado drills. The protocol for the retention of training records is maintained in the Human Resources department located at 928 Manchester Expressway Columbus Georgia 31904; contact person: Executive Director of HR: Mrs. Pat Hood 706-649-1883 phood@columbustech.edu

F. The protocol for the annual review of the *Columbus Technical College* ECP is Donna J. Emmons presents ECP to President Lorette Hoover for approval. Once approved and signed the plan is then submitted to Dr. Lisa Beck for state approval.
G. The protocol for the retention of the ECP is: The ECP plan is kept with Donna J. Emmons, President Lorette Hoover and is posted on the colleges' web site.

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.

The following is 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.

Contact Information for Responsible Person(s) or Department(s):
See Occupational Exposure I.C. Program Administration - Columbus Technical College appendix at end of ECP.

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 *Donna J. Emmons, 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 *Donna J. Emmons, Exposure Control Coordinator*.

a. Types of PPE provided are:
   i. Gloves – utility and sterile
   ii. Gowns
   iii. Masks
   iv. Goggles

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 designated red biohazard bags and is picked up by Stericycle.
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: designated red biohazard bags and is picked up by Stericycle. .

(Refer to specific procedure by title or number and last date of review; include how and where to decontaminate face shields, eye protection, resuscitation equipment.)

V. Decontamination:

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

A. Personnel identified in attachment at end of ECP are responsible for training/record keeping for decontamination.
B. For each category I and II task document the decontamination method required.

VI. Engineering and Administrative Controls:

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

A. Engineering and administrative controls are developed and implemented to reduce or eliminate occupational exposure. Specific engineering and administrative controls for specified tasks or activities (delineated by instructional program or department) are listed: Personnel identified in I. C

B. Protocol and documentation of the inspection, maintenance and replacement of sharps disposal containers is the responsibility of *Donna J. Emmons, Exposure Control Coordinator*

C. The processes for assessing the need for revising engineering and administrative controls, procedures, or products, and the individuals/groups involved are detailed below:

Academic Program Advisory Groups examine exposure control methods during advisory group meetings, and the recommendations are discussed with the ECC by the academic program manager(s).

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: ECC/Stericycle..
C. The protocol for handling other regulated waste is: ECC/Stericycle..
D. Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available at all lab locations (must be easily accessible and as close as feasible to the immediate area where sharps are used).
E. Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.
F. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

VIII. Laundry:

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

A. The following contaminated articles will be laundered towels, wash cloths and by Sharon Head at Hartline Building, Cosmetology and laundered as needed.
B. The following laundering requirements must be met (document procedures):
1. Handle contaminated laundry as little as possible, with minimal agitation.
2. Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use either red bags or bags marked with the biohazard symbol for this purpose.
3. Wear the following PPE when handling and/or sorting contaminated laundry: Unsterile 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: Labels and stickers provided by Steri-cycle; required biohazard bags.
B. *Barbara Gaither, Clinical Lab Manager,* is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment

is brought into or out of the facility. Covered employees and covered students are to notify *Donna J. Emmons or Barbara Gaither* if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

X.VACCINATION FOR HEPATITIS B

A. *Human Resources or Donna J. Emmons* will ensure training is provided to covered employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. *Program Directors or Donna J. Emmons* 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 will be provided to CAT I and CAT II employees or can be provided by employee or student by private doctor or contact:

Columbus Department of Public Health
2100 Comer Ave.
Columbus, GA 31904
(706) 321-6300 Office

XI. POST-EXPOSURE FOLLOW-UP

A. Should an exposure incident occur, contact *Program Director or Donna J. Emmons* at the following telephone number *I. C. or (W) 706-641-5693 (C) 706-577-7514*.

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. *Program Director, Supervisor or Donna J. Emmons* 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. *Program Director, Supervisor or Donna J. Emmons* ensures that the health care professional evaluating a covered employee or student after an exposure incident receives the following:

1. a description of the covered employee's or covered student's tasks or activities relevant to the exposure incident
2. route(s) of exposure
3. circumstances of exposure
4. if possible, results of the source individual's blood test
5. relevant covered employee or covered student medical records, including vaccination status

C. During the period of the 2016-2017 HCPP the following incidents surrounding exposure occurred. See *Appendix II* at end of Exposure Control Plan.

XIII. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

A. *Program Director, Supervisor or Donna J. Emmons* 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. *Donna J. Emmons, Exposure Control Coordinator* will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

C. If revisions to this ECP are necessary *Donna J. Emmons, 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: A completed Incident Report is filed with Donna J. Emmons, ECC, and then submitted to Human Resources for insurance processing. The ECC will speak to the student or employee if necessary (based on individual incidences).

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:
Employee annual trainings which are conducted on the anniversary hire date of each employee consist of Blood Bourne pathogens, Hazardous Materials, Unlawful Harassment, computer and internet use, Safety and Security training, Family Medical Leave Act training, workers compensation, OSHA training and sexual harassment. All training requires a quiz after each section and the employee must have a passing score of 70 or above.

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 at the Human Resources Office, 928 Manchester Expressway, Columbus, GA 31904 for employees and kept by Program Directors for students.
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: Employees should contact Human Resources and students should contact Program Directors.

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. Employees should contact Human Resources and students should contact Program Directors who are responsible for maintenance of the required medical records. These confidential records are kept in Human Resources for at least the duration of employment or attendance plus 30 years.
3. Covered employee or covered student medical records are provided upon request of the employee or student or to anyone having written consent of the employee or student within 3 working days. Such requests should be sent to: Employees should contact Human Resources and students should contact Program Directors.

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 Donna J. Emmons, 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: Donna J. Emmons, Exposure Control Coordinator and Program Directors discuss all injuries that occur in respective programs throughout the year.

Appendix I.C - ***Occupational Exposure I.C. Program Administration - Columbus Technical College***

Job/Program Classification	Responsible Authority	Office Number	Email	Category
Custodial Staff	Tommy Wilson	706-649-1894	twilson@columbustech.edu	CAT II
Maintenance Assistants	Tommy Wilson	706-64--1894	twilson@columbustech.edu	CAT II
Security	Thomas Barnes	706-649-1933	tbarnes@columbustech.edu	CAT II
Early Childhood Care & Education	Susan Hollingsworth	706-649-1636	shollingsworth@columbustech.edu	CAT II
Criminal Justice	Leatha Cyprian	706-649-1154	lcyprian@columbustech.edu	CAT II
Culinary Arts	Martin Wolf	706-992-6023	mwolf@columbustech.edu	CAT II
Cosmetology/Barbering	Sharon Head	706-225-0546	shead@columbustech.edu	CAT II
Nursing – RN	Lori Striblin	706-225-0541	lstriblin@columbustech.edu	CAT I
Nursing – PN	Lori Striblin	706-225-0541	lstriblin@columbustech.edu	CAT I
Dental Assisting	Sharron Cook	706-225-0532	scook@columbustech.edu	CAT I
Dental Hygiene	Casey Morris	706-225-0533	cmorris@columbustech.edu	CAT I
Diagnostic Medical Sonography	Lorraine Knoll	706-225-0515	lknoll@columbustech.edu	CAT I
Medical Assisting	Colanda McDaniel	706-225-0528	cmcdaniel@columbustech.edu	CAT I
Pharmacy Technology	Pedro Valentin	706-225-0524	pvalentin@columbustech.edu	CAT I
Radiologic Technology	Martha Dollar	706-225-0505	mdollar@columbustech.edu	CAT I
Respiratory Care	Mark Thorne	706-225-0506	mdennis@columbustech.edu	CAT I
Surgical Technology	Carl Sandy	706-225-0518	csandy@columbustech.edu	CAT I
Central Sterile Supply	Carl Sandy	706-225-0518	csandy@columbustech.edu	CAT I
Nurse Aid	Cheryl Lary	706-225-0525	clary@columbustech.edu	CAT I
Phlebotomy	Cassandra Richardson	706-641-5683	crichardson@columbustech.edu	CAT I
Residential Care Attendant	Cheryl Lary	706-225-0525	clary@columbustech.edu	CAT I
Paramedic/EMT	Charlotte Bush	706-225-0562	cbush@columbustech.edu	CAT I

Appendix II - Incidents surrounding exposure

- Incident of Respiratory Care student with possible cross contamination of blood from jacket, to hair to eye. Exposure Control Coordinator met student at Emergency Department. Explained level of risk of contamination; student saw Emergency Room physician where she was given eye drops and released. Student felt eye was irritated the next morning and returned to Emergency Department; they stated there was nothing more they could do and referred student to primary physician. Student refused care from primary physician.
- Incident of Surgical Technology student being stuck with a dirty needle during procedure. Base line blood test taken from both student and patient; Infection Control confirmed all blood tests were negative.
- Incident of CNA student feeling dizzy and anxious while at the Nursing Home. Students' vital signs were monitored and she continued on with clinical and refused any medical treatment.

Columbus Technical College

Donna J. Emmons ECC

Exposure Control Plan Training Log 2018-2019		
Job/Program/Occupational/Area	**Date**	**Training Topic**
All covered employees must complete annual training each year on their anniversary month.	Jan-18	Bloodborne/Airborne Pathogen Exposure, Standard Precautions and Hazardous Materials*
ECC provides an updated Exposure Control Folder to all CAT I and CAT II Program Managers each Spring Semester. Folder contains TB and Hep B information sheets, Accident Report Forms and all policies to follow should an incident occur. Exposure Control Folder SP 18.docx	Jan-18	Bloodborne/Airborne Pathogen Exposure, Standard Precautions and Hazardous Materials, Accident Policies and Procedures*
The following Category II employees receive all bloodborne/airborne information and acknowledge forms in orientation. Exposure Control Employee Folder.docx		
Custodial Staff, Maintenance Assistants & Security – Information given at employee orientation and maintained with Tommy Wilson.	May-18	Bloodborne/Airborne Pathogen Exposure, Standard Precautions and Hazardous Materials, Accident

		Policies and Procedures*
The following Category I and Category II program students receive all bloodborne/airborne information, PowerPoint and acknowledgement forms in the following listed classes: Exposure Control Student Folder SP 18.docx F:\My Documents\Health Dept and Employee Records\Powerpoint Blood & Airborne Pathogens Students 2018.ppt		
ECCE – 2245 & ECCE 2246	May-18	Bloodborne/Airborne Pathogen Exposure, Standard Precautions and Hazardous Materials, Accident Policies and Procedures*
Cosmetology, Barbering, Esthetician – COSM 1070, COSM 1125 & COSM 1180; BARB 1040; ESTH 1060	May-18	Bloodborne/Airborne Pathogen Exposure, Standard Precautions and Hazardous Materials, Accident Policies and Procedures*
Criminal Justice – CRJU 2100	May-18	Bloodborne/Airborne Pathogen Exposure, Standard Precautions and Hazardous Materials, Accident Policies and Procedures*

Culinary Arts – CUUL 2142, CUUL 2144 & CUUL 2160	May-18	Bloodborne/Airborne Pathogen Exposure, Standard Precautions and Hazardous Materials, Accident Policies and Procedures*
Associate Degree Nursing – RNSG - 1111	May-18	Bloodborne/Airborne Pathogen Exposure, Standard Precautions and Hazardous Materials, Accident Policies and Procedures*
Practical Nursing – PNSG - 2030	May-18	Bloodborne/Airborne Pathogen Exposure, Standard Precautions and Hazardous Materials, Accident Policies and Procedures*
Dental Assisting – DENA - 1050	May-18	Bloodborne/Airborne Pathogen Exposure, Standard Precautions and Hazardous Materials, Accident Policies and Procedures*
Dental Hygiene – DHYG - 1050	May-18	Bloodborne/Airborne Pathogen Exposure, Standard Precautions and Hazardous Materials, Accident

		Policies and Procedures*
Diagnostic Medical Sonography – DMSO - 1060	May-18	Bloodborne/Airborne Pathogen Exposure, Standard Precautions and Hazardous Materials, Accident Policies and Procedures*
Medical Assisting – MAST – 1080 & MAST 1090	May-18	Bloodborne/Airborne Pathogen Exposure, Standard Precautions and Hazardous Materials, Accident Policies and Procedures*
Pharmacy Technology – PHAR - 1000	May-18	Bloodborne/Airborne Pathogen Exposure, Standard Precautions and Hazardous Materials, Accident Policies and Procedures*
Radiologic Technology – RADT - 1010	May-18	Bloodborne/Airborne Pathogen Exposure, Standard Precautions and Hazardous Materials, Accident Policies and Procedures*
Respiratory Care – RESP - 1120	May-18	Bloodborne/Airborne Pathogen Exposure, Standard Precautions

		and Hazardous Materials, Accident Policies and Procedures*
Surgical Technology – SURG 1010,	May-18	Bloodborne/Airborne Pathogen Exposure, Standard Precautions and Hazardous Materials, Accident Policies and Procedures*
Central Sterile Supply – CSSP 1010	Jan-18/Aug-18	Bloodborne/Airborne Pathogen Exposure, Standard Precautions and Hazardous Materials, Accident Policies and Procedures*
Nurse Aid – NAST 1100	May-18	Bloodborne/Airborne Pathogen Exposure, Standard Precautions and Hazardous Materials, Accident Policies and Procedures*
Phlebotomy – PHLT 1030	May-18	Bloodborne/Airborne Pathogen Exposure, Standard Precautions and Hazardous Materials, Accident Policies and Procedures*

Residential Care Attendant – RCAT 1000	May-18	Bloodborne/Airborne Pathogen Exposure, Standard Precautions and Hazardous Materials, Accident Policies and Procedures*
Paramedic/EMT – EMSP – 1010, EMSP 1160, EMSP 1530 & EMSP 1540	May-18	Bloodborne/Airborne Pathogen Exposure, Standard Precautions and Hazardous Materials, Accident Policies and Procedures*

As identified in current college ECP:
"I.C. Program Administration"