

**Exposure Control Plan
for Bloodborne Pathogens and Airborne
Pathogens/Tuberculosis
Central GA Technical College
2024-2025**

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EXPOSURE CONTROL COORDINATOR
{TECHNICAL COLLEGE OR WORK UNIT NAME}

APPROVED: *Joan H. Allen* DATE: 7-19-24
PRESIDENT/EXECUTIVE
{TECHNICAL COLLEGE OR WORK UNIT NAME}

APPROVED: *William D. Fester* DATE: 7-19-2024
VICE PRESIDENT FOR ACADEMIC AFFAIRS
(TECHNICAL COLLEGE OR WORK UNIT NAME)

Central GA Technical College

Exposure Control Plan for Occupational Exposure to Bloodborne Pathogens and Airborne Pathogens/Tuberculosis 2024-2025

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. **William 'Eric' Beacham, RN** 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

Office Phone Number: 478-757-3567

CGTC Cell Number: 478-662-2436

Email Address: wbeacham@centralgatech.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. **Central Georgia 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. **Each department has contact information listed for those responsible for:** personal protective equipment, sharps container/removal, biohazard bags/removal and ensuring training for faculty, staff students in their departments. Please program administrator contact information of various department/programs.
- D. Central Georgia Technical College has contractual agreements with **MedPro Disposal** regarding exposure control for the removal of biohazard waste from the following campuses: Macon, Warner Robins and Milledgeville.
- E. Individuals listed on the Program Administration (**I.C. listing**) chart below are responsible for coordinating training (**see Excel spread sheet attachment A**) on bloodborne and airborne pathogens in their respective areas. The training is based on the program administrator's educational program or work area. Trainings are conducted either once a semester or annually depending upon the program area. Training records are maintained electronically by the program administration representatives and the exposure control coordinator.

2024-2025 Exposure Control Plan
Central Georgia Technical College

Occupational Exposure Program Administration Central Georgia Technical College(I.C. listing)				
Program/Department	Point of Contact	Phone	Email	Exposure Category
Barbering	Sandra Lane	478-757-5290	slane@centralgatech.edu	II
Biotechnology	Dr. KeAira Davis	478-757-3829	kdavis@centralgatech.edu	II
Cardiovascular Technology	Kaitlyn Ferris	478-476-5232	jkdfarris@centralgatech.edu	I
Early Childhood Care and Education	Paula McGhee	478-218-3204	pmcghee@centralgatech.edu	II
Medical Laboratory Technology	Andrea Selby	478-218-3809	aselby@centralgatech.edu	I
Cosmetology	Monique Rumph	478-757-6688	mrumph@centralgatech.edu	II
Dental Assisting	Sonya Solomon	478-757-6608	smsolomon@centralgatech.edu	I
Dental Hygiene	Kelley Scruggs	478-218-3261	kscruggs@centralgatech.edu	I
Certified Nursing Assistant	Ashely Hastings	478-757-3483	fhewell@centralgatech.edu	I
Hemodialysis	Sonia Wynne	478-757-6668	swynne@centralgatech.edu	I
Maintenance/Custodial	Robert Dominy	478-757-3579	rdominy@centralgatech.edu	II
Medical Assisting	Ashley Ray	478-757-3573	aray@centralgatech.edu	I
Orthopedic Technology	Crystal Black	478-757-3568	cblack@centralgatech.edu	I
Paramedicine/EMT	Richard Ellis	478-757-3592	rellis@centralgatech.edu	I
Physical Therapy Assistant	Dr. Mary Walker	478-218-3765	mawalker@centralgatech.edu	I
Pharmacy Technology	Sean Bailey	478-757-3469	sabailey@centralgatech.edu	II
Polysomnography	April Anthony	478-757-3463	ayanthony@centralgatech.edu	II
Practical Nursing	Cindyann Stegner	478-218-3743	cstegner@centralgatech.edu	I
Public Safety	Chief Bob Wilbanks	478-218-3323	rwilbanks@centralgatech.edu	II
Radiology Technology (Macon)	Amanda Cobb	478-757-2514	acobb@centralgatech.edu	I
Radiology Technology (WR)	Jennifer Dugan	478-218-3252	jdugan@centralgatech.edu	I
Registered Nursing	Ashley Scott	478-218-3214	amscott@centralgatech.edu	I
Surgical Technology	Fairen Wells	478-218-3227	fwells@centralgatech.edu	I

- F. The protocol for annual review of Central Georgia Technical College ECP is as follows: A safety committee meets once a year to review the plan and any indications for change. The ECP is retained on Central Georgia Technical College's intranet for employee access.

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. **See pg. 6 for category list.**

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. **(See I.C. listing on page 4 for program exposure categories)**

See page 6 for a list of the criteria/tasks closely related to exposure categories 1 and 2 in which occupational exposure may occur for these individuals.

Exposure Categories/Task	
Categories	Criteria/Tasks
Category I	<p>A task or activity in which there is direct exposure to blood or OPIM, or where airborne pathogens are expected. All procedures or other job-related tasks that involve an Inherent potential for mucous membrane or skin contact with blood, body fluids, or tissues, or a potential spill or splashes of them. These tasks include but not limited to the following:</p> <ul style="list-style-type: none"> • Insertion/removal of IV's, drains • Transfusion therapy • Drawing blood/Venipuncture/administering blood products • Suctioning nasal or oral secretions • Tracheostomy care • Wound care • Catheterization • Assisting with procedures where there is a collection of body fluids • Ostomy care/Insertion of enemas • Caring for patients that have infection control isolation precautions. • Hemodialysis procedures • Handling soiled linen • Handling surgical and dental instruments • Casting/splinting/bandaging • Perineal care • Collecting/handling specimens • Management of trauma patients • Assisting in dental procedures (sutures, sharps, dirty instruments) • Assisting in surgical procedures (sutures, sharps, dirty instruments) • Decontamination of rooms/supplies/instruments • Being in an environment where tuberculosis is common. (prisons, homeless populations)
Category II	<p>A task or activity performed without exposure to blood or OPIM, or airborne pathogens and to which standard precautions apply, but exposure to another person's blood or to OPIM might occur as an abnormal event or emergency. May be required to perform unplanned Category I tasks or activities. These tasks include but not limited to the following:</p> <ul style="list-style-type: none"> • Hair cutting • Beard trimming/Shaving • Manicure/Pedicure • Chemical skin peels • Caring for children with cuts, scrapes, blood noses, and changing diapers. • Responding to crime related emergencies that involve blood or OPIM. • Administration of CPR/First Aide. • Handling biohazard materials/waste in bathrooms and other areas. • Diagnostic procedures in Biotechnology. • Application of EEG/EKG leads.

Category III	A task or activity that does involve not any exposure to blood or OPIM, or airborne pathogens and to which standard precautions do not apply. They are: Staff, faculty, employees, students, and administration not listed in Categories I and II.
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III. IMPLEMENTATION OF METHODS OF EXPOSURE CONTROL

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

B. Exposure Control Plan:

1. All covered employees and covered students will receive an explanation of this ECP during their initial training or academic experience, as well as a review on an annual basis. All covered employees and covered students can review this ECP at any time while performing these tasks or activities by contacting the appropriate individual from the **I.C. listing on pg. 4**. 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, and the location/availability of PPE, is provided by those appropriate individuals in the **I.C. listing on pg. 4**.

Types of PPE that are provided include the following:

- B.** All covered employees and covered students using PPE must observe the following precautions:
1. Wash hands immediately or as soon as feasible after removing gloves or other PPE.
 2. Remove PPE after it becomes contaminated and before leaving the work area.
 3. Used PPE may be disposed of in containers specified as biohazard where contamination occurs or regular trash or laundering where no contamination has occurred.

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 contaminated PPE in designated biohazard trash containers will be stored in designated areas to be picked on an as needed basis with the contracted disposal service.

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. The appropriate individuals identified in the **I.C. listing on pg. 4** is 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 (page 4). 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 are developed and implemented by each program within each college department.
- B. Protocol and documentation of the inspection, maintenance and replacement of sharps disposal containers is the responsibility of each program within each college department.
- C. The processes for assessing the need for revising engineering and administrative controls, procedures, or products, and the individuals/groups involved are: Academic Program Advisory Groups and ECP Committees examine exposure control methods. 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: Sharps disposal containers will be stored in designated areas to be picked up on an as needed basis with a contracted disposal service.
- C. The protocol for handling other regulated waste is: Regulated waste will be stored in designated areas to be picked up on an as needed basis with a contracted waste disposal service.
- 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 in designated areas in each program area where sharps are used. (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. on pg. 4 are responsible for implementing and documenting the following:

- A. Any contaminated articles will be laundered according to program procedures for proper laundering. Programs chairs or their designee will be determined and implement a written schedule and location for laundering.
- 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 bags marked with the biohazard symbol for this purpose.
 - 3. Wear the following PPE when handling and/or sorting contaminated laundry:
Gown, gloves

IX. LABELING AND CONTAINERS

Follow standard precautions with regard to labeling and containers for identified Category I and II tasks identified on pg. 6. The individuals identified in I. C. on pg. 4 are responsible for implementing and documenting the following:

- A. The following labeling methods are used at Central Georgia Technical College: Biohazard labels will be affixed to refrigerators, freezers, and incubators, containing blood or other potentially infectious material. Pre-printed red bags with the Biohazard symbol will be utilized for disposal of biological waste.
- B. The individuals identified in the **I.C. listing** 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 their supervisor or instructor if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

X.VACCINATION FOR HEPATITIS B

- A. **William 'Eric' Beacham** will ensure training is provided to covered employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. The individuals listed in **I.C. listing** will ensure that the same content training to covered students.
- B. The hepatitis B vaccination series is available at no cost after initial covered employee training and within 10 days of initial assignment to all covered employees identified in the exposure determination section of this plan. The hepatitis B vaccination series is available to covered students at cost after initial covered student training and within 10 days of initial assignment to all covered students identified in the exposure determination section of this plan.
- C. Vaccination may be precluded in the following circumstances: 1) documentation exists that the covered employee or covered student has previously received the series; 2) antibody testing reveals that the employee is immune; 3) medical evaluation shows that vaccination is contraindicated; or (4) following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the covered employee or student within 15 days of the completion of the evaluation. It will be limited to whether the covered employee or covered student requires the hepatitis B vaccine and whether the vaccine was administered.
- D. However, if a covered employee or covered student declines the vaccination, the covered employee or covered student must sign a declination form. Covered employees or covered students who decline may request and obtain the vaccination at a later date at no cost to covered employees or at cost to covered students. Documentation of refusal of the vaccination is kept in the medical records of the individual.
- E. Vaccination will be provided by specific local and county health facilities. These facilities will be determined by the Exposure Control Coordinator.

XI. POST-EXPOSURE FOLLOW-UP

- A. **Should an exposure incident occur, contact the Exposure Control Coordinator Eric Beacham at 478-757-3567 and/or 478-662-2436**
- 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. The individuals listed in **I.C. listing** will be responsible for completing an Exposure Incident report and Follow-up form for exposure to Bloodborne/Airborne Pathogens (Tuberculosis and COVID-19).
 2. Document the routes of exposure and how the exposure occurred.
 3. Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
 4. **For Blood or OPIM exposure:**
 - a. Immediately after the exposure of a covered employee or student, the supervisor **identified in the I.C. listing (or who they assign)** is responsible for documenting the incident the day of the exposure on an **Exposure Incident Report and Follow-Up Form for Exposure to Bloodborne/Airborne Pathogens** (Tuberculosis and COVID-19). 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 within 24 hours of the incident by the supervisor **identified in the I.C. listing (or who they assign)**. The exposure should also be recorded in the Exposure Log by the Exposure Control Coordinator within 24 hours of the incident.
 - b. The supervisor **identified in the I.C. listing (or who they assign)** will Communicate with the clinical or work site 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. **For College Based Clinical Lab** the supervisor **identified in the I.C. listing (or who they assign)** will Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity.
 - c. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
 - d. 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.
 - e. 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).
 - f. 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.

- g. 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 possible; **(CGTC does not have a Clinic for the storage of blood for this purpose)**. If the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible

5. For airborne pathogen (tuberculosis):

- a. Immediately after the exposure of a covered employee or covered student, the responsible supervisor, **identified in the I.C. listing (or who they assign)** is responsible for documenting the incident the day of the exposure on an **Exposure Incident Report and Follow-Up Form for Exposure to Bloodborne/Airborne Pathogens** (Tuberculosis and COVID-19). 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 within 24 hours of the incident by the supervisor **identified in the I.C. listing (or who they assign)**. The exposure should also be recorded in the Exposure Log by the Exposure Control Coordinator within 24 hours of the incident.
- 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. Eric Beacham** ensures that those individuals designated in the **I.C. listing**, as 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 individuals designated in the **I.C. listing** ensure 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 2021-2022 ECP, any incidents that occur will be recorded in the plan as an update to the plan.

XIII. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

- A. The individuals designated in the I.C. Listing 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 individuals designated in the **I.C. listing** will submit documentation to the Exposure Control Coordinator so that a record all percutaneous injuries from contaminated sharps are documented in a 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 protocol for evaluating the circumstances surrounding exposure incidents is described here: Individuals in the I.C. listing are consulted as to how incidents that occur might have been prevented from occurring as well as how such incidents might be prevented in the future.

XIV. COMMUNICATION OF HAZARDS AND TRAINING

- A. All covered employees and covered students who have occupational exposure to bloodborne/airborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne/airborne 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, OPIM and respiratory hazards 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, OPIM or respiratory hazards;
- 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 a file maintained by The Human Resource Office for all employees. **Student files are kept for 3 years, in designated folders and are maintained by respective program directors.**
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 The Department of Human Resources.

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. The Human Resource Department of Central Georgia Technical College is responsible for maintenance of the required medical records. These confidential

records are kept in The Human Resource Department 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. Student request should be sent to the respective program director. Employee request should be sent to The Human Resource Department.

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. Those individuals in the **I.C. listing** are consulted on how incidents that occur might have been prevented from occurring as well as how such incidents might be prevented in the future.