

TECHNICAL COLLEGE  
**TCSG**  
SYSTEM OF GEORGIA

Sonny Perdue  
Governor

Ronald W. Jackson  
Commissioner

October 12, 2010

President Elam  
Augusta Technical College  
3200 Augusta Tech Way  
Augusta, GA 30906

Dear President Elam:

Enclosed is the approved and signed copy of the 2010-2011 Exposure Control Plan for Occupational Exposure to Blood and Airborne Pathogens for your college.

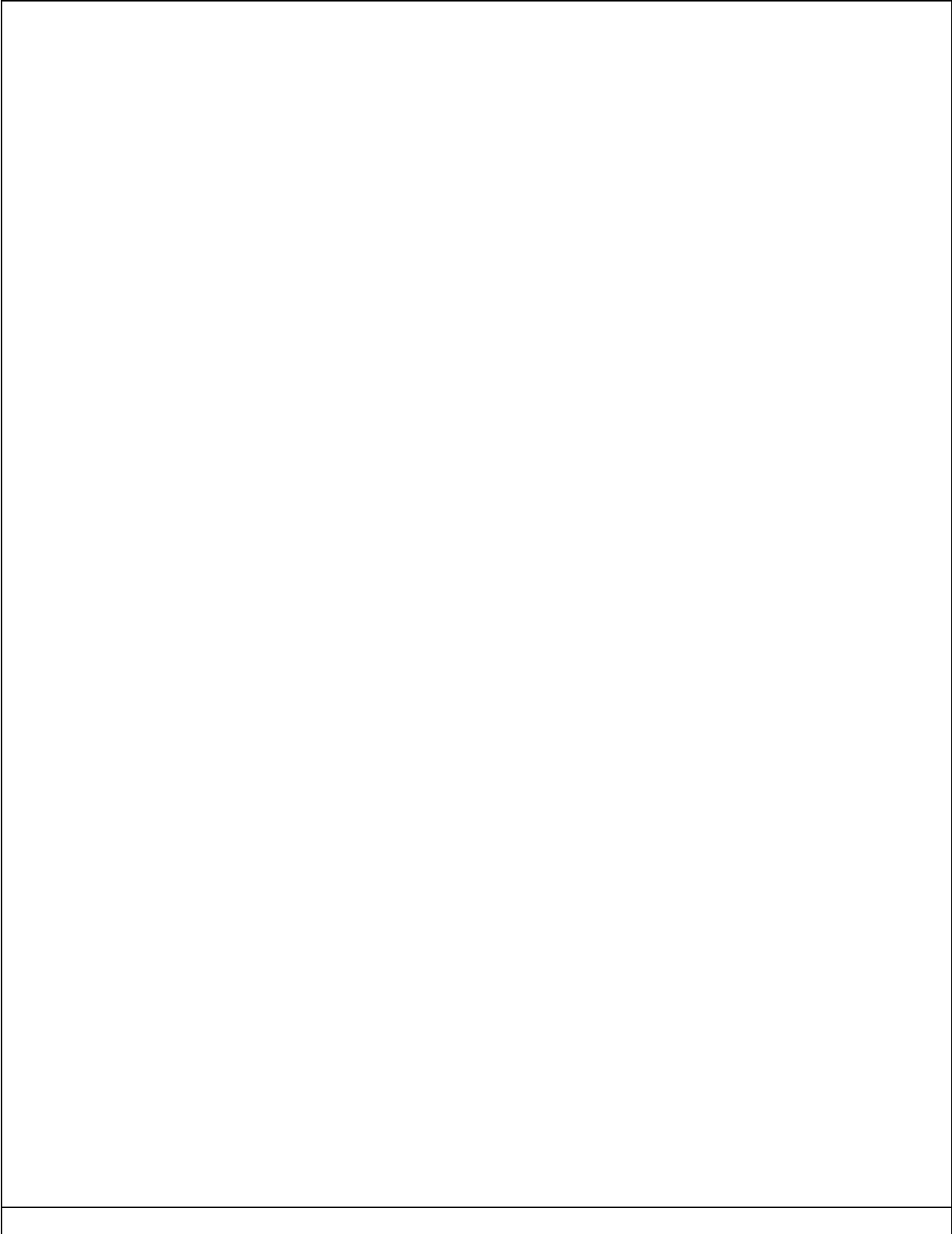
Please contact me directly at [lbeck@tcsug.edu](mailto:lbeck@tcsug.edu) or 404-679-1666 if I can be of service to you or your college in any way with concerns you may have in these areas. We wish you a safe and secure academic year.

Sincerely,



Lisa Anne Beck  
Curriculum Program Specialist  
Public Health and Safety and Nursing

Please send a copy to your College Infection Control Coordinator for College distribution



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

## Technical College System of Georgia

### A. POLICY

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

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

### B. PURPOSE

The **Exposure Control Plan** for the technical college is designed to provide the faculty and students with recognition of tasks, procedures and activities which present the potential for occupational exposure to blood and air-borne pathogens/tuberculosis and a means of eliminating or minimizing in the performance of their instructional or educational duties or activities.

### C. TECHNICAL COLLEGE OBLIGATIONS

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

1. The categories of tasks which have been identified as having the potential for exposure to blood borne pathogens in all occupational programs, both credit and non-credit programs and/or courses.
2. The personal protective equipment; work practices and engineering controls; and housekeeping measures requisite for minimizing exposure to faculty and students at potential for exposure in each category of task.
3. The State Board of Technical and Adult Education Policy II.D.3.a, Occupational Exposure to Blood Borne Pathogens, revised, March 30, 2001 and the Occupational Exposure to Air Borne Pathogens/Tuberculosis Policy, II.D.3.b, revised March 30, 2001
4. The Universal (Standard) Precautions to be followed and the personal protective

- equipment (PPE) to be utilized. (<http://www.cdc.gov/ncidod/dhqp/guidelines.html>)
5. The epidemiology and signs and symptoms of bloodborne and airborne diseases.
  6. Blood borne pathogen and needle stick prevention post exposure guidelines (See <http://www.osha.gov/SLTC/bloodbornepathogens/postexposure.html>)
  7. The "*Occupational Safety and Health Standards: Bloodborne Pathogens*"; 29 CFR Part 1910.1030 as amended February 28, 2006 (<http://www.osha.gov/SLTC/bloodbornepathogens/index.html>)
  8. Information regarding Hepatitis B vaccine, including its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine will be offered to covered employees at no cost to the faculty.
  9. The signs and/or color-coding used in the workplace for exposure control purposes (biohazard labels, "red" bags, etc.)
  10. Georgia O.C.G.A. 13-12-13. G *Bloodborne Pathogens*. This Act extends blood borne pathogens protection to state employees employed in public (state) hospitals and public health facilities and requires the use of needleless delivery systems in these facilities.
  11. Additional recommendations, guidelines and precautions for the prevention of the occupational transmission of airborne pathogens/tuberculosis as required by OSHA. These recommendations and precautions are included in "Procedures Sheet 2: Reporting and Post-exposure Follow Up for Airborne Pathogens/Tuberculosis" appended to this document.
  12. Documentation of annual training regarding the *Exposure Control Plan* shall be placed in each covered 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 training file.
  13. Faculty and students are to be notified of changes in guidelines and procedures as soon as possible. The technical college Infection Control Coordinator will post new information at a common location determined by the institution. Written notice of changes may be required for faculty members and students, when warranted by the technical college infection control coordinator.

#### **Annual Exposure Control Plan Submission:**

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

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

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

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

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

- Category I** A task or activity in which direct contact or exposure to blood, other body materials, or airborne pathogens to which Universal Precautions/Standard precautions apply is normal.
- Category II** A task or activity performed without exposure to blood or other body materials, or airborne pathogens to which universal precautions/standard precautions apply, but exposure might occur as an abnormal event or an emergency.
- Category III** A task or activity that does not entail normal or abnormal exposure to blood or other body materials, or airborne pathogens to which universal precautions/standard precautions apply.

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

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

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

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

#### E. STANDARD OPERATING GUIDELINES

**Standard Operating Guidelines** are designed to provide the faculty and students with the best protective measures in accordance with current regulations, guidelines and policies to reduce or prevent blood borne pathogen exposure. **These guidelines must be followed by faculty and students performing Category I and II tasks.** Whenever there is a conflict in precautions,

PPE, or other exposure control measures, faculty and students will follow the more stringent guidelines.

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

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

## **CATEGORY I TASKS**

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

## **CATEGORY I TASK LISTING**

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

### **CARDIOVASCULAR TECHNOLOGY**

#### **INVASIVE**

1. Collecting of body fluids: blood, urine, cardiac fluid
2. Suctioning: mouth, nose, or lungs
3. Administering medications/thrombolysis
4. Assisting with biopsy, thoracentesis, pericardiocentesis
5. Administering blood
6. Cleaning spills of body fluid
7. Performing placement/care of catheters: bladder/coronary/venous/arterial
8. Performing mouth care
9. Performing postmortem care
10. Handling tears
11. Handling contaminated linens
12. Performing venipuncture/arterial puncture
13. Assisting with intubation/extubation
14. Managing frank blood from any source
15. Performing open heart massage
16. Processing lab specimens
17. Shaving of patients
18. Assisting with surgical procedures, cardiac cauterization

#### **NONINVASIVE**

1. Handling contaminated linens
2. Managing frank blood from any source
3. Shaving skin for electrode placement
4. Performing skin care with patients with non-intact skin
5. Cleaning contaminated equipment
6. Performing or assisting with transesophageal echocardiogram probe placement
7. Performing Resuscitation/CPR
8. Performing procedures that require the use of a mouthpiece for expire gas collection
9. Performing diagnostic procedures on patients in isolation or with non-intact skin
10. Assisting in the care and maintenance of IV's
11. Cleaning spills of body fluids
12. Assisting and performing venipuncture
13. Performing placement and care of catheters: bladder, venous, arterial
14. Performing mouth care
15. Assisting with intubation/extubation

## **COSMETOLOGY**

1. Waxing hair
2. Arching eyebrows
3. Haircutting with scissors or razors
4. Cutting with clippers
5. Trimming beards
6. Performing hair and skin care with clients with non-intact skin
7. Performing manicure/pedicure (also a task for Manicuring and Sculptured Nail Class)

## **CTC**

1. Performing resuscitation/CPR on contaminated manikins

## **DENTAL ASSISTING**

1. Performing chairside assisting in all of the following fields of dentistry: amalgam, composite, crown and bridge, oral surgery, orthodontics, endodontics, prosthodontics, and pediatric dentistry
2. Handling and cleaning of contaminated instruments
3. Operating ultrasonic to clean contaminated instruments
4. Packaging instruments for different methods of sterilization
5. Disposing of infectious waste
6. Performing the suctioning of the mouth
7. Exposing and developing radiographs of the mouth
8. Handling and disinfecting dental impressions and contaminated prostheses
9. Performing the taking of dental impressions
10. Constructing and placing intraoral provisional restorations
11. Repairing, cleaning, and polishing of dentures
12. Performing resuscitation/CPR
13. Trimming of dental casts
14. Cleaning and disinfecting of dental equipment and cabinetry
15. Performing mouth care
16. Handling tears, comforting crying patients

## **EARLY CHILDHOOD CARE AND EDUCATION**

1. Cleaning spills of body fluids
2. Performing mouth care
3. Handling contaminated linens
4. Performing wound care: examination, cleaning, and bandaging
5. Performing bathing/skin care of non-intact skin
6. Performing resuscitation/CPR

**EMERGENCY MEDICAL TECHNOLOGY**  
**PARAMEDIC TECHNOLOGY**

1. Collecting of body fluid specimens
2. Suctioning: mouth, nose, throat
3. Performing the administration of rectal temperature
4. Assisting with a biopsy, spinal tap, thoracentesis, or other invasive procedures
5. Administering blood or blood products
6. Performing venipuncture and starting of IV's
7. Cleaning of contaminated equipment
8. Applying dressings: wound, IV's
9. Placing and caring for catheters
10. Handling contaminated linens
11. Performing wound care: irrigation, packing, bandages, examination
12. Performing emergency delivery of infant, postpartum care
13. Performing care of newborn, infant, postpartum care
14. Performing intubation/extubation
15. Performing resuscitation/CPR
16. Performing oral examinations
17. Managing frank blood from any source
18. Processing lab specimens
19. Managing trauma patients
20. Handling tears: eye care, comforting crying children and adults, administering eye medications

**MEDICAL ASSISTING**

1. Collecting, processing, and testing of body fluids: blood, urine, semen, feces, vaginal/cervical secretions, wound drainage
2. Performing sanitation procedures on used instruments/equipment
3. Assisting with pelvic examinations to include culture, biopsies, swabs, and smears
4. Assisting with minor surgery procedures and invasive diagnostic procedures
5. Performing venipuncture , capillary puncture and starting IV's
6. Performing CPR or resuscitation maneuvers
7. Performing wound care and dressing changes
8. Performing burn care
9. Performing urinary catheterization
10. Cleaning spills of body fluids
11. Handling contaminated linens
12. Performing eye care procedures: Handling tears, comforting crying patients
13. Administering eye medications. Screening for eye and ear disorders
14. Preparing skin for surgical procedures
15. Changing adult/child diapers
16. Assisting with emergency in-office infant delivery

**OCCUPATIONAL THERAPY**

1. Assisting with bed mobility
2. Transfers (bed, wheelchair, tub, toilet, mat)
3. Assisting with cleaning spills of body fluids
4. Handling contaminated linens
5. Cleaning contaminated equipment
6. Assisting with bathing
7. Assisting with dressing
8. Assisting with mechanics of toileting
9. Assisting with feeding
10. Treating of Dysphasia
11. Assisting with shaving
12. Performing oral care
13. Assisting with oral care
14. Assisting with eye care
15. Handling tears
16. Assisting with skin, hair, and nail care of patients with non-intact skin
17. Wound care and dressings
18. Management of blood, bowel, bladder, mucous, saliva during ADLs
19. Fabricating and monitoring of orthotics
20. Use of scissors, nail clippers in patient care
21. Performing CPR
22. Performing first aid

### **PRACTICAL NURSING**

1. Collecting and testing of body fluid specimens: blood, urine, sputum, feces, spinal fluid, wound drainage, etc.
2. Assisting with biopsy, spinal tap, thoracentesis, or other invasive procedure
3. Care of emptying of drainage tubes and collection containers
4. Administering blood or blood product
5. Performing dressing change: wound, IV central line, etc.
6. Performing postmortem care
7. Performing venipuncture
8. Performing wound care: irrigation, packing, suctioning, examination
9. Managing frank blood from any source
10. Assisting with surgical procedures
11. Managing of trauma and isolation patients
12. Cleaning contaminated equipment
13. Cleaning spills of body fluids
14. Handling contaminated linens
15. Handling tears: eye care, comforting crying children/adults, administering of eye drops
16. Suctioning of mouth, nose, or endotracheal
17. Performing postural drainage
18. Performing tracheostomy care
19. Assisting with intubation/extubation
20. Performing resuscitation/CPR
21. Performing or assisting with oral examination/dental procedures
22. Performing gastric suctioning
23. Administering enema/rectal medications, rectal temperature, rectal examination, removing impaction, inserting rectal tubes
24. Changing diapers: adult or infant
25. Performing ostomy care
26. Performing tube feeding/ irrigation, aspiration
27. Performing bladder irrigation

28. Placing and caring of catheters: bladder, condom
29. Performing mouth care
30. Assisting with hemodialysis or peritoneal dialysis
31. Performing decubitus care
32. Performing Pin care
33. Shaving of patients
34. Bathing and skin care of non-intact skin
35. Performing nail care
36. Performing hair or skin care with clients with non-intact skin
37. Performing postpartum care, vaginal irrigations, administering vaginal medication
38. Assisting with delivery: normal and C-section
39. Handling newborn/ cord care
40. Performing perineal care
41. Assisting with vaginal exam

### **RESPIRATORY THERAPY**

1. Collecting and testing of body fluid specimens: blood and sputum
2. Assisting with open and closed lung biopsy, spinal tap, thoracentesis, pericardiocentesis, open heart massage, pulmonary artery catheters, venipuncture, endotracheal, and tracheostomy tubes
3. Suctioning : mouth, nose, and lungs
4. Handling and cleaning contaminated equipment
5. Performing dressing changes: tracheostomy, central line, arterial lines
6. Changing diapers
7. Performing postural drainage and percussion
8. Handling contaminated linens
9. Performing resuscitation/CPR
10. Performing extubation
11. Managing frank blood from any source
12. Processing lab specimens
13. Managing ECMO
14. Managing trauma patients

### **RADIOLOGIC TECHNOLOGY**

1. Performing resuscitation and CPR
2. Handling contaminated linens
3. Handling and disposing of contaminated sharps
4. Assisting in performing venipuncture
5. Administering contrast media
6. Cleaning spills of body fluid
7. Performing radiographic examinations and individuals who a known hazard exists (e.g. the patient has active TB)
8. Performing radiographic examinations in care areas where increased exposure risk is known (e.g. trauma, surgery)

### **SURGICAL TECHNOLOGY**

1. Collecting of body fluid specimens: blood, urine, sputum, spinal fluid, wound drainage
2. Assisting with bronchoscopy, biopsy, aspirations, spinal tap, thoracentesis, or other invasive diagnostic procedures
3. Assisting with any surgical procedure
4. Cleaning contaminated equipment and furniture
5. Changing dressings
6. Cleaning spills of body fluids
7. Placing and maintaining catheters
8. Performing postmortem care
9. Handling contaminated linens and disposable drapes
10. Assisting with venipunctures
11. Assisting with intubation/extubation
12. Performing resuscitation/CPR
13. Managing frank blood from any source
14. Assisting with delivery of newborn
15. Handling of newborn/cord care
16. Prepping patients for surgery/shaving

(Attach a separate sheet if there are additional Category I tasks to be listed)

## **CATEGORY I TASK STANDARD OPERATING GUIDELINES**

### **DEFINITION:**

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

### **FACULTY POSITIONS INVOLVED:**

The technical college faculty positions involved in the performance of Category I tasks are:

1. Cardiovascular Instructor (3)
2. Early Childhood Care and Education Instructor (4)
3. Cosmetology Instructor(3)
4. Manicuring and Sculptured Nail Instructor (1)
5. CTC Instructor (1)
6. Dental Assisting Instructor (2)
7. Emergency Medical Technology (3)
8. Medical Assisting Instructor (4)
9. Occupational Therapy Assistant Instructor (2)
10. Practical Nursing Instructor (7)
11. Radiologic Technology Instructor (2)
12. Respiratory Therapy Instructor (2)
13. Surgical Technology Instructor (1)

(Attach a separate sheet if needed to list additional faculty positions.)

**STUDENT OCCUPATIONAL TRAINING PROGRAMS/COURSES INVOLVED:**

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

1. Cardiovascular Technology
2. Cosmetology and Manicuring and Sculptured nails
3. CTC
4. Dental Assisting
5. Early Childhood Care and Education
6. Emergency Medical Technology
7. Medical Assisting
8. Occupational Therapy Assistant
9. Paramedic Technology
10. Practical Nursing
11. Radiologic Technology
12. Respiratory Therapy
13. Surgical Technology

(Attach a separate sheet to list additional student occupational training programs or courses performing Category I tasks)

## PERSONAL PROTECTIVE EQUIPMENT (CATEGORY I TASKS)

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

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

## WORK PRACTICES AND ENGINEERING CONTROLS (CATEGORY I TASKS)

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

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

Each technical college will have established an evaluation committee, as specified in the Georgia Code, to identify and select needleless systems and engineered sharps injury protection used in occupational training programs.

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 leakproof on the sides, bottom and top. Approved containers shall be marked with the international biohazard symbol. Such containers shall be easily assessable at the work-site and located in areas where needles and other sharps are commonly used.
3. **Hand washing**—Faculty and students shall wash their hands immediately or as soon as possible after removal of gloves or other PPE and after hand contact with blood or O.P.I.M. Faculty and staff should use an anti-microbial skin cleaner as provided by the college or institution when washing their hands.
4. **Waste Containers** used for medical waste (non-sharp items) that are contaminated with blood or O.P.I.M. shall be marked with the international bio-hazard symbol and possess covers to limit access and prevent secondary contamination. Waste shall be segregated, handled and stored in accordance with the requirements of the Blood Borne Pathogens Standard.
5. **Linen and laundry items** soiled with blood or other O.P.I.M. shall be placed in bags that are labeled and identify them as contaminated with potential pathogens or biohazards and prevent soaking through and/or leakage to the exterior. Contaminated laundry items shall be handled with gloves.

## HOUSEKEEPING MEASURES (CATEGORY I TASKS)

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

The housekeeping measures serve to protect the faculty and students of this technical college as well as patients or clients during contact with faculty and students. The technical college Infection Control Coordinator will review these measures on at least an annual basis for their effectiveness and for changes to meet current guidelines.

1. **Schedule**--All equipment and environmental working surfaces shall be cleaned and decontaminated after contact with blood or O.P.I.M.  
  
**Contaminated work surfaces** shall be decontaminated with an appropriate disinfectant after the completion of a procedure; when they are overtly contaminated with blood or O.P.I.M.; and at the end of the work shift.

**Equipment and instruments** (dental hand pieces, needle holders, forceps, lights and X-

ray heads, etc) that may have become contaminated with blood or O.P.I.M. shall be decontaminated with an appropriate disinfectant after the completion of the procedure.

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

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

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

2. **Disinfectants**-- Following the initial cleanup, one of the following shall be used for cleaning blood or O.P.I.M.:

- a. Chemical germicides that are approved as hospital disinfectants and are tuberculocidal when used in recommended dilutions.
- b. Products registered by the U.S.E.P.A. as being effect against HIV with an accepted 'HIV label"
- c. A solution of 5.25% sodium hypochlorite (household bleach) diluted with water between 1:10 to 1:100 strength. This solution should be mixed fresh on a daily basis.

3. **Reusable Instruments** and other devices that will be used on other patients or clients should be cleaned and disinfected and/or sterilized upon completion of the procedure. Reusable sharps shall not be stored or processed in a manner that requires the faculty member or student to reach by hand into the container where the sharps have been placed.

- a. Cleaning is accomplished by washing the instruments and brushing their surfaces to loosen any embedded materials. This cleaning process requires the use of gloves and eye protection by the faculty member or student.
- b. Disinfection of instruments should be accomplished by soaking them in an approved disinfectant. They should soak for the minimum time specified by the manufacturer of the solution.
- c. Sterilization of instruments should be accomplished by soaking in an approved liquid sterilizing solution or by autoclaving.

4. **Disposal**-- Materials and items to be discarded upon completion of the procedure and have

been contaminated with blood or O.P.I.M. shall be placed in appropriate waste containers.

- a. Sharps shall be placed in approved, puncture-resistant containers that are labeled with the international biohazard symbol and color-coded.
- b. Materials (other than sharps) that are contaminated with blood or O.P.I.M. shall be placed in an appropriate medical waste container that is labeled with the international biohazard symbol or color-coded.
- c. Materials (other than sharps) not contaminated with blood or O.P.I.M. shall be placed in a general waste container.

5. **Food, Drinks, etc.**--Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are **prohibited** in work areas where Category I procedures area are performed. Food and Drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood and/or O.P.I.M. are present.

## **CATEGORY II TASKS**

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

## **CATEGORY II TASK LISTING**

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

### **Cardiovascular**

#### **Invasive**

1. Administering routine medicine: Oral and parental
2. Taking vital signs on a nonisolated patient
3. Performing routine cleaning of cardiac catheterization equipment
4. Monitoring hemodialysis
5. Transporting specimen in a container /plastic bag

#### **Noninvasive**

1. Assessing and performing noninvasive diagnostic procedures on patients with intact skin, without diarrhea, bleeding, or drainage
2. Administering routine medications: Oral and parental
3. Taking vital signs on non-isolated patients
4. Performing routine cleaning of patient testing areas
5. Transporting specimen and container /plastic bag
6. Performing routine cleaning of diagnostic equipment

### **Cosmetology**

1. Draping patrons
2. Shampooing and performing hair care of patrons with intact skin
3. Performing scalp treatments
4. Performing bleaching and tinting
5. Performing cold wave procedures
6. Performing chemical relaxing of hair
7. Performing thermal curling
8. Applying artificial nails
9. Performing facials, skiing gear of patrons with intact skin

### **CTC**

1. Performing routine handling of decontaminated mannequins

### **Dental Assisting**

1. Preparing and cleaning noncontaminated operator
2. Disinfecting noncontaminated equipment
3. Assisting patients in and out a dental chair
4. Draping patients

### **Early Childhood Care and Education**

1. Bathing, dressing, feeding, assessing children with intact skin, and without diarrhea, bleeding, or drainage
2. Administering routine medications with written parental permission
3. Preparing and delivery of food
4. Cleaning routinely of childcare areas
5. Feeding the adults/infants/children

### **Emergency Medical Technology** **Paramedic Technology**

1. Assessing patients with intact skin and without diarrhea, bleeding or drainage
2. Administering routine medication: Oral and parental
3. Taking vital signs on a nonisolated patient
4. Performing routine cleaning of patient care areas
5. Transporting specimen in a container/plastic bag
6. Transporting patients for routine care/treatment
7. Administering oxygen to patients
8. Applying restraints or protective devices

### **Medical Assisting**

1. Administering routine medications orally and parenterally
2. Obtaining temperatures as a part of taking vital signs on nonisolated patients
3. Performing routine cleaning of examination and lab areas
4. Transporting specimens to outside lab
5. Administering oxygen
6. Performing incentive spirometry

## **Occupational Therapy**

1. Use of sharp craft tools
2. Use of sharp kitchen utensils
3. Fabricating and monitoring of orthotics
4. Use of scissors, utility knives
5. Assisting with skin, hair and nail care of patients with intact skin
6. Assisting with bed mobility
7. Transfers (bed, wheelchair, tub, toilet, mat)
8. Applying restraints or protective devices
9. Use of sensory-integrative techniques
10. Use the biomechanical techniques
11. Use of adaptive equipment

## **Practical Nursing**

1. Bathing, dressing, feeding, assessing patients with intact skin and, and without diarrhea, bleeding, or drainage
2. Performing routine medicine administration, enteral, parenteral, and percutaneous
3. Taking vital signs on nonisolated patient
4. Delivering food trays
5. Performing routine cleaning of patient care areas
6. Feeding infants/children/adults
7. Transporting specimen a container/plastic bag
8. Administering oxygen, incentive spirometer
9. Placing of abdominal binder
10. Performing transfer activities
11. Applying restraints or protective devices
12. Administering hot or cold treatments

### **Radiologic Technology**

1. Performing routine diagnostic imaging procedures on patients
2. Moving and transferring patients to and from radiologic tables
3. Performing sanitation procedures on x-ray equipment
4. Processing radiographic images
5. Manipulate radiographic equipment and accessories

### **Respiratory Therapy**

1. Performing routine medication administration: inhalation; IV
2. Taking vital signs on nonisolated patients
3. Transporting specimen in containers: blood or sputum
4. Assessing patients with intact skin
5. Changing at medical gas, humidity, and aerosol administering equipment
6. Performing pulmonary function testing of patients
7. Transporting patients from one area to another
8. Cleaning and processing noncontaminated equipment
9. Performing EKG's
10. Performing noninvasive monitoring: Paul sock symmetry, transcutaneous monarch turns and end tidal monitoring
11. Monitoring cuff pressures a tracheostomy and endotracheal tubes
12. Monitoring continuous adult and neonatal mechanical ventilation

### **Surgical Technology**

1. Transporting specimen in container/plastic bag
2. Performing routine cleaning of patient care areas
3. Transporting a preoperative /postoperative patients
4. Performing routine intraoperative medication preparation
5. Performing routine cleaning and sharpening of surgery instruments
6. Taking vital signs on nonisolated patients

(Attach a separate sheet if there are additional Category II tasks to be listed)

### **CATEGORY II TASK STANDARD OPERATING GUIDELINES**

#### **DEFINITION:**

A Category II Task is one in which there is a potential for, although not planned, contact with blood other

potentially infectious materials or airborne pathogens.

**FACULTY POSITIONS INVOLVED:**

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

1. Cardiovascular instructor (3)
2. Early childhood and education instructor (4)
3. Cosmetology instructor(3)
4. Manicuring the and sculptured nail instructor (1)
5. CTC instructor (1)
6. Dental assisting instructor (2)
7. Emergency medical technology (3)
8. Medical assisting instructor (4)
9. Occupational therapy assistant instructor (2)
10. Paramedic technology instructor (3)
11. Practical nursing instructor (7)
12. Radiographic technology instructor (2)
13. Respiratory therapy instructor (2)
14. Surgical technology instructor (1)

(Attach a separate sheet to list additional faculty positions)

**STUDENT OCCUPATIONAL AREAS INVOLVED:**

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

1. Cardiovascular technology
2. Cosmetology
3. Manicuring and sculptured nails
4. CTC
5. Dental assisting
6. Early childhood care and education
7. Emergency medical technology
8. Paramedic technology
9. Medical assisting
10. Occupational therapy assistant
11. Practical nursing
12. Radiographic technology
13. Respiratory therapy
14. Surgical technology

(Attach a separate sheet to list additional student occupational training program/course performing Category II tasks)

## **Category II Tasks**

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

## **CATEGORY III TASKS**

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

## **CATEGORY III TASK LISTING**

**ADMINISTRATIVE NOTE:** *It is not necessary to list Category III task. It is sufficient to list each Category III occupational training program/course only and follow the list with a statement that these occupational areas have been surveyed and contain no tasks with exposure potential.*

1. Accounting
2. Air-conditioning technology
3. Automotive technology
4. Business and office technology
5. CIS(includes computer programming, networking, microcomputers, e-commerce, IT certifications)
6. Criminal justice
7. Culinary arts
8. Electrical engineering technology
9. Electronic technology
10. Environmental horticulture
11. General education
12. Golf course management
13. Industrial maintenance
14. Machine to technology
15. Marketing management
16. Mechanical engineering instructor
17. Pharmacy technology
18. Printing/graphics technology
19. Residential/commercial wiring
20. Welding and joining technology
21. Certified manufacturing specialist
22. Technical design graphics

**All of the above occupational programs have been surveyed and contain no task with exposure potential**

## **CATEGORY III TASK STANDARD OPERATING GUIDELINE**

### **DEFINITION:**

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

**No special precautions are required when performing Category III tasks.**

### **FACULTY POSITIONS INVOLVED:**

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

1. Accounting instructor (4)
2. Administrative office technology (2)
3. Air-conditioning technology instructor (3)
4. Automotive technology instructor (3)
5. Business and office technology instructor (7)
6. CIS instructor(includes computer programming, networking, microcomputers, e-commerce, IT certifications (8)
7. Criminal Justice instructor (2)
8. Culinary arts instructor (2)
9. Electrical engineering technology instructor (2)
10. Electronic technology instructor (2)

11. Environmental horticulture instructor (2)
12. General education (9)
13. Golf course management instructor (1)
14. Industrial maintenance technology instructor (3)
15. Machine tool technology instructor (1)
16. Marketing management instructor (3)
17. Mechanical engineering instructor (3)
18. Pharmacy technology instructor (1)
19. Printing/graphics technology instructor (1)
20. Residential/commercial wiring instructor (2)
21. Welding and joining technology instructor (3)
22. Certified manufacturing specialist (1)
23. Technical design graphics (1)

(Attach a separate sheet to list additional faculty positions)

**STUDENT OCCUPATIONAL CATEGORIES INVOLVED:**

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

1. Accounting
2. Administrative office technology
3. Air-conditioning technology
4. Automotive technology
5. Business and office technology
6. CIS(includes computer programming, networking, microcomputers, e-commerce, IT certifications
7. Criminal justice
8. Culinary arts
9. Electrical engineering technology
10. Electronic technology
11. Environmental horticulture
12. General education
13. Golf course management
14. Industrial maintenance technology
15. Machine tool technology
16. Marketing management
17. Mechanical engineering instructor
18. Pharmacy technology
19. Printing/graphics technology
20. Residential/commercial wiring
21. Welding and joining technology
22. Certified manufacturing specialist
23. Technical design graphics

(Attach a separate sheet to list additional student occupational training program/course performing Category III tasks)

## ***INFORMATION SHEET 1***

### **INSTRUMENT STERILIZATION GENERAL SUMMARY**

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

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

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

To achieve sterilization with an autoclaving instrument, follow the guidelines set forth in the operator's manual of the instrument. To assure the proper functioning of the instrument it is recommended that the autoclave be tested with a biological indicator on not less than a monthly basis (*the CDC recommends weekly testing for the dental setting because of the higher frequency of use*). A copy of the performance of the indicator should be kept on file for a minimum of two years.

### **EQUIPMENT DISINFECTION SUMMARY**

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

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

## **HBV/HIV GUIDELINES UNDER THE STANDARD**

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

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

### **HBV VACCINATION**

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

Students in covered occupational areas will be offered the vaccination series at cost.

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

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

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

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

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

If the faculty member or student has a percutaneous (needlestick, cut or puncture) or mucous membrane (splash to the eye, nasal mucosa, or mouth) exposure to body fluids (blood or other infectious materials) or has a cutaneous exposure when they have chapped or abraded skin, or otherwise non-intact skin it shall be reported as an exposure incident to the faculty member and/or the technical college Infection Control Coordinator.

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

1. Documentation of the route(s) of exposure, HBV and HIV antibody status of the patient(s) (if known), and the circumstances under which the exposure occurred. This information should also be posted to the Master Sharps Injury Log.

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

The technical college shall obtain and provide the employee with a copy of the consulting healthcare professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether the vaccination is indicated and if the faculty member or student received such vaccination.

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

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

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

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

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

Student medical records shall be retained for a period of one year after graduation, completion, termination or leaving the technical college. Faculty medical records shall be retained for a period of 30 years plus the length of employment.

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

**A. Purpose**

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

**B. Definitions**

1. Exposure Potential

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

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

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

**C. Population at Risk for Occupational Exposure**

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

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

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

1. Each faculty member or student should have a tuberculin skin test at the time of employment or prior to assignment to clinical or workplace respectively, unless a previously positive reaction can be documented or after completion of appropriate preventative therapy or adequate therapy can be documented.
2. Any faculty member or student with a history of Bacillus of Calmette and Guerin (BCG) vaccination should also have the tuberculin skin test as in #1.
3. Any faculty member or student who exhibits a first time positive reaction to the skin test must be cleared by a physician prior to further contact with students or patients/clients. Clearance must be documented in writing. Personnel with documented, active tuberculosis should be also offered HIV antibody testing.
4. Any faculty member or student with a **documented** history of a positive skin test (PPD) or adequate treatment of latent infection or active diseases are to be exempt from further testing unless signs and symptoms of tuberculosis develop.
5. Initial and follow up tuberculin skin tests should be administered and interpreted in accordance with current CDC guidelines.
6. Periodic retesting of PPD-negative faculty members and students should be conducted to identify persons whose skin tests convert to a positive status. The frequency of retesting is risk-dependent. The schedule for persons performing high-risk procedures is every six months. In general, other faculty and students should be tested annually.
7. Tuberculin skin tests (initial and periodic) shall be offered to covered faculty at no cost to the employee. Students are responsible for the cost of their skin tests.

#### **E. Procedures - Post Exposure Follow up**

1. Immediately upon identification of an accidental exposure involving a faculty member or student, the clinical instructor or instructor's supervisor shall be notified as well as the technical college Infection Control Coordinator and the authorized contact person at the clinical or work site.
2. The exposure incident shall be documented in writing with copies to the authorized person at the clinical or work site, the instructor and the technical college Infection Control Coordinator (ICC). (Incident Form to be provided.) Initial documentation is to be prepared the day of the incident and must be filed with the ICC within 24 hours of the incident.
3. The exposed faculty member or student is to be counseled immediately after the exposure incident and referred to his or her family physician or health department to begin follow up and appropriate therapy. Baseline testing should be performed as soon as possible post-incident. The technical college is responsible for the cost of a post-incident follow up for both covered faculty and students as specified in State Board Policy # II.D.3.b Occupational Exposure to Air Borne Pathogens/Tuberculosis
4. Any faculty member or student with exposure potential with a positive skin test upon repeat testing, or after exposure should be clinically evaluated for active tuberculosis. If active tuberculosis is diagnosed, appropriate therapy should be initiated according to CDC Guidelines or established medical protocol.

5. Any faculty member or student with exposure potential with a positive skin test, upon repeat testing or exhibiting signs and symptoms of tuberculosis, shall not have patient or client contact until such time as he or she is cleared by a physician after further testing and/or by initiation of appropriate therapy.

6. All faculty members and students who have contact with a faculty member or student found to have active tuberculosis shall be advised to have a PPD skin test to be cleared for further participation in the class or course. Any person exposed, as above, with a documented history of positive PPD skin tests may be recommended for a diagnostic chest X-ray.

7. Appropriate treatment protocols shall be followed per CDC Guidelines and a timetable for repeat testing shall be established.

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

1. Personal protective equipment (PPE) shall be utilized as follows for known or highly suspicious patient or client cases:

- a. High efficiency particulate air (HEPA) respirators or N.I.O.S.H.- approved N-95 respirators shall be used by faculty and students when entering a patient or clients' hospital room when the patient is known or highly suspected of having active tuberculosis.
- b. HEPA (filter) respirator fit testing for each faculty member or student must be conducted to insure a reliable fit and face-seal prior to use of the equipment. This is required only if the HEPA respirator is to be used in lieu of other types of respirators.
- b. The user should fit-check the respirator seal each time he or she uses the respirator, prior to entering a patient's or client's room.
- d. Disposable or reusable HEPA or other N.I.O.S.H. approved respirators may be used.  
Reusable respirators must be stored to maintain the form-fit after cleaning after patient contact.

2. Any faculty member or student with a respiratory disease or other disorder which would cause respiratory impairment/decreased pulmonary function may be required to be certified as capable of using an approved respirator by a physician. This certification is to be in writing.

3. Any faculty member or student with a certified respiratory impairment that would prevent the use of a HEPA or other respirator should not be assigned to a known tuberculosis case or to a highly suspicious patient/client. An alternative assignment is to be made.

4. Personal protective equipment is to be provided by the technical college for demonstration and practice lab activities. The clinical or work site may provide PPE for faculty members and students during rotations. If the PPE is not provided for actual patient/client contact, it is the responsibility of the technical college to provide it at no cost to faculty members at no cost and to students at their cost.

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

1. Each faculty member or student shall receive education and training about tuberculosis as part of the blood and airborne pathogens education and training module. Faculty members shall receive annual refresher training thereafter. The technical college Infection Control Coordinator shall be responsible for monitoring and evaluating the effectiveness of this education and training process.

2. Training shall be documented as specified in the technical college Exposure Control Plan.

3. **The following shall be included in the annual training module:**

- a. Mode(s) of Transmission
- b. Pathogenesis
- c. Diagnosis and Assessment of Tuberculosis
- d. Latent Infection Stage Compared to the Active Disease State
- e. Signs and Symptoms of Tuberculosis
- f. The Possibility of Re-infection in Persons with a Positive PPD
- g. The Potential for Occupational Exposure and Transmission of Tuberculosis
- h. Principles/Practices Which Reduce Risk of Exposure/Transmission
- i. Review of Written Policies and Procedures.
- j. The Purpose of PPD Testing and Significance of A Positive Result
- k. Principles of Preventive Therapy in Latent Infection
- l. Process and Steps in the Medical Evaluation of a PPD Test Conversion or Following Signs and Symptoms of Tuberculosis
- m. Principles of Drug Therapy for Active Tuberculosis
- n. The Risk of TB in HIV or AIDS Patients or Other Immunosuppressive Disease
- o. Confidentiality Secondary to Assessment and Treatment of Tuberculosis
- p. The technical college's Policy on Voluntary Duty Reassignment Options for Immunocompromised Faculty Members and Students with Exposure Potential.

## Blood borne and Air Borne Exposure Protocol

### **Students:**

Call Ernest Quattlebaum at 706-771-4195

Forms to be completed:

Accident Investigation Report

Student Accident Report

DTAE Accidental Exposure to Blood or Other Potentially Infectious Body  
Material or DTAE Accidental Exposure to Airborne Pathogens

Student Accident Insurance Form

### **Faculty:**

Call Ernest Quattlebaum at 706-771-4195

Forms to be completed:

Accident Investigation Report

Employee Accident Report

DTAE Accidental Exposure to Blood or Other Potentially Infectious Body  
Material or DTAE Accidental Exposure to Airborne Pathogens

Contact Lori Usry in the business office for doctor's office insurance claim

Go to:

Center For Primary Care  
2011 Windsor Spring Road  
706-798-1700

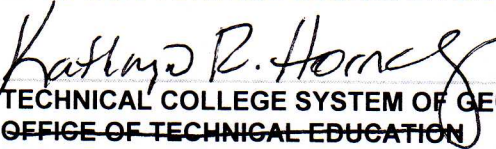
**2010-2011  
EXPOSURE CONTROL PLAN  
OCCUPATIONAL EXPOSURE TO  
BLOOD BORNE PATHOGENS  
AND  
AIRBORNE PATHOGENS/TUBERCULOSIS**

Augusta Technical College  
(INSERT TECHNICAL COLLEGE NAME)

REVIEWED:  DATE: 09/08/2010  
TECHNICAL COLLEGE  
INFECTION CONTROL COORDINATOR

APPROVED:  DATE: 9/8/10  
PRESIDENT

REVIEWED:  DATE: 09/28/10  
TECHNICAL COLLEGE SYSTEM OF GEORGIA  
INFECTION CONTROL COORDINATOR

APPROVED:  DATE: 10/06/2010  
TECHNICAL COLLEGE SYSTEM OF GEORGIA  
OFFICE OF TECHNICAL EDUCATION  
ASSISTANT COMMISSIONER

Revised: 06/05/10

