Technical College
System of Georgia

Nathan Deal
Governor

Matt Arthur
Commissioner

August 28, 2018

President Love
Savannah Technical College
5717 White Bluff Road
Savannah, GA 31499

Dear President Love:

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

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

Sincerely,

Lisa Anne Beck
Emergency Manager

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

Exposure Control Plan
To Bloodborne Pathogens and Airborne Pathogens/Tuberculosis
Savannah Technical College
2018-2019

REVIEWED: Mary Swan DATE: 8/21/18
EXPOSURE CONTROL COORDINATOR
SAVANNAH TEHCNICAL COLLEGE

APPROVED: [signature] DATE: 8-21-18
PRESIDENT/EXECUTIVE
SAVANNAH TEHCNICAL COLLEGE

REVIEWED: [signature] DATE: 08/22/18
EMERGENCY MANAGER
TECHNICAL COLLEGE SYSTEM OF GEORGIA

APPROVED: [signature] DATE: 8/28/2018
DIRECTOR OF CAMPUS SAFETY
TECHNICAL COLLEGE SYSTEM OF GEORGIA

SAVANNAH TECHNICAL COLLEGE
EXPOSURE CONTROL PLAN
FOR
OCCUPATIONAL EXPOSURE TO
BLOODBORNE PATHOGENS AND
AIRBORNE PATHOGENS/TUBERCULOSIS 2018-2019

INTRODUCTION

The State Board of the Technical College System of Georgia (SBTCSG), along with its technical colleges and work units, is committed to providing a safe and healthful environment for its employees, students, volunteers, visitors, vendors and contractors. SBTCSG Policy II.D. Emergency Preparedness, Health, Safety and Security compels technical colleges and work units to eliminate or minimize exposure to bloodborne and airborne pathogens in accordance with OSHA Standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens" as well as Centers for Disease Control (CDC) "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Facilities, 2005." In pursuit of this goal, the Exposure Control Plan (ECP) is maintained, reviewed, exercised and updated at least annually to ensure compliance and protection for employees and students.

This Exposure Control Plan includes:

- clarification of program administration
- determination of employee and student exposure
- implementation of various methods of exposure control
    - standard precautions
    - engineering and administrative controls
    - personal protective equipment (PPE)
    - housekeeping
    - laundry
    - labeling
- vaccination for Hepatitis B
- evaluation and follow-up following exposure to bloodborne/airborne pathogens (tuberculosis)
- evaluation of circumstances surrounding exposure incidents
- communication of hazards and training and
- recordkeeping

I. PROGRAM ADMINISTRATION

A. Mary Swan 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:

Mary Swan
Savannah Technical College
5717 White Bluff Road
Savannah, Georgia 31405
912-443-4084 (Office)
mswan@savanntech.edu

Alternate Contact:

Melissa Banks, HR Director
Savannah Technical College
5717 White Bluff Road
Savannah, Georgia 31405
912-443-3388 (Office)
mbanks@savannahtech.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. Savannah Technical College is responsible for the implementation, documentation, review, and training/record keeping of standard precautions with respect to the areas of personal protective equipment (PPE), decontamination, engineering controls (e.g., sharps containers), administrative controls, housekeeping, laundry, and labeling and containers as required as assigned to designees. Further, adequate supplies of the aforementioned equipment will be available in the appropriate sizes/fit.

Contact Information for Responsible Person(s) or Department(s):

Program Director (Barbering/Cosmetology) Kim Cutter-Williams
912-443-5780 (Office) kcutter@savannahtech.edu

Economic Development – Continuing Education (Con-ED)
Kevin Werntz, Vice President
912-443-3015 (office) kwernz@savannahtech.edu

Program Director (CNA/PCT) Mary Swan
912-443-4084 (Office) mswan@savannahtech.edu

Program Director (Custodial/Maintenance) Gary Strickland
912-443-5794 (Office) gstrickland@savannahtech.edu

Program Director (Dental Assisting) Stephanie Derfus
912-443-5818 (Office) sderfus@savannahtech.edu

Program Director (Dental Hygiene) Suzanne Edenfield
912-4435794 (Office) sedenfield@savannahtech.edu

Program Director (Early childhood Care) Cinda Young
912-443-5788 (Office) cyoung@savannahtech.edu

Program Director (Law Enforcement) Daniel Fogarty
912-443-5787 (Office) dforgarty@savannahtech.edu

Program Director (Medical Assisting) Jacquelyn Muller
912-443-5810 (Office) jmuller@svannahtech.edu

Program Director (EMT/Paramedics) Walter Webel
912-4435818 (Office) wwebel@savannahtech.edu

Program Director (Phlebotomy) (Vacant)
Contact: Kathleen Bombery, Dean Health Sciences
912-443-5828 (Office) kbombery@savannahtech.edu

Interim Program Director (Practical Nursing) Kissiah Moore
912-408-3024 ext. 6016 (Office) kcmoore@savannahtech.edu

Director (Public Safety/Chief of Police) Mark Gerbino
912-443-4787 (Office) gerbino@savannahtech.edu

Program Director (Surgical Tech) Jacquelyn Lee
912-443-5819 (Office) jlee@savannahtech.edu

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

Sunbelt Medical Services
Douglas Sayer (P.O.C.)
637 Charles Perry Ave.
P.O. Box 215
Sardis, GA 30456
1-800-545-3537
dsayers4@sunbeltbiowaste.com

E. Savannah Technical College engages in the following training, drills and exercises regarding exposure control: Active Shooter exercise is conducted annually at all four campuses of Savannah Technical College. The protocol for the retention of the training records for this exercise is retained

with the STC police department for a term of three (3) years. The individual programs that are listed as Category I/II conduct program specific exposure control training at least annually (based on course offering/cohorts). The protocol for the retention of these training records is retained within the individual departments for three (3) years.

F. The protocol for the annual review of the Savannah Technical College ECP is to have the Exposure Control Committee review and update the ECP annually or more frequently if necessary to reflect any new or modified task or activities that affect occupational exposure and to reflect new or revised employee classification or academic programs with potential for occupational exposure. The protocol for the retention of the ECP is to archive the ECP for the last three years both by electronic copy on SharePoint and with the ECC.

II. EXPOSURE DETERMINATION

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

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

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

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

B. 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.

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

List of the specific programs/areas falling under the following categories:

Job/Program/Title	Occupational/Program Area	Task/Activity
Advanced Emergency Medical Technician (EMT)	Health Science	Category I
Central Sterile Supply/Processing Technician (CST)	Health Science	Category I
Certified Nursing Assistant (CNA)	Health Sciences	Category I
Continuing Education (specific)	Economic Development	Category II
Criminal Justice	Health Science	Category II
Custodial/Maintenance	Facilities/Operations	Category II
Dental Assistant	Health Science	Category I
Dental Hygienist	Health Science	Category I
Early Childhood Care Specialist	Health Science	Category II
Emergency Medical Technician	Health Science	Category I
Family Childcare Specialist	Health Science	Category
Cosmetology/Barbering	Health Science	Category I
Infant/Toddler Childcare Specialist	Health Science	Category II
Law Enforcement	Health Science	Category II
Medical Assistant	Health Science	Category I
Paramedicine	Health Science	Category I
Patient Care Technician	Health Science	Category I
Phlebotomy Technician	Health Science	Category I
Police/Public Safety	Operations	Category II
Practical Nursing	Health Science	Category I
Surgical Technology Technician	Health Science	Category I

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 Program Director 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

A. Follow standard precautions with regard to personal protective equipment for identified Category I and II tasks. The individuals identified in Section I.C. are responsible for implementing and documenting the following:
   1. Appropriate personal protective equipment (PPE) is provided to covered employees at no cost and available to covered students at the student's expense. Training/recording keeping in the use of PPE for specific tasks is provided by the Training Director.

2. Types of PPE that are provided include the following: See Appendix A.1
3. All covered employees and covered students using PPE must observe the following precautions:
    a. Wash hands immediately or as soon as feasible after removing gloves or other PPE.
    b. Remove PPE after it becomes contaminated and before leaving the work area.
    c. Used PPE may be disposed of in the appropriately labeled container (red biohazard bag).
    d. 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.
    e. 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.
    f. Never wash or decontaminate disposable gloves for reuse.
    g. 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.
    h. 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.
    i. Approved Mask: (HEPA or N-95) Mask must meet the National Institute of Occupational Safety and Health (NIOSH) and must be approved for airborne pathogens.
4. The protocol for handling used PPE is as follows:
    a. All PPE is to be disposable and discarded in the appropriately labeled container (red biohazard bag) if the item is saturated with blood or OPIM.
    b. Face shields, eye protection and resuscitation equipment is to be disposable and discarded the same way as the above mentioned procedure.
    c. Wash hands with soap or water and if that is not available, appropriate antiseptic hand cleanser. Hands are to be washed with sop and running water as soon as feasible.

V. DECONTAMINATION

A. Follow standard precautions with regard to decontamination for identified Category I and II tasks.

The individuals identified in Section I.C. are responsible for implementing and documenting the following:

a. The Program director is identified as the individual who is responsible for training/record keeping for decontamination.
b. For each category I and II task document the decontamination method required.
    See Appendix A2.

VI. ENGINEERING AND ADMINISTRATIVE CONTROLS

A. Follow standard precautions with regard to engineering and administrative controls for identified Category I and II tasks. The individuals identified in I.C. are responsible for implementing and documenting the following:
    a. Engineering and administrative controls are developed and implemented to reduce or eliminate occupational exposure. Specific engineering and administrative controls for specified tasks or activities (delineated by instructional program or department) are listed below:

Task	*Engineering/Administrative Controls*
Drawing blood	Needleless systems, non-glass capillary tubes

    b. Protocol and documentation of the inspection, maintenance and replacement of sharps disposal containers is the responsibility of the Program Director.

c. The processes for assessing the need for revising engineering and administrative controls, procedures, or products, and the individuals/groups involved are detailed below:
    i. Program Advisory Committee Recommendations
    ii. Recommendation from faculty/students
    iii. Review of previous documented incidents

VII. HOUSEKEEPING

A. 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:
    1. 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.
    2. The protocol for handling sharps disposal containers is: Section VII.a., unless a commercial business is used for disposal and replacement of material.
    3. The protocol for handling other regulated waste is: Section VII.a., unless a commercial business is used for disposal and replacement of material.
    4. 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.
    5. Sharps disposal containers are available at designated areas within specific program areas and must be easily accessible and as close as feasible to the immediate area where sharps are used.
    6. Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.
    7. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

VIII. LAUNDRY

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

B. The following contaminated articles will be laundered after each use and by faculty/staff at the completion of the task it was utilized for or when the earliest opportunity presents itself. All washable laundry should be cleaned no later than 24 hours from time of soiling. The laundering will be site specific unless commercial laundering is utilized.

C. The following laundering requirements must be met (document procedures):
    1. Handle contaminated laundry as little as possible, with minimal agitation.
    2. Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use *(either red bags or bags marked with the biohazard symbol)* for this purpose.
    3. Wear the following PPE when handling and/or sorting contaminated laundry: Protective gloves and other PPE as required.

IX. LABELING AND CONTAINERS

A. Follow standard precautions with regard to labeling and containers for identified Category I and II tasks. The individuals identified in I.C. are responsible for implementing and documenting the following labeling methods are used in this facility:

Equipment to be labeled	*Label type (size, color)*
Specimens, contaminated laundry, etc.	red bag, biohazard label
Sharps container	red sharps container, biohazard label

B. Program Director is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into or out of the facility. Covered employees and covered students are to notify Program Director if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

X. VACCINATION FOR HEPATITIS B

A. Human Resources (HR) will ensure training is provided to covered employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. Program Director 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 St. Joseph/Candler Medical Group at 527 Eisenhower Drive, Savannah, Georgia 31406 (during regular business hours).

XI. POST-EXPOSURE FOLLOW-UP

A. Should an exposure incident occur, contact Mary Swan at the following telephone number 912-443-4084 or 912-398-8672 (cell) and campus police at 912-443-5200.

B. An immediate confidential medical evaluation and follow-up will be conducted and documented by a licensed health care professional. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:
   1. Document the routes of exposure and how the exposure occurred.
   2. Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
   3. For blood or OPIM exposure:
      a. Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's/student's health care provider.
      b. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
      c. Exposure involving a known HIV positive source should be considered a medical emergency and post-exposure prophylaxis (PEP) should be initiated within 2 hours of exposure, per CDC recommendations.
      d. Assure that the exposed employee/student is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
      e. After obtaining consent, collect exposed employee's/student's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
      f. If the employee/student does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.
   4. For airborne pathogen (tuberculosis):
      a. Immediately after the exposure of covered employee or covered student, the responsible supervisor, the technical college or work unit Exposure Control Coordinator (ECC) and the authorized contact person at the clinical or work site shall be notified and should receive documentation in writing. Documentation of the incident is to be prepared the day of the exposure; on an Exposure Incident Report and Follow-Up Form for Exposure to Bloodborne/Airborne Pathogens (Tuberculosis); promulgated within 24 hours of the incident; and recorded in the Exposure Log.
      b. The exposed covered employee/student is to be counseled immediately after the incident and referred to his or her family physician or health department to begin follow-up and appropriate therapy. Baseline testing should be performed as soon as possible after the incident. The technical college or work unit is responsible for the cost of a post-exposure follow-up for both covered employees and covered students.
      c. Any covered employee or covered student with a positive tuberculin skin test upon repeat testing or post-exposure should be clinically evaluated for active tuberculosis. If active tuberculosis is diagnosed, appropriate therapy should be initiated according to CDC Guidelines or established medical protocol.

XII. ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

A. Program Director ensures that health care professional(s) responsible for the covered employee or student hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of this ECP.

B. Program Director ensures that the health care professional evaluating a covered employee or student after an exposure incident receives the following:
   1. a description of the covered employee's or covered student's tasks or activities relevant to the exposure incident;
   2. route(s) of exposure;
   3. circumstances of exposure;
   4. if possible, results of the source individual's blood test;
   5. relevant covered employee or covered student medical records, including vaccination status.

C. During the period of the 2018-2019 HCPP the following incidents surrounding exposure occurred. Exposure Control incidents will have a summation each year and sent to the TCSG Emergency Manger).

XIII. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

A. Program Director 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. Program Director will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

C. If revisions to this ECP are necessary the program director 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 as follow:
   1. Review and ensure documentation of the event is properly recorded by the Program Director of the Department that the incident occurred.
   2. Assess the incident for violations in standard Body Substance Isolation (BSI)Personal Protective Equipment (PPE) application.
   3. Review incidents with the Exposure Control Committee and make any recommendations for current practice changes as needed.
   4. Meet with program director and advise of any recommendations.

XIV. COMMUNICATION OF HAZARDS AND TRAINING

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

B. Training materials are available from HR Director Melissa Banks.
   Contact Information: 912-443-3388

XV. RECORDKEEPING

A. Training Records
   1. Training records are completed for each covered employee and covered student upon completion of training. These documents will be kept for at least three years at Human Resources (employee) specific Program director (students.
   2. The training records include:
      a. the dates of the training sessions
      b. the contents or a summary of the training sessions
      c. the names and qualifications of persons conducting the training
      d. the names and job titles/department of all persons attending the training sessions
   3. Training records are provided upon request to the covered employee or covered student or the authorized representative of the employee or student within 15 working days. Such requests should be addressed to HR Melissa Banks (Employee) and Specific Program Director (student).

B. Medical Records
   1. Medical records are maintained for each covered employee or covered student in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

2. Human Resources (employee) /Program director (student) are responsible for maintenance of the required medical records. These confidential records are kept in Human Resources (employee/specific program (student) for at least the duration of employment or attendance plus 30 years.
3. Covered employee or covered student medical records are provided upon request of the employee or student or to anyone having written consent of the employee or student within 3 working days. Such requests should be sent to HR Director Melissa Banks (employee) and Regina- Thomas-Williams, (Registrar).

C. Recordkeeping
   1. 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 Program Director.

D. Sharps Injury Log
   1. In addition to the 29 CFR 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:
      a. date of the injury;
      b. type and brand of the device involved (syringe, suture needle);
      c. department or work area where the incident occurred explanation of how the incident occurred.
   2. The Sharps Injury Log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers redacted from the report. The following protocol is followed for evaluating the circumstances surrounding sharp injuries: The exposure control committee meets annually to discuss the documented incidents and evaluates current practices to see if adjustments need to be made.

Appendices: Maintained in Individual Program (Area) See Example

- Program/Occupational Tasks I/II
- Program/Occupational PPE
- Program/Occupational Decontamination
- Engineering and Administrative (work practice) Controls
- Housekeeping and Laundry Controls

Attachments:

A. Exposure Control Plan Signature Page
B. STC Faculty Hepatitis B Vaccination Information
C. TCSG Hepatitis B Training Vaccination Form: Acceptance/Declination Statement
D. TCSG Tuberculosis/Airborne Pathogens Information
    a. TCSG Exposure to Bloodborne/Airborne Pathogens Incident and Follow-Up Form
    b. TCSG Post-exposure Consent for Testing: Source Individual (Testing for HIV/HBV/and HCV Infectivity)

Attachment A:

EXPOSURE CONTROL PLAN
TO BLOODBORNE PATHOGENS AND AIRBORNE PATHOGENS/TUBERCULOSIS
SAVANNAH TECHNICAL COLLEGE
2018-2019

REVIEWED: DATE:

MARY SWAN
EXPOSURE CONTROL COORDINATOR
SAVANNAH TECHNICAL COLLEGE

APPROVED: DATE:

KATHY S. LOVE, Ed.D.
PRESIDENT SAVANNAH TECHNICAL COLLEGE

REVIEWED: DATE:

LISA ANNE BECK, EMERGENCY MANAGER
TECHNICAL COLLEGE SYSTEM OF GEORGIA
EMERGENCY MANAGER

APPROVED: DATE:

DIRECTOR OF CAMPUS SAFETY

Appendix AI - Personal Protective Equipment

- Gloves shall be worn for touching human blood, bodily fluids, mucous membranes, or skin with open sores or weeping rashes; for touching items or surfaces soaked with blood or body fluids; for performing venipuncture or other procedures that enter blood vessels.
- Latex, hypoallergenic, or vinyl disposable exam gloves, in suitable sizes, shall be used for all medical and laboratory procedures. Hands shall be washed and gloves changed between patient contacts. Gloves shall not be washed in lieu of changing. Use of soap will compromise their ability to be an effective barrier. Employees with a latex allergy are to notify their supervisor in order that appropriate accommodations are made for those persons.
- General purpose utility gloves shall be used for housekeeping chores involving possible blood and other potentially infections material contact and for instrument and equipment cleanup and decontamination procedures. Gloves extending beyond the wrist are preferable. Gloves must be compatible with cleaning and disinfecting chemicals.
- Masks, protective goggles, and face shields shall be worn if aerosolization or splattering of blood or other potentially infectious material is likely to occur.
- Gowns, fluid-proof aprons, laboratory coats, Tyvek suits, or other protective clothing shall be worn if blood splattering or spattering of other potentially infectious material is likely.
- Resuscitation devices, including mouth pieces, masks, resuscitation bags, or other ventilation devices shall be strategically located and available for use in areas where the need for resuscitation is predictable. All appropriate personnel shall be familiar with their use.
- Disposable personal protective equipment shall be disposed of properly and not reused. Reusable equipment shall be cleaned and decontaminated properly soon after use.

Appendix A2 - Decontamination

Recommended Disinfectant Solutions

All Environmental-Protection-Agency (EPA) registered disinfectants are safe.

Diluted Bleach Solution

OHSA considers a diluted bleach solution as an appropriate disinfectant. Household bleach is the common name for sodium hypochlorite. A solution of one percent household bleach in warm water effectively disinfects and sanitizes surfaces that are used for the preparation of food and equipment that are involved in food processing. The 21 CFR Part 178 of the US Government regulations requires bleach disinfectant solutions to be allowed to drain completely before they come in contact with food. Surfaces in hospitals are commonly cleaned by a diluted bleach solution (four parts water and one part bleach). This makes an effective disinfectant and kills harmful viruses, bacteria and fungi.

Hydrogen Peroxide

Hydrogen peroxide (H_2O_2) is a light blue liquid that has powerful antiseptic, disinfectant and bleaching properties. It is a byproduct of metabolism and naturally produced by living organisms. Hydrogen peroxide is synthetically manufactured by the Riedly-Pfeiderer process. The Food and Drug Administration recognizes hydrogen peroxide solution as a safe antimicrobial agent. EPA recognized hydrogen peroxide based disinfectants include: Steris Corps' steris-hydrogen peroxide sterilant (with an active ingredient of 31% hydrogen peroxide) and Advanced Sterilization Product's sterrad hydrogen peroxide (active ingredient is 59% hydrogen peroxide).

Commercial Disinfecting Agents

Meeting EPA requirements as "appropriate disinfectants" labeled as effective against HIV, HBV and Tuberculosis as needed.

Examples of such products are listed but are not limited to:

CAVICIDE
SANIZIDE-PLUS
METRI-CIDE 28
SUPER SANI CLOTH
ENVIROCIDE
CIDEXPLUS

As is true with all disinfectant products, the effectiveness is governed by strict adherence to the instructions on the label. For example, the EPA approved label on one of these has a section titled "Special Instructions for Cleaning and Decontamination against HIV-1 and HBV of Surfaces/Objects soiled with Blood/Body fluids." These instructions require:

- Personal protection devices for the worker performing the task.
- That all blood must be cleaned thoroughly before applying the disinfectant.
- That the disposal of the infectious waste be in accordance with federal, state, or local regulations.
- The surface is left with the disinfectant for 30-seconds for HIV-1 and 10-minutes for HBV.

Appendix B - Engineering and Administrative (Work Practice) Controls

Engineering controls, with work practice and personal protective equipment controls function together to minimize exposure incidents.

Engineering Controls:

1. Hand washing facilities must be readily accessible to staff and students wherever occupational exposure may occur or approved alternative hand-washing methods i.e., antiseptic cleaner or towelettes , clean paper or cloth towels followed by soap and water washing as soon as possible must be made available.
2. Containers for used sharps must be puncture resistant, leak-proof, properly labeled or color-coded, and located as close as possible to the places where sharps are used.
3. Specimen containers must be leak- proof, properly labeled or color coded.
4. Appropriated containers for other regulated waste must be accessible.
5. Mechanical pipettes should be plastic and not glass. Pipetting by mouth is prohibited.
6. It is recommended that all departments shall have a first aid kit easily accessible. All departmental first aid kits shall contain a disinfectant.
7. Self- sheathing devices, such as sharps with engineered sharps injury protections and needless system devices should be utilized whenever possible.

Administrative (Work Practice) Controls;

1. Eating, drinking, smoking, applying cosmetics, and handling contact lenses are prohibited in work areas or on work surfaces that carry an inherent potential for contamination.
2. Food and drink must not be stored in refrigerator, freezers, or cabinets where blood or other potentially infectious materials are stored. Such storage equipment must be clearly labeled to prevent this possibility.
3. Hands or other skin surfaces contaminated with blood or other potentially infectious material shall be washed immediately and thoroughly with soap and water. Mucous membranes, if contaminated must be washed thoroughly with water. Hands must be washed immediately after gloves are removed, even if the gloves appear to be intact.
4. Precautions shall be taken to prevent injuries caused by contaminated sharps such as razor blades, broken glass, needles, scalpels, or other sharp instruments. Used needles shall not be broken, bent, recapped, or removed from disposable syringes or otherwise manipulated by hand. After use, disposable syringes, needles, scalpel blades, and other sharp items shall be placed in a puncture resistant container appropriately labeled.
5. Puncture resistant containers shall be located as close as practical to the use area. These containers should not be located in areas open to the public.
6. All persons who have open wounds or weeping skin rashes shall refrain from all direct patent/client care; potentially hazardous laboratory procedures, and from handling patient-care equipment until the condition resolves.
7. Cuts or abrasions shall be protected with a dressing and gloves prior to performing any procedure involving contact with blood and other potentially infectious materials.
8. Pregnant persons shall be especially familiar with, and strictly adhere to, Universal Precautions. Infection in others, places the fetus at risk of acquiring the infection.

9. Blood spills shall be cleaned up promptly with an approved disinfectant. Germicides vary in their activity against infectious agents and in the time needed for disinfection. Manufacturer guidelines shall be followed.
10. Large work areas contaminated by blood or bodily fluids must be thoroughly cleaned before application with approved disinfectant.
11. Medical equipment that requires sterilization or disinfection shall be thoroughly cleaned before disinfecting and care must be taken to follow manufacturer's guidelines for compatibility with the disinfectant. This will also apply to non-medical equipment.

Housekeeping and Laundry Controls

1. Work areas will be maintained in a clean and sanitary condition. An appropriated written schedule for cleaning and method of cleaning and decontamination will be available.
2. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
3. 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.
4. Contaminated sharps are discarded immediately, or as soon as possible, in containers that are closable, puncture-resistant, leak-proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available at designated areas within specific program sites (must be easily accessible and as close as feasible to the immediate area where sharps are used).
5. The protocol for handling other regulated waste is: *Section VII.A. Unless a commercial business is used for disposal and replacement of material.*
6. Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible feasible after visible contamination.
7. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dust pan.
8. All equipment, environmental and working surfaces will be cleaned and decontaminated after contact with blood or OPIM.
9. Contaminated work areas or equipment shall be decontaminated with an appropriate disinfectant after completion of tasks or when feasible.
10. Protective coverings, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work time or training if they have become contaminated.

Laundry Control:

The following contaminated articles (program specific) will be laundered after each use and by Faculty/Staff at the completion of the task it was utilized for, or when the earliest opportunity presents itself. All washable laundry should be cleaned no later than 24 hours from time of soiling. The laundering will be site specific unless commercial laundering is utilized.

The following laundering requirements must be met (document procedures):

1. Handle contaminated laundry as little as possible, with minimal agitation.
2. Contaminated laundry shall be placed and transported in appropriate bags or containers labeled or color-coded.
3. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of, or leakage from the bag or container, the laundry shall be placed and transported in bags, either red bags or bags marked with the biohazard symbol (☣), or containers which prevent soak-through and/or leakage of fluids to the exterior for this purpose.
4. Wear the following PPE when handling and/or sorting contaminated laundry: protective gloves and other PPE as required.

Attachment B2- TCSG Hepatitis B Training and Vaccination Form: Acceptance/Declination Statement

Hepatitis B is a serious infection that affects the liver. It is caused by the hepatitis B virus. In 2013, 3,050 cases of acute hepatitis B in the United States were reported to the CDC; the overall incidence of reported acute hepatitis B was 0.9 cases per 100,000 population. However, because many HBV infections are either asymptomatic or never reported, the actual number of new infections is estimated to be approximately tenfold higher. In 2013, an estimated 19,764 persons in the United States were newly infected with HBV. Rates are highest among adults; particularly males aged 25-44 years. An estimated 700,000-1,400,000 persons in the United States have chronic hepatitis B virus infection. Each year about 2,000 to 4,000 people die in the United States from cirrhosis or liver cancer caused by hepatitis B. Chronic infection is an even greater problem globally, affecting approximately 240 million persons. An estimated 786,000 persons worldwide die from HBV related liver disease each year.

Hepatitis B vaccine can prevent hepatitis B, and the serious consequences of hepatitis B infection, including liver cancer and cirrhosis. Vaccination gives long-term protection from hepatitis B infection, possibly lifelong. Adults getting hepatitis B vaccine should get three doses– with the second dose given four weeks after the first, and the third dose five months after the second. A doctor might offer other dosing schedules that would be used in certain circumstances.

The hepatitis B vaccine is very safe. Most people do not have any problems with it. The vaccine contains non-infectious material, and cannot cause hepatitis B infection. Some mild problems have been reported: soreness where the shot was given (about 1 person in 4); temperature of 99.9°F or higher (about 1 person in 15). Severe problems are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses. A vaccine, like any medicine, could cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people in the United States have been vaccinated with hepatitis B vaccine.
(Centers for Disease Control (CDC). Available at http://www.cdc.gov)

The contact person at the clinical or work site shall be notified and should receive documentation in writing. Documentation of the incident is to be prepared the day of the exposure; on an Exposure Incident Report and Follow-Up Form for Exposure to Bloodborne/Airborne Pathogens (Tuberculosis); promulgated within 24 hours of the incident; and recorded in the Exposure Log.

The exposed covered employee or 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 students.

Any covered employee or student with a positive TST 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.

Attachment B3 - ACKNOWLEDGEMENT- Hepatitis B Vaccination

( ) I have received training on the risks of working with human blood or other potentially infectious materials as outlined in the work unit or technical college's Exposure Control Plan.

( ) I accept participation in the vaccination series and have not yet been vaccinated.
Take a copy of this form to St. Joseph/Candler Medical Group at 527 Eisenhower Drive, Savannah, Georgia, to begin the vaccination series.

( ) I received the HBV vaccination series on _____&_____&_____
(dates - month/year is essential)

( ) I decline participation in HBV vaccination series:
Please note the following:
I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself (for covered employees) or at cost (for covered students). **However, I decline hepatitis B vaccination at this time.** I understand that by declining this vaccination, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me (for covered employees) or at cost to me (for covered students).

_____	_____	_____
Signature	Name (*Please print*)	Date
_____	_____	_____
Supervisor/Program Director Signature	Supervisor/Program Director Name (Please Print)	Date

Attachment C – Tuberculosis Training for Covered Employees and Students

Tuberculosis/Airborne Pathogens Information

This information regarding tuberculosis (TB) for covered employees or students based upon the Centers for Disease Control (CDC) "Guidelines for Preventing the Transmission of Tuberculosis in Health Care Settings" 2005. Topics include, training, testing and surveillance. post exposure protocol, and the requirements for HEPA or other NIOSH approved N-95 respirators regarding tuberculosis.

Tuberculosis Training for Covered Employees and Students

1. Each covered employee and covered student shall receive training regarding tuberculosis as well as annual refresher training thereafter. The technical college or work unit ECC shall be responsible for monitoring and evaluating the effectiveness of this education and training process. The level and detail of baseline training will vary according to the responsibilities of the HCW and the risk classification of the setting.
2. Training shall be documented, recorded and records retained as specified in the technical college or work unit Exposure Control Plan.
3. The following content shall be included in training: overview of TB epidemiology in the US; transmission and pathogenesis of TB; testing for Tuberculosis infection and disease; diagnosis of TB; treatment of latent TB infection; treatment of TB disease; TB infection control; community TB control; confidentiality secondary to assessment and treatment of employee or student who develops TB disease; review of written policies and procedures; and review of the technical college or work unit policy on voluntary duty reassignment options for immune-compromised employees and students.

Tuberculosis Testing and Surveillance

1. Each covered employee or student should have a tuberculin skin test (TSI) at the time of employment or prior to assignment to clinical or worksite area respectively; unless a previously positive reaction can be documented or after completion of appropriate preventative therapy or adequate therapy can be documented.
2. Periodic screening of TST-negative covered employees and students should be considered to identify persons whose skin tests convert to a positive status. The frequency of screening is risk- dependent based on the assessed risk of both the setting and the covered employee/student. The risk assessment for the setting will aid in determining which covered employees or students should be screened and the frequency of that screening. For example, if the setting is assessed to be of medium risk, after baseline testing, covered employees and students should receive TB screening annually.
3. Initial and follow-up TST should be administered and interpreted according to current CDC guidelines.
4. Tuberculin skin tests (initial and periodic) shall be offered to covered employees at no cost to the employee. Students are responsible for the cost of their TST (initial and periodic).
5. Any covered employee or student with a confirmed diagnosis of active TB is not to have contact with patients or clients until such time as he or she is cleared by a physician.

Post Exposure Tuberculosis and Follow-up Protocol

1. Immediately after the exposure of covered employee or student, the responsible supervisor, the technical college or work unit Exposure Control Coordinator (ECC) and the authorized contact person at the clinical or work site shall be notified and should receive documentation in writing. Documentation of the incident is to be prepared the day of the exposure; on an Exposure Incident Report and Follow-Up Form for Exposure to Bloodborne/Airborne Pathogens (Tuberculosis); promulgated within 24 hours of the incident, and recorded in the Exposure Log.
2. The exposed covered employee or 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 students.
3. Any covered employee or student with a positive TST upon repeat testing, or post-exposure should be clinically evaluated for active tuberculosis. If active TB is diagnosed, appropriate therapy should be initiated according to CDC Guidelines or established medical protocol.

Respiratory Protective Devices

1. Respiratory protective devices used in health-care settings for protection against *M tuberculosis* should meet the following criteria:
    a. Certified by CDC/National Institute for Occupational Safety and Health (NIOSH) as a non-powered particulate: filter respirator (N-, R-, and P- series 95%, 99%, and 100% filtration efficiency), including disposal.
    b. Ability to adequately fit respirator wearers (e.g., a fit factor of 2:100 for disposable and half-face piece respirators) who are included in a respiratory-protection program.
    c. Ability to fit the different facial sizes and characteristics of wearer. (This criterion can usually be met by making respirators available in different sizes and models).
2. The fit of filtering facepiece respirators varies because of different facial types and respirator characteristics. Assistance with selection of respirators should be obtained through consultation with respirator fit-testing experts, CDC, occupational health and infection control professional organizations, peer-reviewed research, respirator manufacturers, and advanced respirator training courses.
3. A fit test is used to determine which respirator fits the user adequately and to ensure that the user knows when the respirator fits properly. After a risk assessment is conducted to validate the need for respiratory protection, perform fit testing during the initial respiratory-protection program training and periodically thereafter in accordance with federal, state, and local regulations.
4. Fit testing provides a means to determine which respirator model and size fits the wearer best and to confirm that the wearer can don the respirator properly to achieve a good fit. Periodic fit testing of respirators on wearers can serve as an effective training tool in conjunction with the content included in employee/student training and retraining. The frequency of periodic fit testing should be determined by the occurrence of risk for transmission of *M. tuberculosis*, a change in facial features of the wearer, medical condition that would affect respiratory function, physical characteristics of respirator, or a change in the model or size of the assigned respirator.
5. In situations that require respiratory protection, the minimum respiratory protection device is a filtering facepiece (non-powered, air-purifying, half-face piece) respirator (e.g., an N95 disposable respirator). This CDC/NIOSH-certified respirator meets the minimum filtration performance for respiratory protection in areas in which patients with suspected or confirmed TB disease might be encountered. For situations in which the risk for exposure to *M tuberculosis* is especially high because of cough-inducing and aerosol-generating procedures, more protective respirators might be needed.

6. A covered employee or covered student with a respiratory disease or other disorder which would cause respiratory impairment/decreased pulmonary function may be required to provide written physician documentation to show capability of using an alternate approved respiratory protection device.
7. A covered employee or covered student with a documented respiratory impairment that would prevent the use of a respiratory protection device should not be assigned to a patient/client diagnosed with, or presumed to have active TB. An alternative assignment is to be made.
8. The technical college or work unit shall provide approved respirator protection devices for classroom demonstration and practical activities. The clinical or work site may provide approved devices for covered employees and covered students for off-campus experiences. At off-campus sites, if the approved devices are not provided for patient/client contact) it is the responsibility of the technical college or work unit to provide it at no cost to covered employees and to covered students at the students' expense.

Attachment D1:

Exposure Incident Report and Follow-Up Form
For
Exposure to Bloodborne/ Airborne Pathogens (Tuberculosis)

INCIDENT REPORT

Date of report: _____

Name of person exposed (Print): _____

Employee Number or Student Identification Number: _____

If Student: Program of Study/Course: _____

If Employee: Job Title: _____

Location of Incident: _____

Date and Time of Incident: _____

Describe circumstances of exposure incident or attach report: _____

_____

_____

_____

FOLLOW-UP

( ) Person involved in incident referred to appropriate health care professional for follow-up.

( ) Documentation of medical release is on file at work unit or technical college and clinical or work site (if appropriate). Alternate employment duties/academic activities assignment may be considered based on the opinion of the employee's/student's appropriate healthcare provider.

Name, Address and Telephone number of medical professional providing follow-up care:

_____ _____ _____

Physician's Name (Printed) Address Telephone No.

Identify individuals to whom copies were sent within 24 hours:

Exposed Person's Supervisor/Academic Coordinator: _____

Work Unit or Technical College Exposure Control Coordinator: _____

Clinical or Work Site Contact Person: _____

Name/Title of Person preparing Exposure Incident Report and Follow-up Form

_____ _____

Signature Name/Title (Printed)

Attachment D2:

Post-Exposure Consent for Testing: Source Individual* Testing for HIV, HBV, and HCV Infectivity

This form should be reviewed and signed by the source individual (the person whose blood or body fluids provided the source of this exposure). This form should be submitted to the healthcare provider responsible for the post-exposure evaluation as well as attached to the Exposure Incident Report and Follow-Up Form for Exposure to Bloodborne/Airborne Pathogens (Tuberculosis) for the exposed individual.

Exposed Individual Identification

Name (Please Print): _____

Telephone Number: _____ Exposure Date: _____

Source Individual's Statement of Understanding

I understand that employers are required by law to attempt to obtain consent for IDV, HBV, and HCV infectivity testing each time an employee is exposed to the blood or bodily fluids of any individual. I understand that an employee or student has been accidentally exposed to my blood or bodily fluids and that testing for HIV, HBV, and HCV infectivity is requested. I am not required to give my consent, but if I do, my blood will be tested for these viruses at no expense to me. I have been informed that the test to detect whether or not I have HIV antibodies is not completely reliable. This test can produce a false positive result when an HIV antibody is not present and that follow-up tests may be required. I understand that the results of these tests will be kept confidential and will only be released to medical personnel directly responsible for my care and treatment, to the exposed healthcare worker for his/her medical benefit only and to others only as required by law.

Consent or Refusal & Signature

I hereby **consent** to: HIV Testing_ HBV Testing_ HCVTesting_

Source Individual Signed: _____
Source Individual Identification: Printed Name: _____

I hereby **refuse** consent to: HIV Testing_ HBVTesting_ HCVTesting_

Source Individual Signed: _____
Source Individual Identification: Printed Name: _____

Date Signed: _____