

**Exposure Control Plan
for Bloodborne Pathogens and Airborne
Pathogens/Tuberculosis
Savannah Technical College
2026 - 2027**

REVIEWED: _____



EXPOSURE CONTROL COORDINATOR
SAVANNAH TECHNICAL COLLEGE

DATE: 04/30/2026

APPROVED: _____



PRESIDENT/EXECUTIVE
SAVANNAH TECHNICAL COLLEGE

DATE: 5/4/2026

REVIEWED: _____

EMERGENCY MANAGER
TECHNICAL COLLEGE SYSTEM OF GEORGIA

DATE: _____

APPROVED: _____

DIRECTOR OF CAMPUS SAFETY
TECHNICAL COLLEGE SYSTEM OF GEORGIA

DATE: _____

Savannah Technical College Exposure Control Plan for Occupational Exposure to Bloodborne Pathogens and Airborne Pathogens/Tuberculosis 2026 – 2027

INTRODUCTION

The State Board of the Technical College System of Georgia (SBTCSG), along with its technical colleges and work units, is committed to providing a safe and healthful environment for its employees, students, volunteers, visitors, vendors and contractors. SBTCSG Policy 3.4.1. Emergency Preparedness, Health, Safety and Security compels technical colleges and work units to eliminate or minimize exposure to bloodborne and airborne pathogens in accordance with OSHA Standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens" as well as Centers for Disease Control (CDC) "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Facilities, 2005." In pursuit of this goal, the Exposure Control Plan (ECP) is maintained, reviewed, exercised and updated at least annually to ensure compliance and protection for employees and students.

This Exposure Control Plan includes:

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

I. PROGRAM ADMINISTRATION

- A.** Stephanie Derfus 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

Stephanie Derfus, MS, CDA
Savannah Technical College
5717 White Bluff Road
Savannah, GA 31405
912-443-5828 (office)
912-655-3933(work cell)
sderfus@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 of responsible person(s) or departments(s) is included in Appendix A at end of this Exposure Control Plan.**
- D.** Savannah Technical College engages in the following contractual agreements regarding exposure control:

Trilogy MedWaste
310 Manchester Expressway
Columbus GA, 31904
888-416-9216
Dgolden@trilogymedwaste.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 under the direction of the Program Administrator.

- F. The protocol for the annual review of the Savannah Technical College ECP is to have the Exposure Control Coordinator and Safety Committee 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 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 (3) years both by electronic copy on SharePoint and with the ECC.

II. EXPOSURE DETERMINATION

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

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

Employees or students who engage in tasks or activities which are designated as Category I or II, as well as their occupational area, are considered to be “covered” by the parameters of the ECP, including part-time, temporary, contract and per-diem employees.

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

List specific programs/areas falling under the following categories:

Job/Program/Title/Occupational/Program Area

Maintenance

Housekeeping

Facilities
Police/Public Safety
Health Sciences
Child Care (Early Childhood Care and Education)
Barbering
Biology

See Appendix A at the end of this Exposure Control Plan.

III. IMPLEMENTATION OF METHODS OF EXPOSURE CONTROL

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

B. Exposure Control Plan:

1. All covered employees and covered students will receive an explanation of this ECP during their initial training or academic experience, as well as a review on an annual basis. All covered employees and covered students can review this ECP at any time while performing these tasks or activities by contacting the appropriate Program Administrator, supervisor, or ECC. If requested, a hard copy of this ECP will be provided free of charge within 3 business days of request.
2. The ECC will review and update the ECP annually, or more frequently if necessary to reflect any new or modified tasks or activities that affect occupational exposure and to reflect new or revised employee classifications or instructional programs with potential for occupational exposure.

IV. PERSONAL PROTECTIVE EQUIPMENT

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

- A.** Appropriate personal protective equipment (PPE) is provided to covered employees at no cost and available to covered students at the student's expense. Training/recording keeping in the use of PPE for specific tasks is provided by the Program Administrator.

Types of PPE that are provided include the following:

1. **Gloves – medical non-sterile or sterile depending on task**
Gloves shall be worn for touching human blood, OPIM, mucous membranes, or skin with open sores or weeping rashes; for touching items or surfaces contaminated with blood or OPIM; for performing venipuncture or other procedures that enter blood vessels. Latex, nitrile, or vinyl gloves 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. Employees with a latex allergy are to notify their immediate supervisor in order for appropriate accommodations to be made for those persons.

2. Gloves – utility

General purpose utility gloves shall be used for housekeeping procedures involving possible blood or OPIM contact and for instrument and equipment cleanup and decontamination procedures. Gloves extending beyond the wrist are preferred. Gloves must be compatible with cleaning and disinfecting chemicals.

3. Protective clothing

Gowns, fluid proof aprons, laboratory coats, Tyvek suits, or other protective clothing shall be worn if blood or OPIM spattering is likely.

4. Masks

Disposable masks that cover the nose and mouth shall be worn if aerosolization or spattering of blood or OPIM is likely to occur.

5. Goggles or face shields

Protective goggles or face shields shall be worn if aerosolization or spattering of blood or OPIM is likely to occur.

6. Resuscitation devices

Resuscitation devices, including mouth pieces, 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

B. All covered employees and covered students using PPE must observe the following precautions:

1. Wash hands immediately or as soon as feasible after removing gloves or other PPE.
2. Remove PPE after it becomes contaminated and before leaving the work area.
3. Used PPE may be disposed of in appropriately labeled containers (red biohazard bags).
4. Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
5. Utility gloves may be decontaminated for reuse if their integrity is not compromised. Utility gloves should be discarded if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
6. Never wash or decontaminate disposable gloves for reuse.
7. Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
8. Remove immediately, or as soon as feasible, any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

C. The protocol for handling used PPE is as follows:

1. All PPE is to be disposable and if the item is saturated with blood or OPIM it

- is to be discarded in the appropriately labeled container (red biohazard bag).
2. Face shields, eye protection and resuscitation equipment is to be disposable and if the item is saturated with blood or OPIM it is to be discarded in the appropriately labeled container (red biohazard bag).
 3. Wash hands with soap and water, or if soap and water is unavailable, appropriate antiseptic cleanser. Hands are to be washed with soap and running water as soon as feasible

V. DECONTAMINATION

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

- A. The Program Administrator responsible for training/record keeping for decontamination.
- B. For each category I and II task document the decontamination method required:
 1. Tasks utilizing Critical Instruments
Critical Instruments shall be decontaminated and sterilized as appropriate after each use. Disposable critical instruments shall be disposed of in the proper waste receptacle (sharps container, red biohazard bag, etc.)
 2. Tasks utilizing Semi-critical Instruments
Semi-critical Instruments shall be decontaminated and sterilized as appropriate after each use. Disposable semi-critical instruments shall be disposed of in the proper waste receptacle (sharps container, red biohazard bag, etc.)
 3. Tasks utilizing Non-critical Instruments
Personal protective equipment and utility gloves must be worn while decontaminating and disinfecting noncritical patient care instruments. After each use, noncritical instruments shall be decontaminated and disinfected with a low-level disinfectant. Noncritical instruments must be decontaminated and disinfected with an intermediate-level disinfectant when they are exposed to blood or OPIM. Disposable non-critical instruments shall be disposed of in the proper waste receptacle (sharps container, red biohazard bag, etc.)
 4. Decontamination of Clinical Contact Surfaces and Equipment Surfaces
Personal protective equipment shall be worn while decontaminating and disinfecting equipment surfaces. Contaminated equipment surfaces shall be decontaminated with an appropriate EPA registered intermediate level disinfectant after the completion of a procedure or when they are overtly contaminated with blood or O.P.I.M. After decontamination is achieved the equipment surface shall be disinfected with an appropriate EPA registered intermediate level disinfectant.
 5. Decontamination of Housekeeping Surfaces
Personal protective equipment shall be worn while decontaminating and disinfecting housekeeping surfaces. Contaminated housekeeping surfaces shall be decontaminated with an appropriate EPA registered low-level disinfectant on a schedule determined by the Program Administrator. After

decontamination is achieved the housekeeping surface shall be disinfected with an appropriate EPA registered low-level disinfectant. Housekeeping surfaces visibly contaminated with blood or OPIM shall be decontaminated and disinfected with an EPA registered intermediate level disinfectant as soon as possible.

6. Recommended Disinfectant Solutions

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

a. Diluted Bleach Solution

b. Hydrogen Peroxide

c. Commercial Disinfecting Agents

Meeting EPA requirements as “appropriate disinfectants” labeled as effective against HIV, HBV, and tuberculosis. Tuberculocidal disinfectants are intermediate level disinfectants. Examples of such products include, but are not limited to:

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

C. The effectiveness of the disinfectant product is governed by strict adherence to the instructions on the label. PPE shall be worn during decontamination procedures.

VI. Engineering and Administrative Controls:

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

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

Engineering Controls:

1. Hand washing facilities must be readily accessible to staff and students wherever occupational exposure may occur or approved alternative handwashing methods must be made available.
2. Containers used for 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. Appropriate 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 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 shall be utilized whenever possible

Administrative (Work Practice) Controls

1. Eating, drinking, smoking, applying cosmetics, and handling contact lenses are prohibited in work areas or work surfaces that carry an inherent potential for contamination.
2. Food and drink shall not be stored in refrigerators, freezers, or cabinets where blood or OPIM are stored. Such storage equipment must be clearly labeled or prevent this possibility.
3. Hands or other skin surfaces contaminated with blood or OPIM 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, and other sharp items. Used needles shall not be bent, broken, 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 location of use. These containers shall 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 patient/ 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 procedures involving contact with blood or OPIM.

Task	Engineering/Administrative Controls
Drawing blood	needleless systems, non-glass capillary tubes
Recapping needles	Hands-free devices, one-hand scoop technique

- B.** Protocol and documentation of the inspection, maintenance and replacement of sharps disposal containers is the responsibility of the Program Administrator.
- C.** The processes for assessing the need for revising engineering and administrative controls, procedures, or products, and the individuals/groups involved are detailed below:
 1. Program Advisory Committee recommendations
 2. Recommendations from faculty, students, and clinical partners
 3. Review of previous documented incidents by the ECC
 4. Safety Committee review and recommendations

VII. HOUSEKEEPING

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

- A.** Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.
- B.** The protocol for handling sharps disposal containers is VII. A. unless a commercial waste hauler is used for disposal of material.
- C.** The protocol for handling other regulated waste is: VII. A. unless a commercial waste hauler is used for disposal of material.
- D.** Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available at designated areas within specific program areas and must be easily accessible and as close as feasible to the immediate area where sharps are used.
- E.** Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.
- F.** Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan or tongs.

VIII. LAUNDRY

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

- A.** The following contaminated articles will be laundered after each use and by faculty/ staff at the completion of the task for which it was utilized or when the earliest opportunity presents itself. All washable laundry should be cleaned no later than 24 hours from time of soiling.
- B.** The following laundering requirements must be met (document procedures):
 - 1. Handle contaminated laundry as little as possible, with minimal agitation.
 - 2. Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use either red bags or bags marked with the biohazard symbol for this purpose.
 - 3. Wear the following PPE when handling and/or sorting contaminated laundry: Protective gloves and other PPE as required.

IX. LABELING AND CONTAINERS

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

A. The following labeling methods are used in this facility:

Equipment to be Labeled	Label Type (size, color)
Specimens, contaminated laundry, etc.	red bag, biohazard label
Sharps containers	red sharps container biohazard label
Ultrasonic cleaners	biohazard label
Lab refrigerators	biohazard label

B. Program Administrators are responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into or out of the facility. Covered employees and covered students are to notify the appropriate Program Administrator 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. The appropriate Program Administrator 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 available for employees by St. Joseph/ Candler Medical Group at

527 Eisenhower Driver, Savannah, GA 31406 during regular business hours.

XI. POST-EXPOSURE FOLLOW-UP

- A.** Should an exposure incident occur, contact both Stephanie Derfus at 912-443-5828. (office) or 912-655-3933 (cell) and Savannah Technical College police at 912-443-5200.
- B.** An immediate available confidential medical evaluation and follow-up will be conducted and documented by a licensed health care professional. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:
 - 1.** Document the routes of exposure and how the exposure occurred.
 - 2.** Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
 - 3.** For blood or OPIM exposure:
 - a.** Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's/student's health care provider.
 - b.** If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
 - c.** Exposure involving a known HIV positive source should be considered a medical emergency and post-exposure prophylaxis (PEP) should be initiated within 2 hours of exposure, per CDC recommendations.
 - d.** Assure that the exposed employee/student is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
 - e.** After obtaining consent, collect exposed employee's/student's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
 - f.** If the employee/student does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.
 - 4.** For airborne pathogen (tuberculosis):
 - a.** Immediately after the exposure of a 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. The Program Administrator ensures that health care professional(s) responsible for the covered employee or student hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of this ECP.
- B. The Program Administrator 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. Exposure Control incidents will have a summation each year and the summation sent to the TCSG Emergency Manager.

XIII. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

- A. The Exposure Control Coordinator will review the circumstances of all exposure incidents to determine:
 - 1. engineering controls in use at the time
 - 2. administrative practices followed
 - 3. a description of the device being used (including type and brand)
 - 4. protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
 - 5. location of the incident (O.R., E.R., patient room, etc.)
 - 6. procedure being performed when the incident occurred
 - 7. training records of covered employee or student
- B. The Exposure Control Coordinator will record all percutaneous injuries from

contaminated sharps in a Sharps Injury Log.

- C. If revisions to this ECP are necessary the Exposure Control Coordinator will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding individuals/occupational areas to the exposure determination list, etc.).
- D. The protocol for evaluating the circumstances surrounding exposure incidents is as follows:
 - 1. Review and ensure documentation of the event is properly recorded by the Program Administrator of the Department in which 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 Administrator and advise of any recommendations

XIV. COMMUNICATION OF HAZARDS AND TRAINING

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

- standard and used at this facility;
12. and an opportunity for interactive questions and answers with the person conducting the training session.

B. Training materials are available from HR Director Jasmine Sanders. Contact information is 912-443-3388, jsanders@savannahtech.edu.

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 with the specific Program Administrator (students) or Human Resources (employees).
2. The training records include:
 - a. the dates of the training sessions
 - b. the contents or a summary of the training sessions
 - c. the names and qualifications of persons conducting the training
 - d. the names and job titles/department of all persons attending the training sessions
3. Training records are provided upon request to the covered employee or covered student or the authorized representative of the employee or student within 15 working days. Such requests should be addressed to the specific Program Administrator (students) or Human Resources (employees).

B. Medical Records

1. Medical records are maintained for each covered employee or covered student in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."
2. The specific Program Administrator (students) or Human Resources (employees) is responsible for maintenance of the required medical records. These confidential records are kept in the specific program (students) or Human Resources (employees) 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 Registrar Regina Thomas-Williams (students) or HR Director Jasmine Sanders (employees).

C. Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the Program Administrator.

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 a sharps injury: The exposure control committee meets annually to discuss the documented incidents and evaluates current practices to see if adjustments need to be made.

Appendix A: Occupational Exposure I. C. Program Administration – Savannah Technical College

Occupational Exposure I. C. Program Administration Savannah Technical College				
Job/ Program Classification	Program Administrator	Office Number	Email	Exposure Category
Barbering	Brandon Herring	912-443-5879	bherring@savannahtech.edu	II
Basic Law Enforcement	John Warenzak	912-443-5787	jwaren@savannahtech.edu	II
BIOL1111L/ 2117L	Ujjvala Bagal	912-443-5781	ubagal@savannahtech.edu	II
CNA/ PCT	Jennifer Judson	912-443-5815	jjudson@savannahtech.edu	I
Cosmetology	Deanne Allen	912-443-5829	dallen@savannahtech.edu	II
Custodial/ Maintenance	Katie Twining	912-443-5337	ktwining@savannahtech.edu	II
Dental Assisting	Wendy Herndon	912-443-5812	wherndon@savannahtech.edu	I
Dental Hygiene	Frances Thigpen	912-443-5732	fthigpen@savannahtech.edu	I
Early Childhood Care Programs	Stephanie Grant	912-408-3024 X6024	sgrant@savannahtech.edu	II
EMT/ Paramedic	Walter Webel	912-443-5018	wwebel@savannahtech.edu	I
Medical Assisting	Ida May Gray	912-443-5819	igray@savannahtech.edu	I
Nursing	Vickie Nylander	912-443-4118	vnylander@savannahtech.edu	I
Phlebotomy	Sarah Pratt	912-443-5818	spratt@savannahtech.edu	I
Police/ Public Safety	Katie Twining	912-443-5337	ktwining@savannahtech.edu	II
Practical Nursing	Rimina Lewis	912-443-5824	rlewis@savannahtech.edu	I
Surgical Technology/ CST	Bridget Betterson	912-443-5811	bbetterson@savannahtech.edu	I