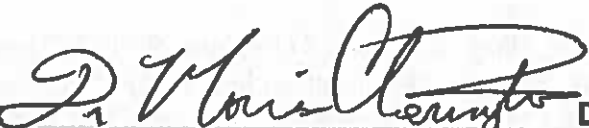



**Exposure Control Plan
for Bloodborne Pathogens and Airborne
Pathogens/Tuberculosis
Albany Technical College
2026 - 2027**

REVIEWED:  DATE: 3/9/2026
EXPOSURE CONTROL COORDINATOR
ALBANY TECHNICAL COLLEGE

APPROVED:  DATE: 3-13-2026
PRESIDENT/EXECUTIVE
ALBANY TECHNICAL COLLEGE

REVIEWED: _____ DATE: _____
EMERGENCY MANAGER
TECHNICAL COLLEGE SYSTEM OF GEORGIA

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

Albany 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. Dr. Morris B. Clarington 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

Dr. Morris B. Clarington, DC, BS
Albany Technical College
1704 S Slappey Blvd
Albany, Georgia 31701
229-430-1693

- 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. The Albany 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. See Appendix A.
- D. Albany Technical College engages in the following contractual agreements regarding exposure control, Annual Contractual agreement with Stericylce, INC.
- E. Albany Technical College engages in the following training, drills and exercises regarding exposure control. All covered employees and 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 students can review this ECP at any time while performing task that may be potential risks by contacting Dr. Morris B. Clarington, Program Director of Nursing.
- F. The protocol for the annual review of the Albany Technical College ECP is 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 academic programs with potential for occupational exposure.

II. EXPOSURE DETERMINATION

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

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

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

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

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

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

Job/Program/Title/Occupational/Program Area

Maintenance

Housekeeping

Facilities

Police/Public Safety/Security

Allied Health

Health Science

Child Care (Early Childhood Care and Education)

Barbering

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 Dr. Morris B. Clarrington, Dean of Nursing & Allied Health Sciences. 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 Dr. Morris B. Clarrington, Dean of Nursing & Allied Health Sciences.

Types of PPE that are provided include the following:

Task	PPE	Location
Drawing blood	gloves, eye protection	Classroom A225 Storage Closet

- 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 red material hazardous 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: disposed of in red material hazardous bags.

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. Dr. Morris B. Clarington is responsible for training/record keeping for decontamination.
- B. For each category I and II task document the decontamination method required.

VI. Engineering and Administrative Controls:

Follow standard precautions with regard to engineering and administrative controls for identified Category I and II tasks. 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 Dr. Morris B. Clarington, Dean of Nursing & Allied Health Sciences.
- C. The processes for assessing the need for revising engineering and administrative controls, procedures, or products, and the individuals/groups involved are detailed below:

Example:

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

VII. HOUSEKEEPING

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

- A. Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.
- B. The protocol for handling sharps disposal containers is: Sharp materials ("sharp") must be placed in special puncture resistant containers. Sharps include needles, broken glass, scalpels, test tubes, pipettes, petri dishes, razors, and other contaminated objects that could potentially pierce a plastic bag. As with other waste, sealed containers filled with sharps may be placed in the shipping box provided by Stericylce.
- C. The protocol for handling other regulated waste is: All medical waste, collected for disposal, must be placed in a corrugated box or reusable container which is lined. The plastic bag used for this purpose must be sufficient strength to prevent ripping or tearing. In addition, the bag must be marked according to federal, state, and local regulations (red in color and/or biohazard symbol).
- D. Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available at all medical waste, collected for disposal, must be placed in a corrugated box or reusable container which is lined. The plastic bag used for this purpose must be sufficient in strength to prevent ripping or tearing. In addition, the bag must be marked according to federal, state, and local regulations (red in color and /or biohazard symbol).
- E. Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.
- F. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

VIII. LAUNDRY

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

- A. The following contaminated articles will be laundered using standard established practice, with all disposable laundry being placed in biohazard bags for pickup by Stericycle by program faculty at HCT 125 at time of incident.
- 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 (red in color and/or biohazard symbol) for this purpose.
3. Wear the following PPE when handling and/or sorting contaminated laundry: gloves; safety shoes/boots/covers, if substance is likely to splash; apron/gown/coveralls, if substance is likely to splash; respirator/mask, if substance is airborne. Remove PPE carefully to avoid self-contamination. Dispose of PPE in designated containers before leaving the area. Wash hands immediately or as soon as feasible after removing PPE.

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: All regulated waste should be placed in a red bag designated for regulated waste and placed in the box labeled with biohazard label.

Example:

Equipment to be Labeled	Label Type (size, color)
specimens, contaminated laundry, etc.	red bag, biohazard label

- B. Persons identified in I.C. 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 Persons identified in I.C. if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

X. VACCINATION FOR HEPATITIS B

- A. Dr. Morris B. Clarington will ensure training is provided to covered employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. Dr. Morris B. Clarington 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 employees' personal care provider or at the local health department.

XI. POST-EXPOSURE FOLLOW-UP

- A. Should an exposure incident occur, contact Dr. Morris B. Clarington at the following telephone number 229-430-1693.
- 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. Those individuals named in I.C 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. Those individuals named in I.C 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. Four exposure control incidents occurred throughout the academic year of 2025 to 2026.

XIII. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

- A. Dr. Morris B. Clarington 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. Dr. Morris B. Clarington will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.
- C. If revisions to this ECP are necessary Dr. Morris B. Clarington, Dean of Nursing & Allied Health Sciences will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding individuals/occupational areas to the exposure determination list, etc.).
- D. The following protocol is followed for evaluating the circumstances surrounding an exposure incident:

Immediately after the exposure of covered employee or student, documentation of the incident is to be prepared the day of the exposure on an Exposure Incident Report and Follow-Up form. The exposed covered employee or student is to be counseled and steps to prevent future occurrences are discussed.

XIV. COMMUNICATION OF HAZARDS AND TRAINING

- A. All covered employees and covered students who have occupational exposure to bloodborne/airborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne/airborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:
1. a copy and explanation of the ECP;
 2. an explanation of the ECP and how to obtain a copy;
 3. an explanation of methods to recognize tasks and other activities that may involve exposure to blood, OPIM and respiratory hazards including what constitutes an exposure incident;
 4. an explanation of the use and limitations of engineering controls, work practices, and PPE;
 5. an explanation of the types, uses, location, removal, handling, decontamination,

- and disposal of PPE;
6. an explanation of the basis for PPE selection;
 7. information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge to covered employees and at cost to covered students;
 8. information on the appropriate actions to take and persons to contact in an emergency involving blood, OPIM or respiratory hazards;
 9. an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
 10. information on the post-exposure evaluation and follow-up that the employer/college is required to provide for the covered employee or covered student following an exposure incident;
 11. an explanation of the signs and labels and/or color coding required by the standard and used at this facility;
 12. and an opportunity for interactive questions and answers with the person conducting the training session.

- B. Training materials are available from the departments identified as Category I and Category II.

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 Albany Technical College by the individuals listed in I.C. for students and 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 Beth Davis, Interim Vice President for Student Affairs.

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. Beth Davis is responsible for maintenance of the required medical records. These confidential records are kept in Student Affairs, Kirkland Building 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 Beth Davis.

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 Mike Alligood.

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 immediately after the sharp injury of covered employee or student, documentation of the incident is to be prepared the day of the sharp injury on an Exposure Incident Report and Follow-Up form. The exposed covered employee or student is to be counseled and steps to prevent future occurrences are discussed.

Appendix A

Department	Name	Title	Campus	Phone	Email
Barbering	Elvin Mallory	Chair/ Instructor	Albany (AED 102B)	229.430.3618	eimallory@albanytech.edu
Cosmetology	Arniecesha Price	Chair/ Instructor	Albany (AED 107 A)	229.430.6140	aprice@albanytech.edu
Dental Assisting	Ivey Bradley	Chair/ Instructor	Albany (HCT 104)	229.430.3543	ibradley@albanytech.edu
Early Childhood	Arkimberly Robinson	Chair/ Instructor	Albany (CDV 105)	229.430.3539	arobinson@albanytech.edu
Emergency Medical Technician/ Advanced EMT	Tracie Naylor- Griffin	Chair/ Instructor	Albany (EMR 120)	229.430.3093	Tnaylor- griffin@albanytech.edu
Fire Science Technology	Frank Flanigan	Chair/ Instructor	Albany (EMR 128)	229.430.4994	fflanigan@albanytech.edu
Law Enforcement	Ryan Ward	Chair/ Instructor	Albany (CEIT 204)	229.430.5780	rward@albanytech.edu
Maintenance and Custodian	Mike Alligood	Chair/ Instructor	Albany (OPS)	229.430.0657	malligood@albanytech.edu
Medical Assisting	LaTonya Harris	Chair/ Instructor	Albany (HCT 132)	229.430.3542	lharris@albanytech.edu
Nurse Aide	Tracey Prince	Chair/ Instructor	Albany (HCT 145 and PLLC 197)	229.430.2832	trprince@albanytech.edu
Nursing (ASN)	Latrona Lanier	Director of Nursing/ Instructor	Albany (PLLC 130)	229.430.3698	llanier@albanytech.edu
Pharmacy Technology	JaNee Mobley	Chair/ Instructor	Albany (HCT 147)	229.430.3596	jmobley@albanytech.edu
Practical Nursing	Teresa Darity	Chair/ Instructor	Albany (PLLC 127)	229.420.1025	tdarity@albanytech.edu
Radiologic Technology	Sarah Watson	Chair/ Instructor	Albany (HCT 137)	229.430.6049	swatson@albanytech.edu
Surgical Technology	Lori Massey	Chair/ Instructor	Albany (HCT 140)	229.430.3552	lday@albanytech.edu

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