



Brian P. Kemp
Governor

Gregory C. Dozier
Commissioner

July 10, 2020

President Ray Perren
Lanier Technical College
2535 Lanier Tech DR
Gainesville, GA 30507

Dear President Perren:

Enclosed is the approved and signed copy of the 2020-2021 Exposure Control Plan for Occupational Exposure to Bloodborne and Airborne Pathogens (ECP) 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@tcsge.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,

A handwritten signature in blue ink that reads "Lisa Anne Beck".

Lisa Anne Beck
Emergency Manager

(Please send a copy to your College Exposure Control Coordinator, Gail Forrester for College distribution.)

**Exposure Control Plan
for Bloodborne Pathogens and Airborne
Pathogens/Tuberculosis
Lanier Technical College
2020-2021**

REVIEWED: Dail Joneston, MSNEd, RN DATE: 6/25/2020
EXPOSURE CONTROL COORDINATOR
Lanier Technical College

APPROVED: [Signature] DATE: 6/25/2020
PRESIDENT/EXECUTIVE
Lanier Technical College

REVIEWED: [Signature] DATE: 06/29/20
EMERGENCY MANAGER
TECHNICAL COLLEGE SYSTEM OF GEORGIA

APPROVED: [Signature] DATE: 7/8/2020
DIRECTOR OF CAMPUS SAFETY
TECHNICAL COLLEGE SYSTEM OF GEORGIA

**Lanier Technical College
Exposure Control Plan for
Occupational Exposure to
Bloodborne Pathogens and Airborne Pathogens/Tuberculosis
2020-2021**

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. Gail Forrester, MSNEd, RN and Tonya Brown, MT (AMT) MLT (ASCP) 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

Email: gforrester@laniertech.edu or tbrown2@laniertech.edu

Office: 770-533-6941 or 770-533-6931

- 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 Lanier 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. Responsible person(s) are listed in Appendix I: Contact Information for Responsible Person(s) or Department(s) as well as a list of job and/or student program classifications which have potential for occupational exposure.
- D. Lanier Technical College engages in the following contractual agreements regarding exposure control with Earthwise
- E. Lanier Technical College engages in the following training required by each clinical facility as well as lab management plans for each program. The protocol for the retention of training records is the director/coordinator is responsible for maintaining student records. The ECP coordinator maintains a file of completed bloodborne pathogen training for employees.
- F. The protocol for the annual review of the Lanier Technical College ECP is the responsibility of the ECP coordinator. *The ECP coordinator(s) attend peer group meetings annually (there was no peer group meeting for 2019-2020 due to COVID 19 pandemic).* The protocol for the retention of the ECP is located on the college intranet

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.

List specific programs/areas falling under the following categories:

Job/Program/Title/Occupational/Program Area

Associate of Science in Nursing
Certified Nursing Assistants (CNA)
Child Care (Early Childhood Care and Education)
Cosmetology/Esthetician
Criminal Justice
Dental Assisting
Dental Hygiene
Facilities & Maintenance
Fire Science Technology

Medical Assisting
 Paramedicine
 Phlebotomy
 Physical Therapy Assistant
 Practical Nursing
 Radiology Technology
 Police Department
 Surgical Technology
 Precision Machining and Manufacturing

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 Gail Forrester, MSNEd, RN and Tonya Brown, MT (AMT) MLT (ASCP). 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 See designee in I.C. appendix I.

Types of PPE that are provided include the following:

Task	PPE	Location
Drawing blood		
Giving Injections/starting IVs		
Oral Care		

gloves, eye protection
 gloves, eye protection
 gowns, gloves,
 eye protection

See Designee in I.C.
 See Designee in I.C.
 See Designee in I.C.

- 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 biohazard bags or sharps containers and is disposed of by Earthwise. Each program that handles biohazard material is given a box from Earthwise to dispose of biohazard waste, once the box is sealed and ready to be disposed of the faculty member will contact either Gail Forrester, MSNEd, RN and Tonya Brown, MT (AMT) MLT (ASCPs) to gain access to the locked biohazard closet on the first floor of Walters hall on the Hall campus, on the Dawson campus biohazard waste is stored in a locked closet on the second floor across from the medical assistant lab, on the Forsyth campus biohazard waste is stored in a locked room in the maintenance shop, the Barrow campus biohazard waste is stored in room 213 which is a locked room. The Jackson campus do not have biohazard waste. 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.
 4. 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.
 5. Never wash or decontaminate disposable gloves for reuse.
 6. 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. Maintain social distancing of 6 feet during a pandemic and limit to 10 people per group in an area. Follow CDC guidance when additional PPE or recommendation warrant disease specific precautions (i.e. social distancing).
 7. 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. See departmental plan for PPE handling and disposal.

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. Jill Cantrell is responsible for training/record keeping for decontamination. Michael Schmidt is responsible for record keeping of after action reports for decontamination.
- B. For each category I and II task document the decontamination method required. All blood spills will be cleaned promptly using an EPA approved germicide or 1:10 solution of household bleach while wearing gloves.

Any surfaces known to come in contact with a suspected person with tuberculosis will be cleaned by washing with detergent.

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:

Example: *{Expand as necessary to describe appropriate controls.}*

Task	Engineering/Administrative Controls	
Phlebotomy	Drawing blood	needleless systems, non-glass capillary tubes
Nursing	Starting IVs, Injections	needleless systems, safety needles
Paramedicine	Starting IVs, Injections	needleless systems, safety needle
Dental Hygiene	Injections	safety needles
Dental Assisting	Injections	safety needles

- B.** Protocol and documentation of the inspection, maintenance and replacement of sharps disposal containers is the responsibility of See designee in I.C.
- 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: dispose of with Earthwise which is picked up quarterly or more frequently if necessary.
- C. The protocol for handling other regulated waste is: dispose of with Earthwise which is picked up quarterly or more frequently if necessary.
- D. Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available in the department plan (must be easily accessible and as close as feasible to the immediate area where sharps are used).
- E. Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.
- F. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

VIII. LAUNDRY

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

- A. The following contaminated articles will be laundered towels by Cosmetology students several times a day in the cosmetology department, bed linens and patient gowns from mannequins in nursing labs by staff or work study students at least once a semester.
- 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 bags or bags marked with the biohazard symbol* for this purpose.
 3. Wear the following PPE when handling and/or sorting contaminated laundry: gloves.

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: The person ordering a chemical or product containing a hazardous chemical should verify that all containers received for use will be clearly labeled as to the contents, display the appropriate hazard warnings, list the name and address of the manufacturer.

Example:

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

reusable sterilized instruments

red bag with biohazard label

- B. See designee in I.C. 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 the designee 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. See designee in I.C. will ensure training is provided to covered employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. Designee in I.C. 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 care provider of the person's choice at care provider's location.

XI. POST-EXPOSURE FOLLOW-UP

- A. Should an exposure incident occur, contact designee in I.C., Gail Forrester, MSNEd, RN and Tonya Brown, MT (AMT) MLT (ASCP), or Nancy Beaver at the following telephone number Gail Forrester 770-533-6941, Tonya Brown 770-533-6931, Nancy Beaver 770-533-7001.
- 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 or COVID 19):
 - 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 or COVID 19); 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. Any covered employee or covered student with a positive COVID 19 test should self-isolate for 14 days and any person that was exposed to this person should be notified to self-isolate for 14 days.

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

- A.** Designee in I.C., Gail Forrester, MSNEd, RN, Tonya Brown, MT (AMT) MLT (ASCP), and Nancy Beaver 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.** Designee in I.C., Gail Forrester, MSNEd, RN, Tonya Brown, MT (AMT) MLT (ASCP), and Nancy Beaver 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.** 11/14/19 a student had a needle stick to the finger while placing a needle in the sharps container.
11/14/19 a student had a needle stick to finger while drawing blood.
1/23/20 a student had a needle stick to finger while placing a needle in the sharps container.

XIII. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

- A.** Gail Forrester, MSNEd, RN, and Tonya Brown, MT (AMT) MLT (ASCP) 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.** Nancy Beaver will record all percutaneous injuries from contaminated sharps in a

Sharps Injury Log.

- C. If revisions to this ECP are necessary Gail Forrester, MSNEd, RN, and Tonya Brown, MT (AMT) MLT (ASCP) 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. Incident reports are reviewed and sent to the safety committee.

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;
 12. and an opportunity for interactive questions and answers with the person conducting the training session.
- B. Training materials are available from designee in I.C. for students and Jill Cantrell for employees (open records contact.)

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 designee in I.C. for students and Jill Cantrell for employees (open records contact).
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 person identified in A.1.

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. Jill Cantrell Human Resources is responsible for maintenance of the required medical records. These confidential records are kept in Human Resources 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 designee in I.C.

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 Nancy Beaver Student Affairs.

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 incident report is reviewed by the safety committee and suggestions for prevention of future injuries are implemented. The injured

individual is evaluated by the health care provider of their choice.

Director Name	Department	Phone Number
Gail Forrester	Practical Nursing	770-533-6941
Michael Schmidt	Facilities & Maintenance	770-533-6974
Jennifer Williams	Medical Assisting/Phlebotomy	770-533-6963
Michael Myers	Criminal Justice	770-533-6934
Dr. David Byers	Dental Hygiene	770-533-6932
Liza Charlton	Dental Assisting	770-533-6935
Janya Durden	Cosmetology/Esthetician/Medical Skin	678-513-5206
Chief Jeff Strickland	Police Department	770-533-6901
Diane Griffin	Early Childhood Care and Education	770-533-6943
Karen Nowakowski	Fire Science	770-533-6942
Eron Sunshine	Paramedicine	770-533-6965
Joy Adams	Physical Therapy Assistant	678-341-6638
Robert Wells	Radiologic Technology	770-535-5928
Mark Weise	Surgical Technology	770-533-6972
Rosllyn Kuznicki	ALHS/CNA	770-533-6976
Leanna Valentine	Associate of Science in Nursing	678-341-6662
Thomas Morris	Precision Machining & Manufacturing	770-533-6952

Appendix I Lanier Technical College Program Administration

Exposure Control Plan Training Log 2019-2020 Lanier Technical College

Job/Program/Occupational/Area *	Date	Training Topic
Practical Nursing Students Forsyth and Hall Campus	First Semester NNSG 2030	Bloodborne/Airborne Pathogen Exposure Follow-up in the Clinical Setting
Medical Assisting All campuses	First Semester MAST 1080	Bloodborne/Airborne Pathogen Exposure Follow-up in the Clinical Setting
Dental Hygiene Hall Campus	First Semester DHYG 1040	Bloodborne/Airborne Pathogen Exposure Follow-up in the Clinical Setting
Dental Assisting Hall Campus	First Semester DENA 1050	Bloodborne/Airborne Pathogen Exposure Follow-up in the Clinical Setting
Cosmetology/Esthetician/Medical Skin Dawson and Hall Campus	First Semester COSM 1000	Bloodborne/Airborne Pathogen Exposure Follow-up in the Clinical Setting
Early Childhood Care and Education Hall Campus	First Semester ECCE 1105	Bloodborne/Airborne Pathogen Exposure Follow-up in the Clinical Setting
Paramedicine Forsyth and Hall Campuses	First Semester EMSP 2110 & EMSP 1110	Bloodborne/Airborne Pathogen Exposure Follow-up in the Clinical Setting
Physical Therapy Assistant Forsyth Campus	First Semester PHTA 1140	Bloodborne/Airborne Pathogen Exposure Follow-up in the Clinical Setting
Radiologic Technology Hall Campus	First Semester RADT 1010	Bloodborne/Airborne Pathogen Exposure Follow-up in the Clinical Setting
Phlebotomy Dawson, Hall and Forsyth Campuses	First Semester PHLT 1030	Bloodborne/Airborne Pathogen Exposure Follow-up in the Clinical Setting
Surgical Technology Hall Campus	First Semester SURG 1010	Bloodborne/Airborne Pathogen Exposure Follow-up in the Clinical Setting
Associate of Science in Nursing Forsyth Campus	First Semester RNSG 1540	Bloodborne/Airborne Pathogen Exposure Follow-up in the Clinical Setting
AHS/C.N.A. All Campuses	First Semester NAST 1100	Bloodborne/Airborne Pathogen Exposure Follow-up in the Clinical Setting
Janitorial Staff: Annual Review for all members of staff	Between 01/01/2020 and 02/28/2020 as reflected in Human Resources records	Bloodborne Pathogens in the Workplace
All covered College faculty; all sites	Between 01/01/2020 and 02/28/2020 as reflected in Human Resources records	Standard Precautions and PPE Module

* As identified in current college ECP: "I.C. Program Administration"