

EDISON STATE COMMUNITY COLLEGE EXPOSURE CONTROL PLAN

A. Purpose

Edison State Community College (ESCC) is committed to providing a safe and healthful work environment for all faculty, staff, and students. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens (BBP) by following Occupational Safety & Health Administration (OSHA) standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." This plan also covers ESCC students when involved in an approved activity.

B. Scope

The ECP is a key document to assist our organization in implementing and ensuring compliance with the OSHA standard, thereby protecting our faculty, staff, and students.

This ECP is based upon OSHA's model plan and as required by the standard, includes:

- Determination of employee exposure.
- Implementation of various methods of exposure control, including:
 - Universal precautions.
 - Engineering and work practice controls.
 - Personal protective equipment (PPE).
 - Housekeeping.
- Hepatitis B (HepB) vaccination.
- Post-exposure evaluation and follow-up.
- Communication of hazards to employees and training.
- Recordkeeping
- Procedures for evaluating circumstances surrounding an exposure incident.
- This plan also meets or exceeds requirements for full and part-time students.

C. Roles and Responsibilities

DEPARTMENT OF PUBLIC SAFETY

- Develop and administer this program with Campus Community Safety Advisory Committee.
- Identify and designate a BBP Program Coordinator.
- Conduct an incident-cause-investigation.

BBP PROGRAM COORDINATOR

- Maintain, review, and update this program annually and whenever necessary to include new or modified tasks or procedures.
- Foster implementation and adoption of the Exposure Control Plan.
- Assist individual departments whose employees have recognized risk of occupational bloodborne pathogen exposure.
- Recordkeeping and review of BBP records as needed.

- Complete and submit to Human Resources the Public Employee Risk Reduction Program (PERRP) Sharps Injury Form Needlestick Report (Form SH-12).
- Provide advice and recommend proper personal protective equipment to potentially exposed employees.

ACADEMIC PROGRAM DIRECTORS/COORDINATORS

Individual programs including Nursing, Allied Health, and Emergency Medical Services (EMS) have the following responsibilities:

- Direct implementation of this program.
- Maintain an annual up-to-date Sharps Injury Log.
- Filing a Sharps Inventory Form with BBP Program Coordinator annually.
- Oversee and encourage safe employee and student work practices.
- Monitor necessary faculty and student training.
- Provide final determination of necessary personal protective equipment for faculty and students.

DEPARTMENT LEADS

Individual departments including Student Affairs, Athletic Department, Public Safety, Child Development Center, and Facilities Management have the following responsibilities:

- Direct implementation of this program.
- Maintain an up-to-date Sharps Injury Log.
- File a Sharps Inventory Form with BBP Program Coordinator annually.
- Oversee and encourage safe employee and student worker work practices.
- Monitor necessary staff and student worker training.
- Provide final determination of necessary personal protective equipment for staff and student workers.

CAMPUS COMMUNITY SAFETY ADVISORY COMMITTEE

- Monitor incidents and promptly provide recommendations for necessary changes in processes or products.
- As a group or through a designated subcommittee, review incident reports from the BBP Program Coordinator to identify trends, review protective measures, and have global oversight.

HUMAN RESOURCES

- Coordinate and oversee the Hepatitis B vaccination program for faculty and staff listed in Table 1.
- Archive all required documentation after the incident-cause-investigation is completed following OSHA requirements.
- Approve and submit to Sharps Injury Form Needlestick Report (Form SH-12).
- Maintain recordkeeping for faculty and staff annual ECP training through Safe Colleges.

D. Exposure Determination

ESCC has determined job classifications that may reasonably be expected to incur occupational exposure to blood or other potentially infectious materials (OPIM). This exposure determination is made without regard to the use of Personal Protective Equipment.

These job titles listed in table 1 are identified as being at reasonably anticipated risk of exposure.

Table 1

Job Title	Department	Tasks With Potential Hazard
Athletic Trainer	Athletic Department	CPR, initial first aid
Coach		
Campus Police Officer	Public Safety	CPR, initial first aid
Campus Security Officer		
Teacher	Child Development Center	Initial first aid, changing diapers and/or soiled clothing
Coordinator	Health and Wellness Services	
Faculty/Instructor	Nursing, Allied Health, EMS, VetTech	Training invasive procedures, clean-up, clinicals
Facilities Services Technician	Facilities	Routine duties
Environmental Services Technician		

Students taking courses with laboratory and clinical sessions may expect/have the possibility to incur an exposure to blood.

Table 2

	Program	Tasks with Potential Hazard
Student	Early Childhood Emergency Medical Technician Medical Assistant Medical/Clinical Laboratory Technician Nursing Paramedic Phlebotomy Veterinary Technology	CPR, first aid, clinicals, laboratories

E. Implementation & Control

UNIVERSAL PRECAUTIONS

All ESCC faculty, staff, and students trained in the bloodborne pathogen standard are taught to practice universal precautions. Universal precautions is an approach to infection control that treats all human blood and certain human body fluids as if they are known to be infectious.

These body fluids are:

- Fluids containing visible blood
- Semen
- Vaginal secretions
- Cerebrospinal fluid
- Synovial fluid, pleural fluid
- Peritoneal fluid

- Pericardial fluid
- Amniotic fluid
- Saliva during a dental procedure
- All body fluids in situations where it is difficult or impossible to differentiate between body fluids.

All faculty, staff, and students are required to practice universal precautions when working with blood or OPIM.

EXPOSURE CONTROL PLAN (ECP)

ESCC faculty, staff, and students covered by the Bloodborne pathogens standard receive an explanation of this ECP during their initial bloodborne pathogen training session. It will also be reviewed in their annual refresher training. Anyone may review this plan at any time. . Contracted staff must show proof of annual training before fall semester student-athletic training begins.

The ESCC BBP Program Coordinator is responsible for reviewing and updating the ECP annually or more frequently to reflect new or modified tasks or procedures that affect occupational exposure. New or revised employee positions must be reviewed for occupational exposure risk.

ENGINEERING CONTROLS AND WORK PRACTICES

Engineering controls and work practice controls will be used to prevent or minimize exposure to Bloodborne pathogens. Where occupational exposure remains, after the institution of engineering controls, personal protective equipment will be used.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices such as sharps with engineered sharps injury protections, needleless systems, plastic shields, and eye wash stations/showers) that isolate or remove the BBP or OPIM hazard from the workplace.

Sharps containers are closable, puncture resistant, leak-proof, and affixed with a biohazard label.

- All used and contaminated sharps (needles, tubes, and slides) must be immediately placed into appropriate sharps containers.
- Used or contaminated sharps are not bent or recapped.
- All sharps containers will be disposed of when they reach the marked fill line and will not be emptied by hand. Lids will be securely closed.
- Sharps containers shall be provided in each laboratory setting.
- Clinical sites will provide sharps containers for use per the facility's policies.

A large cardboard biohazard box lined with a plastic biohazard bag will be provided for each laboratory setting.

- Biohazard boxes are assembled and sealed according to the directions provided by the contracted waste disposal company.
- Fully closed sharps containers are placed into the biohazard box.
- Broken or damaged tubes are not placed directly into the biohazard box.

- Once full, the plastic biohazard bag is tied in a knot, the box sealed and placed in a secure area to await contracted waste disposal pick up.
- The Academic Project Specialists (APS) will coordinate with each other to facilitate pickup with a contracted waste disposal company.
- The BBP Coordinator will work with each department APS to coordinate a single pickup time with the contracted waste disposal company.

Work Practice Controls are controls that reduce the likelihood of exposure by altering how a task is performed (e.g., prohibiting the recapping of needles by a two-handed technique).

- Sanitize hands with alcohol-based hand sanitizer or wash hands with soap and water before and after practicing clinical procedures.
- Eating, drinking, and applying cosmetics are not allowed in laboratories.
- All procedures involving blood or other OPIM will be performed in a manner as to minimize splashing, spraying & generation of aerosols.
- The labeling of biohazard waste containers is required.
- Wash any exposed skin with soap and water, flush eyes and mucous membranes with water immediately after any exposure for at least 15 minutes. (OSHA recommendation)

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal Protective Equipment is specialized clothing or equipment worn by faculty, staff, and students for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment. Some examples of PPE are latex or nitrile gloves, lab coats, and face shields/goggles/protective eyewear.

When using PPE, observe the following:

- Wash hands immediately or as soon as practicable after removing gloves or other PPE. If hand washing is not practicable, the use of hand sanitizer is acceptable.
- Remove PPE after it becomes contaminated with blood or OPIM and before leaving the work area.
- Grossly contaminated PPE shall be disposed of in biohazard trash.
- 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.
- Reusable PPE (such as eyeglasses, goggles, and face shields) should be promptly cleaned after use. If the PPE was contaminated, or potentially contaminated, with blood or OPIM, it will be decontaminated with an appropriate disinfectant.
- Place all lab coats in the appropriate designated area or container for storage, cleaning, decontamination, or disposal.

HOUSEKEEPING

Regulated waste will be placed in closable containers, constructed to contain all contents, and prevent leakage, appropriately labeled, closed, and sealed before removal to prevent spillage or protrusion of contents during handling.

Broken glassware is only picked up using mechanical means, such as a brush and dust pan, tongs, or forceps, and disposed of in a sharps container.

All sharps containers will be disposed of when they reach the marked fill line and will not be emptied by hand. Lids are securely closed and the entire sharps container placed in the large cardboard biohazard box.

Instructors will notify the APS who coordinate with the other APSs and will contact the contracted waste disposal company to schedule a pick-up to remove biohazard waste.

ESCC spaces will be cleaned and decontaminated according to the following schedule:

Table 4

Area	Schedule	Cleaner
Lab/countertops	After each class	Students/instructor
Desks in lab area	After each class	Students/instructor
Floors/sinks	As scheduled	Facilities
Athletic Trainer	After use	Athletic Trainer
Common spaces	As needed	Facilities

ESCC will use an approved disinfectant to clean surfaces. An appropriate disinfectant is defined as an EPA-listed tuberculocidal germicide. Broken glassware shall not be picked up directly with the hands. It shall be cleaned up using mechanical means such as; a brush and dust pan, tongs, or forceps.

LAUNDRY

Blood-soaked or significantly stained laundry (by blood or OPIM) should be neutralized in a minimum 10% bleach or a peroxide solution, put in a plastic biohazard bag, and appropriately handled.

Staff responsible for handling/laundering contaminated laundry are required to participate in the ESCC Exposure Control Program. This includes training (initial and annual refresher), as well as immunizations and other protective measures.

Appropriate PPE is to be worn when handling and/or sorting contaminated laundry. At a minimum this will include wearing gloves and lab coat if washing heavily soiled garments. Contaminated laundry is to be handled as little as possible, with minimal agitation. Contaminated laundry shall be at the location in leak-proof, labeled, or color-coded containers where it was used and shall not be sorted or rinsed in the location of use. Red bags or bags marked with the biohazard symbol are to be used for this purpose.

LABELS

Warning labels will be affixed to containers of regulated waste; refrigerators and freezers containing blood or OPIM; and other containers used to store, transport, or ship blood or OPIM. Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment, and disposal are exempt from these labeling requirements.

Staff is to notify the department lead if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

Students are to notify the department lead if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

F. Hepatitis B (HepB) Vaccination

The HepB vaccination is recommended for the faculty and staff listed in Table 1, and students before practicing invasive procedures in the health science programs. The HepB vaccination series is available at no cost for faculty and staff at the time of hire and within 10 days of initial assignment to all employees working with, or may come in contact with, human blood & body fluids, human cell lines & human tissues, or other OPIM. Contracted staff and students are responsible for costs associated with prophylaxis. Prophylaxis is the prevention of or protective treatment for a disease. ESCC's vaccination program consists of a series of three intramuscular vaccinations administered on days zero, 1 month & 6 months.

The vaccination is encouraged unless 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated.

The HepB vaccine will be provided at Occupational Health at UVMC Outpatient Center South to employees who choose to have it. If an employee declines the HepB vaccine, a declination form must be signed and kept in the employee file in Human Resources. Faculty and staff have the right to change their mind at any time. HepB vaccination records are kept in the employee's file.

G. Post Exposure Evaluation and Follow-up

Exposure Incident means a specific eye, mouth, other mucous membranes, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Parenteral means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

FACULTY & STAFF

If ESCC faculty or staff incur an exposure while at an ESCC campus while performing duties within their ESCC role, they should follow the Employee Resource Manual.

If ESCC faculty or staff incur an exposure at an outside facility while performing duties within their ESCC role, they should follow both Employee Resource Manual as well as the facilities policy where the exposure occurred.

All exposure incidents shall be reported to the DPS at (937) 778-7820 as soon after the incident as practical. ESCC faculty and staff are encouraged to speak with their health care provider about any additional follow-up post-exposure prophylaxis that may be recommended.

An immediately available confidential medical evaluation and follow-up will be conducted. Following initial first aid (clean the wound, flush eyes or other mucous membranes, etc.), the following activities will be performed:

- ESCC faculty and staff who incur an exposure incident will submit to a post-exposure evaluation. ESCC will cover the cost of required testing and follow-up for faculty and staff.
- During normal business hours, all faculty and staff post-exposure evaluations will be conducted at Occupational Health at UVMC Outpatient Center South.
- After normal business hours, all faculty and staff post-exposure evaluations will be conducted at the closest most accessible medical facility that provides these services.
- If the faculty or staff person needs immediate medical attention, they should be taken to the closest medical facility.
- Post-exposure prophylaxis for human immunodeficiency virus (HIV) and hepatitis B virus (HBV), when medically indicated, will be offered to the exposed individual according to the current recommendations of the United States Public Health Service. ESCC will cover the cost of prophylaxis for faculty and staff.

STUDENTS

If an ESCC student incurs an exposure while at an ESCC campus, they should follow their program's policy.

If an ESCC student incurs an exposure at an outside facility while performing duties within their ESCC role, they should follow both their program's policy as well as the facility's policy where the exposure occurred.

Student exposure incidents shall be reported to their instructor who will notify DPS at (937) 778-7820 as soon after the incident as practical. ESCC students are encouraged to speak with their health care provider about any additional follow-up post-exposure prophylaxis that may be recommended.

Following initial first aid (clean the wound, flush eyes or other mucous membranes, etc.), the following activities will be performed:

- ESCC students who incur an exposure incident should submit to a post-exposure evaluation and follow-up. The student is responsible for the costs associated with the medical evaluation.
- If the student needs immediate medical attention, they should be taken to the closest medical facility.
- Post-exposure prophylaxis for human immunodeficiency virus (HIV) and hepatitis B virus (HBV), when medically indicated, is the current recommendations of the United States Public Health Service. The student is responsible for costs associated with prophylaxis.

FACULTY/STAFF & STUDENTS

If possible, identify and document the source individual of the blood/OPIM samples (unless ESCC can establish that identification is infeasible or prohibited by state or local law).

- Obtain consent and make arrangements to have the source individual tested as soon as practical to determine HBV and HIV infectivity and document that the source individual's test results were conveyed to their health care provider.
- If the source individual is unwilling to give a sample, submit a complaint to compel testing under ORC § 3701.247.
- If the source individual is already known to be HIV and/or HBV positive, new testing need not be performed.

- Assure that the exposed individual 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).
- After obtaining consent, collect exposed individual blood as soon as feasible after the exposure incident, and test blood for HBV and HIV serological status.

H. Incident-Cause-Investigation

DPS will conduct an incident-cause-investigation, complete an incident report which will include an ESCC Injury Report Form and the Blood and Body Fluid report form, and provide the injured party with any additional documentation needed to complete per this policy based on the circumstances of the incident.

- ESCC faculty and staff will complete the necessary paperwork as provided by DPS. During the DPS investigation, all necessary documentation will be maintained within their office.
- If a student has an exposure, it will also be reported to the instructor who will notify DPS for the student to complete the necessary paperwork. Documentation will be maintained within their office until the conclusion of the event.
- Faculty, staff, and students shall provide the DPS with a written opinion/evaluation from the treating medical professional that contains only the following information:
 - Whether the affected person has been informed of the results of the evaluation.
 - Whether the affected person has been notified of any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
 - Documentation will be maintained within their office until the conclusion of the event.
- After all incident activity:
 - Faculty and staff documentation will be maintained with Human Resources.
 - Student documentation will be maintained with the department's APS.

I. Evaluation of Circumstances Surrounding an Exposure Incident

After an exposure incident has an incident-cause-investigation completed by DPS, the BBP Program Coordinator will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time.
- Work practices followed.
- Description of the device being used (including type and brand).
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.).
- Location of the incident (classroom, common area, clinical site, etc.).
- The procedure being performed when the incident occurred.
- Employee's training.
- Employee's HepB vaccination status.

The final results will be forwarded to the Campus Safety Advisory Committee or the appropriate sub-committee. If revisions to this ECP are necessary, the BBP Program Coordinator will ensure that appropriate changes are made. Changes may include an evaluation

of safer devices, adding employees to the exposure determination list, or additional information and training for faculty, staff, and students.

J. Training

FACULTY & STAFF

All faculty and staff who have the possibility of occupational exposure to bloodborne pathogens receive initial and annual refresher online training. All faculty and staff who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases.

ESCC shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new tasks or procedures. The training program will be tailored to the educational level and language of the faculty and staff. It will be offered during the normal work/class times.

The training program covers, at a minimum, the following elements:

- An accessible copy of the regulatory text of this standard and an explanation of its contents.
- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes of transmission of bloodborne pathogens.
- An explanation of the ESCC exposure control plan and how the employee can obtain a copy of the written plan.
- An explanation of the appropriate methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
- An explanation of the types, use, location, removal, handling, decontamination, and disposal of PPE.
- An explanation of the basis for PPE selection.
- Information on the HepB vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- 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.
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- An explanation of the signs and labels and/or color coding required by the standard and used at this facility.

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

Human Resources will ensure that faculty and staff are trained before initial assignment to tasks in which exposure may occur. Department heads will ensure that their staff is trained before initial assignment to tasks in which exposure may occur.

STUDENTS

All students who have the possibility of occupational exposure to bloodborne pathogens receive initial and annual refresher online training. Students who have the possibility of occupational exposure to bloodborne pathogens receive training prior to their first laboratory/clinical session by their area of discipline's faculty. All students who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases.

ESCC shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the student's exposure. The additional training may be limited to addressing the new tasks or procedures. The training program will be tailored to the educational level and language of the students. It will be offered during the normal class times.

The training program covers, at a minimum, the following elements:

- An accessible copy of the regulatory text of this standard and an explanation of its contents.
- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes of transmission of bloodborne pathogens.
- An explanation of the ESCC exposure control plan and how the student can obtain a copy of the written plan.
- An explanation of the appropriate methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
- An explanation of the types, use, location, removal, handling, decontamination, and disposal of PPE.
- An explanation of the basis for PPE selection.
- Information on the HepB vaccine, including information on its efficacy, safety, method of administration, and the benefits of being vaccinated.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- 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.
- Information on the post-exposure evaluation and follow-up that the student will provide to the college following an exposure incident.
- An explanation of the signs and labels and/or color coding required by the standard and used at this facility.

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

Academic Program Directors/Coordinators will ensure that students are trained before initial laboratory or clinical sessions.

K. Recordkeeping

TRAINING RECORDS

Training records are completed for all faculty, staff, and students upon completion of training. These documents will be kept following ESCC and department records retention policies. Faculty and staff records are maintained by Human Resources and student records will be maintained following each program's policy. The training records will include:

- The dates of the training sessions
- The contents or a summary of the training sessions
- The names and qualifications of individuals conducting the training
- The name of all attendees

Employee training records are provided upon request to the employee or the employee's authorized representative in accordance with ESCC's public records policy. Such requests should be addressed to ESCC Human Resources.

Faculty will ensure that Lab Safety Agreements are signed by students in each clinical course and maintained within the program. These documents will be kept following ESCC and department records retention policies.

POST EXPOSURE MEDICAL RECORDS

FACULTY & STAFF

Human Resources is responsible for maintaining the following faculty and staff records:

- Physical form (if applicable)
- Vaccination or waiver records
- TB screen, if needed

Medical records are maintained for all faculty and staff with occupational exposure to BBP in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records". Except for active incident activity, these records will be maintained with HR. The BBP Program Coordinator, while there is still active incident activity, is responsible for maintaining the following records:

- Blood & Body Fluid Exposure Incident Report Form.
- Sharps Injury Log.
- Results of examinations, medical testing, and follow-up procedures.

Blood & Body Fluid Exposure Incident Report forms and medical records will be kept for the length of employment plus 30 years. Sharps injury logs will be retained for five years. The Blood & Body Fluid Exposure Incident Report form can be found on the ESCC HR forms link.

At the conclusion of all incident activity:

- Documentation will be retained by Human Resources.
- The BBP Program Coordinator will complete and submit to Human Resources the PERRP Sharps Injury Form Needlestick Report (Form SH-12).
- Human Resources will review and submit to PERRP the Sharps Injury Form Needlestick Report (Form SH-12).

STUDENTS

The APS for each program is responsible for maintaining the following student records:

- Physical form
- Vaccination or waiver records
- TB screen

Medical records are retained for students with occupational exposure to BBP in accordance with ESCC policies. The BBP Program Coordinator, while there is still active incident activity, is responsible for maintaining the following records:

- Blood & Body Fluid Exposure Incident Report Form.
- Sharps Injury Log.
- Results of examinations, medical testing, and follow-up procedures.

At the conclusion of all incident activity:

- Documentation will be retained by the APS.

As long as the ESCC student is actively working towards a certificate or degree, Blood & Body Fluid Exposure Incident Report forms and medical records will be kept following each department's record retention policy. Sharps injury logs will be retained for five years.

L. Evaluation & Review

The Community Safety Advisory Committee or Subcommittee is responsible for reviewing this plan annually to determine its effectiveness and updating it as needed.

Adopted: 1/1/2023 *by:* Jim Bowell, ESCC BBP Program Coordinator