



Bloodborne Pathogens Control Plan

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Office of Environmental Health & Safety
Campus Resilience and Response
1 Harpst St
Arcata, CA 95521

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Section 1. Purpose

The Bloodborne Pathogens Exposure Control Plan was developed and disseminated to promote the safety and health of the California State Polytechnic University, Humboldt, hereinafter referred to as Cal Poly Humboldt or the University, employees who, as part of their assigned duties, have occupational exposure to bloodborne pathogens. This document complies with the requirements of California Code of Regulations (CCR) Title 8 §5193, Bloodborne Pathogens. The purpose of this standard is to reduce the risk of occupational exposure to blood and other potentially infectious materials that could result in the transmission of bloodborne pathogens.

The bloodborne pathogens standard was originally promulgated pursuant to Labor Code §142.3(a)(2) and, therefore, is required by law to be at least as effective as its federal equivalent, 29 Code of Federal Regulations, §1910.1030.

The consultative source for this plan at Cal Poly Humboldt is the EH&S Coordinator or the Biosafety Officer. Questions and comments pertaining to the content of this plan should be directed to EH&S at risk-management@humboldt.edu.

Section 2. Policy

It is the policy of Cal Poly Humboldt to maintain, insofar as reasonably possible, an environment that will not adversely affect the health, safety and well-being of students, employees, visitors, and the surrounding community. Since not all working environments can be made completely safe from potentially hazardous bloodborne pathogens, the University has established a bloodborne pathogens program that will establish protections and safeguards for University employees exposed to these hazards.

Administrative

The Exposure Control Plan must be reviewed and updated at least annually, and whenever circumstances make an update necessary.

The review must address at least the following points:

- New or modified tasks and procedures affecting occupational exposure.
- Technological changes that eliminate or reduce exposure.
- Consideration and implementation of appropriate commercially available needleless systems and safer sharps.
- New or revised employee positions involving occupational exposure.
- Exposure incidents occurring since the last review.
- Information indicating that the plan is deficient.

Section 3. Scope

The Bloodborne Pathogen program covers all University employees who have occupational exposures with blood or potentially infectious materials during their normal job duties. See Section 6 for the job classifications specifically covered under this program.

Section 4. Definitions

Blood	Human blood, human blood components, and products made from human blood.
Bloodborne Pathogen	Pathogenic microorganisms that are present in human blood and can cause disease in humans. The pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).
Contaminated	The presence or the reasonably anticipated presence of blood or Other Potentially Infectious Materials (OPIM) on a surface or in an item.
Engineering Controls	Controls (e.g., sharps disposal containers, needleless systems and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogen(s) hazard from the workplace.
Exposure Incident	Eye, mouth, mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials
Exposure Control Plan	A written plan which includes methods of implementation and procedures to reduce occupational exposure
Exposure Determination	Identification of job classifications, tasks, and procedures where occupational exposure occurs
HBV	Hepatitis B
HCV	Hepatitis C
HBV Vaccinations	A vaccination program series administered under current U.S. Public Health Service recommendations
HIV	Human Immunodeficiency Virus which results in Acquired Immune Deficiency Syndrome (AIDS)

Infectious Materials	Includes but is not limited to blood, semen, vaginal secretions, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva from dental procedures, or any body fluid known to be contaminated with blood. This would also include blood, organs, or any unfixed tissue, animal or human, infected with HIV, HBV, or other human bloodborne pathogens.
Occupational Exposure	Contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
OPIM	Human body fluids, unfixed tissue or organ from a human, and other cells, tissues, organ cultures, blood, culture mediums, or other solutions from humans or experimental animals known or reasonably likely to be infected with HIV, HBV, or HCV.
Parenteral	Piercing mucous membranes or the skin through such events as needle sticks, human bites, cuts, and abrasions.
PPE	Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes are not considered Personal Protective Equipment (PPE).
Protruding Objects	Any object that has the ability to penetrate or cut the skin and can be, but not limited to, glass, wire, rods, plastic, etc.
Sharp	Any object used or encountered that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.
Source Individual	An individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.
Sterilize	A physical or chemical procedure to destroy all microbial or viral life.
Universal Precautions	Concept whereby all human blood and certain bodily fluids are treated as if known to be infectious for HIV, HBV, or other bloodborne pathogens.

Work Practice Controls Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

Section 5. Responsibilities

The Departments covered under this plan include:

- Athletics
- Kinesiology
- Child Development Laboratory
- Environmental Health and Safety
- Student Housing Services
- Cal Poly Humboldt Children's Center
- FM (Custodians, Grounds, Sustainability)
- Student Health Center
- University Police
- And any research on campus involving pathogens.

Environmental Health and Safety (EH&S)

- Develop and maintain the Bloodborne Pathogen Program and this plan. Ensure a copy is available to all employees upon request.
- Work with supervisors and Departments to determine the potential levels of exposure to bloodborne pathogens for specific job categories or classifications.
- Assist Departments in training, selection of materials, and development of compliance guidelines

Student Health Center Director

- Assist EH&S in the development and review of the Program
- Assist EH&S in determining job categories affected by this program
- Conduct Hepatitis vaccinations as necessary
- Act as a resource for the program

Deans, Directors, Department Chairs, Administrators

- Provide the resources necessary to obtain the appropriate safety equipment to reduce the risk of exposure to affected employees.
- Assist in the annual review and audit of the Exposure Control Plan.
- Ensure all employees in the high to moderate categories are offered Hepatitis B vaccinations in accordance with Section 6.

- Ensure all exposure incidents are reported to Environmental Health and Safety and that the provisions of Post Exposure Evaluations and follow-up are followed.

Supervisors and Department Safety Coordinators

- Provide specific training for those affected by the bloodborne pathogen program and the Exposure Control Plan
- Identify tasks and procedures where occupational exposure may occur.
- Document training.
- Report all incidents of exposure.
- Ensure all employees in the high to moderate categories are offered Hepatitis B vaccinations in accordance with Section 6.
- Ensure all exposure incidents are reported to Environmental Health and Safety and that the provisions of Post Exposure Evaluations and follow-up are followed.

Affected Employees

- Understand the applicable components of the Exposure Control Plan.
- Adhere to the practices and procedures of universal precautions
- Report any exposure, accident, injury, or illness to their supervisor or to EH&S.

All University Employees

- Reduce exposure to a minimum by following the procedures outlined in Section 6.

Section 6. Exposure Control Plan

Exposure Determination

Each faculty or staff supervisor must evaluate all employee job functions to determine which of their workers may be “at risk” of occupational exposure to blood or OPIM. OPIM includes vomit and saliva with visible blood as well as unfixed human tissue. Clothing may also be contaminated.

California Code of Regulations Title 8, 8 CCR 85193 (c)(3)(A) requires that the following lists be maintained as part of the ECP:

1. A list of all job classifications in which all employees in those classifications have occupational exposure (Category I),
2. A list of job classifications in which some employees have occupational exposure (Category II),

3. A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of subsection (c)(3)(A)2 of this standard.

Limits on Potential Exposures on Campus-Owned Property

At Cal Poly Humboldt, outside of Student Health Services, the following prohibitions limit potential exposures to general personnel:

- Faculty, staff, and student employees are not permitted to clean up (non-lab generated) spills of blood or other bodily fluids in hallways, bathrooms, or other public areas.

Exception:

Only trained campus custodial staff and athletics trainers or outside licensed contractors are permitted to clean up spills of this nature

- Highly infectious organisms, such as Biosafety Level 3 or 4, may not be brought onto Cal Poly Humboldt property due to the lack of adequate facilities to handle this type of work.
- For teaching and research purposes, authorization by the Cal Poly Humboldt Biosafety Committee is required to use Biosafety Level 2 organisms, unfixed human tissue, human blood or OPIM.
- Knowledgeable and trained lab personnel are responsible for cleaning up spills of human blood or OPIM, used or generated by research or academic laboratories, not custodial staff.
- University personnel are not required to clean up human blood or OPIM as part of major crime scenes or trauma scenes.
- No University personnel are required to provide first aid, medical aid, or CPR as part of their job description or classification – except for the following specialized staff:
 - Trained medical providers, such as EMTs and nurses
 - Athletic trainers
 - Uniformed police officers

Employee Job Classification List for Exposure Determination

Exposure determination shall be based upon an employee's reasonable potential for exposure to blood or any other infectious materials that they may contact during their job duties. OSHA requires exposure evaluations based on the potential for job-related tasks leading to exposure. The program at Cal Poly Humboldt is designed to cover those who are at a higher risk of exposure by establishing occupational exposure levels, and a list of occupational tasks with exposure risk. All other employees will be evaluated and determined on an individual basis by faculty or staff supervisors.

Table 6.1 – Exposure Determinations

Classifications with High Occupational Exposure (Category 1)	Classifications with Moderate Occupational Exposure (Category 2)	Tasks and Procedures with Occupational Exposure
Student Health Center - Physicians Nurses - Certified Nurse Practitioner - Licensed Vocational Nurses - Certified Lab Technologists - Certified Lab Assistants - Certified Phlebotomists - Clinical Aids	Student Health Center - Clerical Staff - Certified X-ray Technologists - Administrative Personnel - Student Assistants	Student Health Center - Minor surgery - Phlebotomy - Establishment of IV Catheter - Patient Examinations - Emergency response to trauma
University Public Safety Public Safety Officers	University Public Safety - Parking Control Officers - Dispatchers - Clerical Staff - Administrative Personnel - FM & Housing Services - Custodial Staff	University Public Safety - Response to incidents that require administration of first aid - Arrest of criminal suspects
	FM & Housing Custodial Staff	FM & Housing - Transporting medical waste from exam rooms in the SHU to Med Waste Storage Area - Transfer of medical waste from Athletics to the SHU - Cleaning of student residences
	Athletics - Trainers - Coaches	Athletics Administration of first aid to injured athletes
	EH&S EH&S Specialists	EH&S

Classifications with High Occupational Exposure (Category 1)	Classifications with Moderate Occupational Exposure (Category 2)	Tasks and Procedures with Occupational Exposure
	BSO	Emergency response to exposure incidents involving human blood and OPIM
	Cal Poly Humboldt Children's Center Center Staff	Cal Poly Humboldt Children's Center First aid
	Child Development Lab Laboratory Staff	Child Development Lab First aid
	Academic Programs - Students - Faculty	Academic Programs Research involving human blood or OPIM

Biohazard Use Authorization and Cal Poly Humboldt Biosafety Program

To identify those with research-related occupational exposure, all research proposals involving biological materials are subject to review by the University's Institutional Biosafety Committee (IBC), which will help determine which projects will require submission of a protocol and a detailed review by the Committee. For those projects that require a full protocol, EH&S will consult the lead faculty investigator as they complete and submit their protocol.

The risk assessment and BUA approval process includes a review of currently available engineering controls and the selection and use of controls, as appropriate, to mitigate the risk of exposure to bloodborne pathogens. This determination is made without regard to the use of PPE. All employees with potential exposure to bloodborne pathogens must meet the same regulatory requirements regardless of job classification.

Based on current IBC-authorized activities, the University does not operate a laboratory meeting the §5193 definition of HIV, HBV, or HCV research laboratories or production facilities. EH&S and the IBC will reevaluate applicability when protocols are submitted or modified. Any reference to research laboratory requirements are prospective given the HIV, HBV, or HCV requirements becoming applicable to campus procedures.

Exposure Control Plan Requirements

The California Occupational Safety and Health Administration (Cal/OSHA) Bloodborne Pathogens Standard, California Code of Regulations Title 8, §5193 requires the following for employees with a potential exposure to bloodborne pathogens:

- Initial Bloodborne Pathogens Training (General CSULearn and Work-specific)
- Annual Bloodborne Pathogens Trainings (CSULearn)
- Hepatitis B immunization offered free of charge to the employee and documentation of vaccination or declination
- Implementation of engineering and work practice controls to reduce the risk of bloodborne pathogen exposure when possible
- When appropriate, PPE must be made available free of charge to the employee
- A Sharps Injury Log to document exposure incidents involving sharps.

All employees with the potential for occupational exposure to bloodborne pathogens are required to read, understand, and have the opportunity to comment on this plan. A review of the program is part of the initial and annual bloodborne pathogens training.

Each supervisor must ensure that a copy of the plan and specific Exposure Control Plan are accessible to employees. Employees may provide comments regarding the Exposure Control Plan to EH&S at risk-management@humboldt.edu.

Management Controls

Training

Safe work practices are discussed during employee's initial training and reviewed annually during refresher training.

Universal Precautions

The most effective way to prevent infection with bloodborne pathogens is to minimize the possibility of contact with contaminated materials. As mandated by the Bloodborne Pathogen Standard, Universal Precautions shall be practiced at all times to prevent contact with blood or OPIM by those persons designated to be "at risk".

Universal Precautions apply to the handling of the following human materials:

- Blood;
- Tissues and organs (prior to fixation) body fluids containing visible blood;

- OPIM fluids regardless of visible blood contamination, e.g. semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial, amniotic, saliva in dental procedures

Engineering Controls

Engineering controls, used to reduce or eliminate potential exposures, shall be inspected by supervisors on a regular basis. Engineering controls will be replaced/modified as necessary to maintain safe working conditions.

Engineering controls include but are not limited to:

- Self-sheathing needles;
- Biological safety cabinets (Class II);
- Splashguards;
- Sharps disposal containers;
- Mechanical pipetting devices;
- Contained centrifuge enclosures; and
- Screw top centrifuge bottles or tubes.

Engineering controls shall be examined during the second week of the fall semester and maintained or replaced to ensure their effectiveness.

Biological Safety Cabinets

Biological safety cabinets (Class II) used to prevent harmful exposure from biohazard agents or biohazardous materials must be certified when installed, annually, and whenever they are moved or undergo major servicing (HEPA filter replacement, motor repairs, etc.)

- Records of tests performed must be retained for at least 5 years.
- Department Safety Coordinators/Liaisons coordinate service with a contractor and maintains the certifications.

Engineered Sharps for Injury Protection

Engineered sharps for injury protection must be used for withdrawal of body fluids or any other procedure involving the potential for an exposure incident for which such a needle device is available.

Supervisors must evaluate use of syringes and needles and verify that employees cannot use these types of sharps or needleless syringes because they either do not work for the procedure or what they would need is unavailable for purchase.

Needleless Systems, Needle Devices, and Non-Needle Sharps

Needleless Systems

Needleless systems shall be used for:

- Withdrawal of body fluids after initial venous or arterial access is established;
- Administration of medications or fluids; and
- Any other procedure involving the potential for an exposure incident for which a needleless system is available as an alternative to the use of needle devices.

Needle Devices

If needleless systems are not used, needles with engineered sharps injury protection shall be used for:

- Withdrawal of body fluids;
- Administration of medications or fluids; and
- Any other procedure involving the potential for an exposure incident for which a needleless system is available as an alternative to the use of needle devices.

Non-Needle Sharps

If sharps other than needle devices are used, these items shall include engineered sharps injury protection.

Sharps Containers for Contaminated Sharps

- All sharps containers for contaminated sharps shall be:
 - Rigid;
 - Puncture resistant;
 - Leakproof on the sides and bottom;
 - Portable, if portability is necessary to ensure easy access by the user; and
 - Labeled in accordance with requirements listed below. (See Hazard Communication)
- If discarded sharps are not to be reused, the sharps container shall also be closeable and sealable so that when sealed, the container is leak resistant and incapable of being reopened without great difficulty.

Exceptions

The following exceptions apply to the engineering controls:

- **Market Availability.** The engineering control is not required if it is not available in the marketplace.
- **Patient Safety.** The engineering control is not required if a licensed healthcare professional directly involved in a patient's care determines, in the reasonable exercise of clinical judgment, that use of the engineering control will jeopardize the patient's safety or the success of a medical, dental, or nursing procedure involving the patient. The determination shall be documented.
- **Safety Performance.** The engineering control is not required if the employer can demonstrate by means of objective product evaluation criteria that the engineering control is not more effective in preventing exposure incidents than the alternative used by the employer.
- **Availability of Safety Performance Information.** The engineering control is not required if the employer can demonstrate that reasonably specific and reliable information is not available on the safety performance of the engineering control for the employer's procedures, and that the employer is actively determining by means of objective product evaluation criteria whether use of the engineering control will reduce the risk of exposure incidents occurring in the employer's workplace.

Work Practice Controls

Work practice controls are meant to reduce the likelihood of exposure through alteration of the manner in which a task is performed. Therefore, supervisors will be responsible for documenting and instituting work practices or laboratory procedures that will minimize potential exposure and will be responsible also for evaluating these on a regular basis to ensure their effectiveness. Appropriate work practices will be reviewed with each employee, and the employee will be expected to follow the designated work practice controls.

All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.

Work practice controls shall be reviewed during the third week of the fall semester to ensure their effectiveness.

Employee Personal Actions

- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure;
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or OPIM are present;
- Mouth pipetting/suctioning of blood or OPIM is prohibited.

Handwashing

- Hands must be washed promptly after contact with blood or OPIM contaminated items, whether or not gloves are worn.
- Hands must be washed after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients, staff, or environments.
- Hands must be washed between tasks and procedures on the same individual to prevent cross-contamination of different body sites.

Gloves

- Wear gloves (clean, non-sterile gloves are adequate) when contact with blood or OPIM and contaminated items is a possibility.
- Put on clean gloves just before contact with mucous membranes and non-intact skin.
- Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms.
- Remove gloves promptly after use, before contact with non-contaminated items and environmental surfaces, and before going to another patient.
- Wash hands immediately to avoid transfer of microorganisms to other patients or environments.

Mask, Eye Protection, Face Shield

- Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood or OPIM.

Gown

- Wear a gown (a clean, non-sterile gown is adequate) to protect skin and to prevent soiling of clothing during procedures and patient-care activities that are likely to generate splashes or sprays of blood or OPIM.
- Select a gown that is appropriate for the activity and amount of fluid likely to be encountered.
- Remove a soiled gown as promptly as possible and wash hands to avoid transfer of microorganisms to other patients or environments.

Patient Care Equipment

- Handle used patient-care equipment soiled with blood or OPIM in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments.
- Ensure that reusable equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately. Ensure that single-use items are discarded properly.

Environmental Control

- Ensure that adequate procedures are in place for the routine care, cleaning, and disinfection of environmental surfaces, equipment, and other frequently touched surfaces, and ensure that these procedures are being followed.

Linens

- Handle, transport, and process used linen soiled with blood or OPIM in a manner that prevents skin and mucous membrane exposures and contamination of clothing, and that avoids transfer of microorganisms to other patients and environments.
- Linens should be carefully rolled into a bundle for laundering or disposal. Do not handle linens in a manner that might create aerosols.

Occupational Health and Bloodborne Pathogens

- Employees shall take care to prevent injuries when using needles, scalpels, and other sharp instruments or devices, when handling sharp instruments after procedures, when cleaning used instruments, and when disposing of used needles.
- Never recap used needles, or otherwise manipulate them using both hands, or use any other technique that involves directing the point of a needle

toward any part of the body; rather, use the engineered sharps protection device.

- Do not remove used needles from disposable syringes by hand, and do not bend, break, or otherwise manipulate used needles by hand.
- Place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers, which are located as close as practical to the area in which the items were used, and place reusable syringes and needles in a puncture-resistant container for transport to the reprocessing area.
- Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is predictable.

Patient Placement

- Place a patient (or victim) who might contaminate the environment or who does not (or cannot be expected to) assist in maintaining appropriate hygiene or environmental control in a private room (area).

Prohibited practices

- Shearing or breaking of contaminated needles and other contaminated sharps is prohibited.
- Contaminated sharps shall not be bent, recapped, or removed from devices.
 - *Exception:* Contaminated sharps may be bent, recapped, or removed from devices if the procedure is performed using a mechanical device or a one-handed technique, and the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedures.
- Sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
- Disposable sharps shall not be reused.
- Broken glassware which may be contaminated 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.
- The contents of sharps containers shall not be accessed unless properly reprocessed or decontaminated.
- Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risks of sharps injury.
- Mouth pipetting/suctioning of blood or OPIM is prohibited.

- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or OPIM are present.

Handling Contaminated Sharps

- All procedures involving the use of sharps in connection with patient care, such as withdrawing bodily fluids, accessing a vein or artery, or administering vaccines, medications, or fluids, shall be performed using effective patient-handling techniques and other methods designed to minimize the risk of a sharps injury.
- Immediately or as soon as possible after use, contaminated sharps shall be placed in containers meeting the requirements listed below.
- At all times during the use of sharps, containers for contaminated sharps shall be:
 - Easily accessible to personnel and located as close as is feasible to the immediate area where the sharps are used or can be reasonably anticipated to be found;
 - Maintained upright throughout use, where feasible; and
 - Replaced as necessary to avoid overfilling.

Regulated Waste

- General – Handling, storage, treatment and disposal of all regulated waste shall be in accordance with Health and Safety Code Chapter 6.1 §117600 through 118360, and other applicable regulations of the United States, the State of California, and political subdivisions of the State.
- Disposal of Sharps containers – When any container of contaminated sharps is moved from the area of use for the purpose of disposal, the container shall be:
 - Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; and
 - Placed in a secondary container if leakage is possible. The second container shall be:
 - Closable;
 - Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
 - Labeled according to the requirements listed below. (See Hazard Communication).

- Disposal of Other Regulated Waste. Regulated waste not consisting of sharps shall be disposed of in containers which are:
 - Closable;
 - Constructed to contain all contents;
 - Labeled and color-coded in accordance with requirements listed below (See Hazard Communication); and
 - Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- If outside contamination of a container of regulated waste occurs, it shall be placed in a second container. The second container shall be:
 - Closable;
 - Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping;
 - Labeled and color-coded in accordance with requirements listed below (See Hazard Communication); and
 - Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Handling Specimens of Blood or OPIM

Specimens of blood or OPIM shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

- The container for storage, transport, or shipping shall be labeled or color-coded according to requirements listed below (See Hazard Communication) and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with requirements listed below (See Hazard Communication) when such specimens/containers leave the facility.
- If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during collection, handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.
- If the specimen could puncture the primary container, the primary container shall be placed with a secondary container which is puncture-resistant in addition to the above characteristics.

Servicing or Shipping Contaminated Equipment

Equipment which may become contaminated with blood or OPIM shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

- A readily observable label in accordance with requirements listed below (See Hazard Communication) shall be attached to the equipment stating which portions remain contaminated.
- Information concerning all remaining contamination shall be conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate precautions will be taken.

Cleaning and Decontamination of the Worksite

- General Requirements
 - Department supervisors shall ensure that the worksite is maintained in a clean and sanitary condition.
 - Department Supervisors shall determine and implement an appropriate written schedule for cleaning and decontamination of the worksite in internally housed SOPs identifying the following information:
 - Location and surfaces or equipment;
 - Cleaning frequency and event triggers;
 - Approved disinfectant;
 - Required wet contact time;
 - PPE;
 - Waste handling;
 - Responsible person;
 - Inspection or verification method.
 - The method of cleaning or decontamination used shall be effective and shall be appropriate for the:
 - Location of the facility;
 - Type of surface or equipment to be treated;
 - Type of soil or contamination present; and
 - Tasks or procedures being performed in the area.
 - All equipment and environmental and work surfaces shall be cleaned and decontaminated after contact with blood or OPIM no later than at the end of the shift. Cleaning and decontamination of equipment and work surfaces is required more often as specified below.
- Specific Requirements.

- Contaminated Work Surfaces. Contaminated work surfaces shall be cleaned and decontaminated immediately or as soon as feasible when:
 - Surfaces become overtly contaminated;
 - There is a spill of blood or OPIM;
 - Procedures are completed; and
 - At the end of the work shift if the surface may have become contaminated since the last cleaning.
- Receptacles. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- Protective coverings. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they have been overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

Hygiene

- Cal Poly Humboldt will provide handwashing facilities which are readily accessible to employees.
- When provision of handwashing facilities is not feasible, Cal Poly Humboldt will provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
- Cal Poly Humboldt will ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- Cal Poly Humboldt will ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or OPIM.

Laundry and Contaminated Clothing

- Contaminated laundry shall be handled as little as possible with a minimum of agitation.

- Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.
- Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with requirements listed below (See Hazard Communication). When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.
- Whenever contaminated laundry is wet and presents a reasonable likelihood of soaking through or leakage from the bag or containers, place in plastic bags which prevent soak-through and/or leakage of fluids to the exterior.
- Cal Poly Humboldt will ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.
- When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with requirements listed below (See Hazard Communication).

Personal Protective Equipment

Where occupational exposure remains after institution of engineering and work practice controls, Cal Poly Humboldt will provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or other eye protection, masks, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices.

Personal protective equipment (PPE) will be considered “appropriate only if it does not permit blood or OPIM to pass through to or to reach the employee’s work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

- **Use.** Cal Poly Humboldt will ensure that employees use appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee’s professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the

worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented to determine whether changes can be instituted to prevent such occurrences in the future. Cal Poly Humboldt will encourage employees to report all such instances without fear of reprisal in accordance with California Code of Regulations Title 8, §3203.

- **Accessibility.** The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
- **Cleaning, Laundering, and Disposal.** The employer shall clean, launder, and dispose of personal protective equipment at no cost to the employee.
- **Repair and Replacement.** The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
- **Removal.**
 - If a garment(s) is/are penetrated by blood or OPIM, the garment(s) shall be removed immediately or as soon as feasible.
 - All personal protective equipment shall be removed prior to leaving the work area.
 - When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination, and/or disposal.
- **Gloves.** Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, OPIM, mucous membranes, and non-intact skin; when performing vascular access procedures and when handling or contacting contaminated items or surfaces. These requirements are in addition to the provisions of California Code of Regulations, Title 8, §3384.
 - Disposable (single use) gloves such as surgical or examination gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
 - Disposable (single use) gloves shall not be washed or decontaminated for re-use.
 - Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
- **Masks, Eye Protection, Face Shields, and Respirators**
 - Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn

whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated. These requirements are in addition to the provisions of California Code of Regulations Title 8, §3382.

- Where respiratory protection is used, the provisions of California Code of Regulations Title 8, §5144 and 5147 are required as applicable.
 - Note: Surgical masks are not respirators.
- **Gowns, Aprons, and Other Protective Body Clothing**
 - Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. These requirements are in addition to the provisions of California Code of Regulations Title 8, §3383.
 - Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopedic surgery). These requirements are in addition to the provisions of California Code of Regulations Title 8, §3383.

Safer-device Evaluation

Regulatory Requirement

California Code of Regulations, Title 8, §5193(c)(1)(B)6–8 and (c)(1)(E) require an established procedure for identifying and evaluating currently available engineering controls that eliminate or minimize occupational exposure to blood or other potentially infectious materials. These controls include needleless systems, needle devices with engineered sharps injury protection, and non-needle sharps with engineered sharps injury protection.

Responsibility

EH&S coordinates the safer-device evaluation process. Supervisors of departments that use needle devices or other sharps are responsible for identifying the procedures performed in their work areas, participating in device evaluations, ensuring affected employees participate, and implementing selected controls.

Evaluation Schedule and Triggers

Each affected department shall evaluate safer devices:

- At least annually as part of the Exposure Control Plan review;
- Before introducing a new procedure involving a needle or other sharp;

- When a new or modified device becomes commercially available and may eliminate or reduce occupational exposure;
- Following an exposure incident involving a sharp;
- When employees identify a device-related hazard or recommend an alternative; and
- When information indicates that an existing engineering or work-practice control may not be effective.

Identification of Available Devices

The department, with assistance from EH&S, shall identify commercially available needleless systems and sharps with engineered sharps injury protection appropriate to the procedure performed in the work area. Sources may include manufacturers, distributors, safety publications, regulatory information, employee recommendations, and devices used by comparable organizations.

If no appropriate engineering control is commercially available, the department shall document the search performed, sources consulted, and the reason no available device was appropriate. Market availability shall be reevaluated at least annually and whenever relevant new information becomes available.

Employee Participation

Affected employees shall be actively involved in identifying, evaluating, and selecting engineering and work-practice controls for the procedures they perform.

When employees provide direct patient care and may be exposed to injuries from contaminated sharps, the University shall solicit and document input from nonmanagerial direct-care employees. Participating employees should represent the job classifications, procedures, and work areas in which a device will be used.

Employee participation shall include an opportunity to:

- Identify hazards associated with existing devices and work practices;
- Recommend devices for evaluation;
- Handle or trail candidate devices when safe and appropriate;
- Evaluate the devices using objective criteria;
- Describe concerns affecting employee safety, patient safety, or successful completion of the procedure; and
- Review the proposed selection and implementation decision.

Evaluation Criteria

Candidate devices shall be evaluated using objective criteria appropriate to the procedure and work area. Criteria shall include, as applicable:

- Effectiveness in eliminating or reducing the risk of a sharps injury;
- Whether the safety feature is built into the device;
- Whether the safety feature can be activated using one hand or operates automatically;
- Whether activation is evident through sight, sound, or touch;
- Whether the safety feature remains protective after activation and through disposal;
- Risk of activation failure, unintended activation, or exposure during activation;
- Ease of use under anticipated working conditions;
- Compatibility with other equipment and established procedures;
- Potential to create different occupational hazard;
- Training requirements;
- Employee feedback;
- Patient safety and successful completion of the medical, dental, or nursing procedure; and
- Reliable safety-performance information, when available.

Cost shall not be the sole reason for rejecting an engineering control that is more effective at eliminating or minimizing occupational exposure.

Selection and Implementation

Needleless systems shall be used when commercially available and appropriate for the procedure. When a needleless system is not used, a needle device with engineered sharps injury protection shall be used when commercially available and appropriate. Non-needle sharps shall include engineered sharps injury protection when commercially available and appropriate.

EH&S and the affected department shall document:

- The procedure and work area evaluated;
- The employees and job classifications participating in the evaluation;
- The products and manufacturers evaluated;
- The evaluation dates;
- The objective criteria and evaluation results;
- Employee comments and recommendations;

- The device selected or the decision not to select a candidate device;
- The basis for the decision;
- Required training;
- The responsible person;
- The planned implementation date; and
- Any follow-up evaluation or corrective action.

Selected devices shall be implemented as soon as feasible. Employees shall receive device-specific training before using the selected device. The department shall provide the selected device in sufficient quantities and shall monitor its use and effectiveness.

Exceptions

An engineering control may be omitted only when an exception permitted by §5193 applies.

A patient-safety exception must be based on the determination of a licensed healthcare professional directly involved in the patient's care that use of the engineering control would jeopardize the patient's safety or the successful completion of the medical, dental, or nursing procedures. The determination shall be documented at the time it is made and shall identify the procedure, the basis for the clinical judgment, the alternative control used, and the licensed healthcare professional making the determination. Patient-identifying medical information shall not be included in the Exposure Control Plan.

When a device is rejected because it is not more effective than the alternative used by the University, the decision shall be supported by objective product-evaluation criteria. When reliable safety-performance information is unavailable, the department shall document the information sought and its continuing evaluation of whether the control will reduce exposure incidents.

Documentation and Annual Review

EH&S shall retain completed safer-device evaluation records with the Exposure Control Plan review documentation. The annual review shall summarize:

- Devices and procedures evaluated;
- Employees and job classifications participating;
- Input received from nonmanagerial direct-care employees;
- Devices selected, rejected, or pending further evaluation;
- Implementation dates;
- Patient-safety or other regulatory exceptions;

- Exposure incidents and employee concerns associated with existing devices; and
- Corrective actions and their completion status.

Information obtained from the Sharps Injury Log, including the types and brands of implicated devices and their estimated frequency of use, shall be considered when evaluation and selecting engineering and work-practice controls.

Hepatitis B Vaccination and Bloodborne Pathogen Post-Exposure Evaluation and Follow-Up

Hepatitis B Vaccination

Cal Poly Humboldt makes available to all employees with occupational exposure as defined in California Code of Regulations Title 8, §5193(b) the hepatitis B vaccine and vaccination series at no cost to the employee, unless:

- The employee previously completed the series;
- Antibody testing shows immunity; or
- The vaccine is medically contraindicated.

The vaccination must be made available after the employee received the required hepatitis B vaccination training and within 10 working days of initial assignment to occupationally exposed duties.

Supervisors shall, before assigning an employee to duties that present occupational exposure to bloodborne pathogens, ensure that the employee begins the vaccination series prior to commencing said duties.

Employees who have occupational exposure and do not wish to receive the hepatitis B vaccination series must read and sign the hepatitis B vaccination declination waiver (See Appendix A). An employee who declines an employer-offered hepatitis B vaccination must sign the following exact mandatory statement:

“I understand that due to my occupational exposure to blood or OPIM I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.”

If an employee has occupational exposure to bloodborne pathogens and declines the hepatitis B vaccination series, Cal Poly Humboldt reserves the right to reassign that employee to duties that do not present occupational exposure until the employee has received vaccination against hepatitis B. If an employee initially declines hepatitis B vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, Cal Poly Humboldt will make available the hepatitis B vaccination at that time.

Cal Poly Humboldt does not maintain a prescreening program as a prerequisite for receiving hepatitis B vaccination.

If a routine booster dose of the hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) will be made available in accordance with the provisions of this plan.

If someone else is bleeding:

- Put on gloves as quickly as possible
 - If you are unable to glove first, summon help, avoid contact, and, if the injured person is alert, instruct them to apply pressure to their own wound.
- If the victim is alert, have them apply pressure to the bandage.
- Notify emergency personnel ASAP. Extension 5555 on a Cal Poly Humboldt phone, or 911 on a personal phone.
- After the victim has been stabilized by emergency response personnel, notify your immediate supervisor and follow her/his instructions.
- Do not leave the scene until you have been cleared by your supervisor.
- Wash any contaminated areas on your body with warm water and soap.
- Seek medical evaluation as soon as possible.
- Follow any additional appropriate SOPs.

If you are bleeding:

- Call for help immediately. Extension 5555 on a Cal Poly Humboldt phone, or 911 on a personal phone.
- If you are able, apply a pressure bandage to the wound according to your first aid training.
- If you are able, try not to contaminate anyone with your blood.
- Follow the instructions of emergency response personnel and/or your supervisor.

Post-exposure Response

Immediately following an exposure, take the following steps:

- Immediately wash needlesticks, cuts, and exposed skin with soap and running water;
- If applicable, immediately flush eyes, nose, mouth, or other exposed mucous membranes with water;
- Remove any clothing penetrated by blood or OPIM as soon as feasible;
- Do not squeeze wounds or apply bleach, alcohol, or disinfectants to the body.
- Seek medical attention at the Student Health Center or Mad River Hospital.
- If in emergent circumstances, contact UPD at 707-826-5555 or 911.
- Call EH&S at 707-826-3612, 707-826-3305, or 707-826-5711 during office hours to make an initial report.
- If EH&S cannot be reached by telephone, email risk-management@humboldt.edu. **Do not transmit medical information through ordinary email. State only that an occupational exposure incident occurred, identify the department, and provide a telephone number where the reporting person can be reached.**
- If a sharps injury has occurred, complete the Sharps Injury Log form (Appendix B) and submit a hardcopy to EH&S at the Student Services Building, Room 311 when applicable. Do not enter the exposed employee's name, employee ID, medical information, or other direct identifier on the Sharps Injury Report.
- Reporting and medical evaluation shall not be delayed while the Sharps Injury Report or other administrative forms are completed.
- Additional reporting for Workman's Compensation must be made through HR if an occupational injury or exposure occurred.

Following the report, Cal Poly Humboldt will make an immediate, confidential post-exposure medical evaluation and follow-up available to the exposed employee at no cost, at a reasonable time and place, under the supervision of a licensed healthcare professional, and in accordance with current U.S. Public Health Service recommendations. Required laboratory testing will be performed by an accredited laboratory at no cost to the employee.

EH&S will document and evaluate the route of exposure and the circumstances surrounding the incident, coordinate the required post-exposure process, and determine whether changes to engineering controls, work practices, personal protective equipment, training, or other protective measures are necessary. EH&S will document assigned corrective actions and their completion.

Post-exposure Evaluation and Follow-Up

Following a report of an exposure incident, Cal Poly Humboldt will make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- Identification and documentation of the source individual, unless the investigating administrator can establish that identification is infeasible or prohibited by state or local law
 - The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV, and HIV infectivity. If consent is not obtained, Cal Poly Humboldt will establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, will be tested and the results documented.
 - When the source individual is already known to be infected with HBV, HCV, or HIV, testing for the source individual's known HBV, HCV, or HIV status need not be repeated.
 - Results of the source individual's testing will be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- Cal Poly Humboldt will provide for collection and testing of the employee's blood for HBV, HCV, and HIV serological status:
 - The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
 - If the employee consents to baseline blood collection but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
 - Additional collection and testing shall be made available as recommended by the U.S. Public Health Service.
- Cal Poly Humboldt will provide for post-exposure prophylaxis when medically indicated as recommended by the U.S. Public Health Service.
- Cal Poly Humboldt will provide for counseling and evaluation of reported illnesses.

Information Provided to the Healthcare Professional

- Cal Poly Humboldt shall ensure that the healthcare professional responsible for the employee's hepatitis B vaccination is provided a copy of this regulation.
- Cal Poly Humboldt shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:
 - A copy of this regulation;
 - A description of the exposed employee's duties as they relate to the exposure incident;
 - Documentation of the route(s) of exposure and circumstances under which exposure occurred, as required by subsection (f)(3)(A);
 - Results of the source individual's blood testing, if available; and
 - All medical records relevant to the appropriate treatment of the employee including vaccination status, which are Cal Poly Humboldt's responsibility to maintain, as required in subsection (h)(1)(B)2.

Healthcare Professional's Written Opinion

Cal Poly Humboldt shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

- The healthcare professional's written opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
- The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - That the employee has been informed of the results of the evaluation; and
 - That the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.
- All other findings or diagnoses shall remain confidential and shall not be included in the written report.

Medical Recordkeeping

Medical records required by this standard shall be maintained in accordance with subsection (h)(1) of California Code of Regulations Title 8, §5193.

Sharps Injury Reporting

Regulatory Requirements

California Code of Regulations Title 8, §5193(c)(1)(B)4–5, (c)(2), and (h)(3)–(4) requires Cal Poly Humboldt to implement an effective procedure for gathering information regarding sharps injuries at the University, including the following:

- An effective procedure for gathering information required for a Sharps Injury Log;
- An effective procedure for periodically determining how frequently the types and brands of sharps associated with logged incidents are used;
- A reasonable methodology for estimating frequency of use when exact counts are unavailable;
- A process for using the information when reviewing engineering and work-practice controls.

Contents of Sharps Injury Log

Every exposure incident involving a sharp must be entered in the log. For each incident, the log must record, if known or reasonably available:

- Date and time;
- Type and brand of sharp;
- Exposed employee's job classification;
- Department or work area;
- Procedure being performed;
- How the incident occurred;
- Body part involved;
- Whether the sharp had engineered sharps injury protection;
- Whether the protective mechanism was activated;
- Whether the injury happened before, during, or after activation;
- If no protective mechanism was present, the employee's opinion about whether and how one could have prevented the injury; and
- The employee's opinion about whether an engineering, administrative, or work-practice control could have prevented the injury.

Reporting

Employees must immediately report sharps injuries to their supervisor and contact EH&S at risk-management@humboldt.edu. The supervisor must notify EH&S before the end of the shift and submit the Sharps Injury Report form within one working

day. EH&S will interview the employee, complete the confidential log entry within 14 working days, and obtain device-use information from the affected Department. EH&S will review the log quarterly and during the annual Exposure Control Plan review.

Recordkeeping

The incident must be entered into the Sharps Injury Log within 14 working days after it is reported to the supervisor. The employee's identity must be protected in the recordkeeping. The log must be retained for 5 years from the date of the incident. Upon request, the log must be available to employees, employee representatives, Cal/OSHA, the California Department of Health Services, and NIOSH, subject to confidentiality protections.

EH&S is responsible for recordkeeping and retention of the Sharps Injury Log.

Review

Each Sharps Injury Log submitted to EH&S will be reviewed for the circumstance of the injury, work practices involved in the injury, and the type of sharp involved. EH&S will issue recommendations to adjust work practices or engineering controls where applicable.

With the annual review of this plan, EH&S will conduct a review of the Sharps Injury Log. The review will include the frequency of sharps injuries on campus, the types of sharps involved in injuries, and the work practices. EH&S will update this plan with findings and issue recommendations for updated work practices based on findings.

Related Controlled Procedures and Forms

Additional SOPs and instructions implement this Exposure Control Plan and are available through the [EH&S Bloodborne Pathogens webpage](#). EH&S maintains the current approved versions and reviews them with this plan at least annually and whenever tasks, procedures, technology, personnel, exposure incidents, or regulatory requirements change. If a linked document is temporarily unavailable, employees may obtain a copy from Environmental Health and Safety at risk-management@humboldt.edu.

Section 7. Communication of Hazards to Employees

Labels and Signs

Labels

- Warning labels shall 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.
 - Required labels shall either be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
 - Red bags or red containers may be substituted for labels except for sharp containers or regulated waste red bags. Bags used to contain regulated waste shall be color-coded red and shall be labeled as required above.
 - Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements.
 - Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment, or disposal are exempted from the labeling requirement.
 - Labels required for contaminated equipment shall be in accordance with this subsection and shall also state which portions of the equipment remain contaminated.
 - Regulated waste that has been decontaminated need not be labeled or color-coded.
- Labels required by this Section shall include either the hazard identification required by California Code of Regulations Title 8, §3341:



Or, in the case of regulated waste:

BIOHAZARDOUS WASTE or SHARPS WASTE

As described in Health and Safety Code §118275 through 118320. These labels shall be fluorescent orange or orange-red, or predominantly so, with lettering and symbols in a contrasting color.

Signs

- Cal Poly Humboldt shall post signs at the entrance to work areas specified in subsection (e), HIV, HBV, and HCV Research Laboratory and Production Facilities, which shall bear the following hazard warning:



BIOHAZARD

(Name of the Infectious Agent)

(Special requirements for entering the area)

(Name, telephone number of the laboratory director or other responsible person)

- These signs shall be fluorescent orange-red, or predominantly so, with lettering and symbols in a contrasting color, and meet the requirements of §3340.

Information and Training

Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during work hours.

Training shall be provided as follows:

- At the time of initial assignment to tasks where occupational exposure may take place; and
- At least annually thereafter.

For employees who have received training on bloodborne pathogens in the year preceding the effective date of this standard, only training with respect to the provisions of the standard which were not included need be provided. Annual training for all employees shall be provided within one year of their previous training.

Employers shall provide additional training when changes, such as introduction of new engineering, administrative, or work practice controls, 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 exposures created. Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

The training program shall contain at a minimum the following elements:

- **Copy and explanation of standard.** An accessible copy of the regulatory text of this standard and an explanation of its contents
- **Epidemiology and Symptoms.** A general explanation of the epidemiology and symptoms of bloodborne diseases
- **Modes of Transmission.** An explanation of the modes of transmission of bloodborne pathogens
- **Employer's Exposure Control Plan.** An explanation of Cal Poly Humboldt's exposure control plan and the means by which the employee can obtain a copy
- **Risk Identification.** An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM
- **Methods of Compliance.** An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls and personal protective equipment
- **Decontamination and Disposal.** Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment
- **Personal Protective Equipment.** An explanation of the basis for selection of personal protective equipment
- **Hepatitis B Vaccination.** Information on the hepatitis B 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
- **Emergency.** Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- **Exposure Incident.** An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log
- **Post-Exposure Evaluation and Follow-up.** Information on the post-exposure evaluation and follow-up that Cal Poly Humboldt is required to provide for the employee following an exposure incident
- **Signs and Labels.** An explanation of the signs and labels and/or color coding required by subsection (g)(1)

- **Interactive Questions and Answers.** An opportunity for interactive questions and answers with the person conducting the training session.
 - NOTE: Additional training is required for employees of HIV, HBV, and HCV Research Laboratories and Production Facilities.

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

Section 8. Recordkeeping

Medical Records

Cal Poly Humboldt shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with California Code of Regulations Title 8, §3204. This record shall include:

- The name and social security number of the employee;
- A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required;
- A copy of all results of examinations, medical testing, and follow-up procedures;
- Cal Poly Humboldt's copy of the healthcare professional's written opinion; and
- A copy of the information provided to the healthcare professional.

Cal Poly Humboldt shall ensure that employee medical records are:

- Kept confidential; and
- Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

Cal Poly Humboldt shall maintain the records for at least the duration of employment plus 30 years in accordance with California Code of Regulations Title 8, §3204.

Training Records

Cal Poly Humboldt bloodborne pathogen training records shall include the following information:

- The dates of the training sessions;
- The contents or a summary of the training sessions;
- The names and qualifications of persons conducting the training; and

- The names and job titles of all persons attending the training sessions.

Training records shall be maintained for 3 years from the date on which the training occurred.

Sharps Injury Log

The Sharps Injury Log shall be maintained 5 years from the date the exposure incident occurred.

Availability

Cal Poly Humboldt shall ensure that all records required to be maintained by this section shall be made available upon request to the Chief of OSHA and NIOSH for examination and copying. Employee training records required by this subsection shall be provided upon request for examination and copying to employees, employee representatives, the Chief of OSHA, and to NIOSH. Employee medical records required by this subsection shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Chief of OSHA, and to NIOSH in accordance with California Code of Regulations Title 8, §3204.

Transfer of Records

Cal Poly Humboldt shall comply with the requirements involving transfer of records set forth in California Code of Regulations Title 8, §3204. If Cal Poly Humboldt ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, Cal Poly Humboldt shall notify NIOSH at least three months prior to their disposal and transmit them to NIOSH, if required by NIOSH to do so, within that three-month period.

Section 9. Document Revision History

EH&S shall review this plan annually. Reviews will incorporate input from impacted employees listed in the Exposure Control Plan.

All reviews and revisions shall be tracked below:

Revision Date	Summary of Changes	Updated By

Appendix A



Bloodborne Pathogen – Immunization Documentation

Staff, Faculty, or Student Employee

Name: _____

University ID: _____

Department/Unit: _____

Course Title: _____

Date: _____

Signature: _____

Option 1

☐ I have been previously vaccinated against Hepatitis B.

Option 2

☐ Hepatitis B Declination

“I understand that due to my occupational exposure to blood or OPIM I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.”

Option 3

☐ I wish to be immunized against Hepatitis B.

Once you have completed the training requirements, contact the Mad River Occupational Health office at (707) 825-4907 to schedule an appointment. Note that the financial responsibility for Hepatitis B immunization and any related laboratory testing rests on the Department or Unit where the employee works.

Appendix B

ENVIRONMENTAL HEALTH AND SAFETY

SHARPS INJURY LOG

Please complete a log for each employee exposure incident involving a sharp within 14 work days of the date the incident is reported.

Do not enter the exposed employee's name, employee ID, medical information, or other direct identifier on this form.

Complete this form in conjunction with the Supervisor Injury/Illness Report for injuries related to occupational exposures.

Check the box that corresponds to the most appropriate answer. Type or print clearly.

Department:		Phone:		Date Completed:	
Supervisor:		Supervisor Signature:		Date Signed:	
Date of Injury:(Month-Day-Year)		Time of Injury		Date of Report to Supervisor:(Month-Day-Year)	
/ /		: am/pm		/ /	
Description of the exposure incident involving sharps, including the sequence of events, contributing factors, where the sharp was located, and any equipment or workflow issue:					
Job Classification of Exposed Employee: (Check All That Apply) ☐ MD ☐ PA ☐ NP ☐ RN ☐ Medical Assistant ☐ Phlebotomist/Med Tech ☐ Custodial ☐ Plumber ☐ Grounds Worker ☐ Police Officer ☐ Researcher/Lab Tech ☐ Animal Care Worker ☐ Coach/Trainer ☐ Other _____			Location/Work Area Where Exposure Occurred: (Check All That Apply) ☐ Exam Room ☐ Procedure Room ☐ Urgent Care ☐ Residential Site ☐ Athletic Field/Gym ☐ Recreation/Fit Center ☐ Laboratory/Classroom ☐ Animal Facility ☐ Service/Utility Area ☐ Other:_____		
Procedure Being Performed at Time of Incident: (Check All That Apply) ☐ Draw venous blood ☐ Heparin/saline flush ☐ Draw arterial blood ☐ Cutting ☐ Injection through skin ☐ Suturing ☐ Start IV/set up heparin lock ☐ Handling Medical Waste ☐ Provide First Aid/CPR ☐ Research procedure, explain: _____ ☐ Other_____			Exposure Incident Occurred: (Check All That Apply) ☐ During use of sharp ☐ Disassembling ☐ Between steps of a multistep procedure ☐ After use and before disposal of sharp ☐ While putting sharp into disposal container ☐ Sharp left in inappropriate place (table, bed, trash, etc.) ☐ Other_____		
Body Part: (Check All That Apply) ☐ Finger ☐ Face/Head ☐ Hand ☐ Torso ☐ Arm ☐ Leg ☐ Other_____		Identify sharp involved (if known): Type: _____ Brand: _____ Model: _____ e.g. 18g needle/ABC Medical, "no stick" syringe		Did the device being used have engineered sharps injury protection? ☐ Yes ☐ No ☐ Don't know Was the protective mechanism activated? ☐ Yes, Fully ☐ Yes, Partially ☐ No Did the exposure incident occur? ☐ Before ☐ During ☐ After Activation	
Exposed Employee Opinion: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury? ☐ Yes ☐ No Explain: _____			Exposed Employee Opinion: Do you have an opinion that any other engineering, administrative or work practice control could have prevented the injury? ☐ Yes ☐ No Explain: _____		
Did employee seek medical attention? ☐ Yes ☐ No					

Sharps Injury Log must be submitted to:
 Environmental Health & Safety Coordinator, Cal Poly Humboldt
 1 Harpst St. Arcata Ca, 95521 Student Business Services 316
 Phone: (707)826-5711