

Bloodborne Pathogens

1.0 REGULATORY AUTHORITY

The Code of Federal Regulations, 29CFR 1910.1030, December, 1991 and the California Code of Regulations (CCR), Title 8, Section 5193, (**See Appendix I**) requires employers to develop and implement an exposure control plan for their employees. The regulatory agency for this standard is the California Division of Occupational Safety and Health, Department of Industrial Relations (Cal/OSHA).

2.0 BACKGROUND

Federal OSHA and Cal/OSHA have issued a standard requiring employers to take steps to protect workers who have occupational exposure to bloodborne pathogens such as HIV and HBV. This rule is designed to protect over 5.6 million workers and is predicted to prevent over 200 deaths and 9,200 bloodborne infections each year.

The rule and this program mandate controls, work practices and personal protective equipment along with training for all employees who may be reasonably expected to have contact with blood or other potentially infectious materials while performing their jobs.

3.0 POLICY

It is the policy of Cal Poly to maintain, insofar as is reasonably possible, an environment that will not adversely affect the health, safety and well-being of students, employees, visitors and the surrounding community. Because 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.

4.0 PURPOSE

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.

5.0 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 8.1 for the job classifications specifically covered under this program.

6.0 DEFINITIONS

- **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 Virus causes chronic liver disease and strikes 200,000 persons in the US each year. There is no cure. Prevention is the way to control the disease.
- **HBV Vaccinations:** A vaccination program consisting of three inoculations over a six-month period.
- **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, 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.
- **Parenteral:** Piercing mucous membranes or the skin through such events as needle sticks, human bites, cuts and abrasions.
- **Personal Protective Equipment(PPE):** Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes are not considered personal protective equipment.
- **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.
- **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 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.

7.0 RESPONSIBILITIES

7.1 The Office of Environmental Health & Safety(EH&S).

- Develop and maintain the Bloodborne Pathogen Program/Exposure Control Plan. Ensure a copy is made available to all employees upon request.
- Determine 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.
- Annual audits to determine Exposure Control Plan effectiveness. Update the plan as necessary.

7.2 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.

7.3 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 (see Section 8.1) are offered Hepatitis B vaccinations in accordance with Section 8.5.
- Ensure all exposure incidents are reported to Environmental Health and Safety and that the provisions of Post Exposure Evaluations and follow-up (Section 8.6) are followed.

7.4 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.
- Insure employees are wearing the proper personal protective equipment.
- Ensure all employees in the high to moderate categories (see Section 8.1) are offered Hepatitis B vaccinations in accordance with Section 8.5.
- Ensure all exposure incidents are reported to Health and Safety and that the provisions of Post Exposure Evaluations and follow-up (Section 8.6) are followed.

7.5 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.

7.6 All University Employees

- Reduce exposure to a minimum by following the procedures outlined in Section 8.2(E).

8.0 EXPOSURE CONTROL PLAN

8.1 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 is designed to cover those who are at a higher risk of exposure by establishing high, moderate, or low risk categories. All other employees will be evaluated and determined on an individual basis by the Director of the Student Health Center and EH&S. The three categories and job classifications are as follows:

Category 1 - *High risk*

Procedures or jobs that involve inherent potential for contact with blood, body fluids, tissues, mucous membranes, or skin contact that could possibly transmit the HBV, HIV or other bloodborne pathogen.

Job Classifications

- *Physician*
- *Radiological Technologist*
- *Registered Nurse*
- *Nurse Practitioner*
- *Clinical Laboratory Tech*
- *Clinical Aids*

Category 2 - *Moderate Risk*

This category has been established for those employees who do not work in situations that routinely(day to day) do not involve contact with infectious materials. There is, however, a potential for exposure to these mediums.

Job Classifications

- *Custodians (assigned to Health Center)*
- *University Police Officers & Investigators*
- *Athletic Trainers (Students & Coaches)*

- *EH&S Personnel*
- *Research and Instructional Safety Personnel*
- *Plumbers*
- *Building Service Engineers*

Category 3 - Minimal Risk

This category involves no exposure to blood, body fluids or tissues such as are described in category 1. Exposure is possible under certain circumstance.

Job Classification

- *First Aid and CPR Responders*
- *Housing Personnel*
- *All Other Custodians*

8.2 Work Place Controls and Compliance Methods

Engineering and work practices will be used, reevaluated and revised on a regular basis to ensure their effectiveness. This should eliminate or reduce employee occupational exposures. Whenever practical, these engineering controls shall be used as a first line of defense against exposure to blood borne pathogens. In areas where exposure to blood borne pathogens may occur, special procedures will be developed by the lab manager or supervisor to insure safe handling of these potentially infectious fluids or media. The procedures will include proper handling, storage, transportation and analytical procedures and will be maintained in **Appendix II** of this program. These controls include:

A. UNIVERSAL PRECAUTIONS

Universal precautions require that all blood and certain body fluids be treated as if they were known to be infectious for HIV, HBV, and other bloodborne pathogens. All blood and blood products will be perceived as infectious regardless of the known status of the source individual. The procedures for handling human body fluids shall be developed by each supervisor to ensure safe use or analysis of these fluids. These procedures must specify handling, transportation, storage, and analytical protocols and shall be maintained with this exposure control plan.

B. ENGINEERING AND WORK PRACTICE CONTROLS

1. The appropriate safety hood will be used, if applicable, based on the specific type of hazard present.
2. Departments shall provide hand washing facilities that are readily accessible to employees. When facilities are not available, employees shall be provided either with 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.

3. Employees shall wash their hands immediately, or as soon as possible, after the removal of gloves or other personal protective equipment.
4. No eating , drinking, smoking, or application of cosmetics, lip balm or handling of contact lenses in work areas where the possibility of exposure exists.
5. No foods or drink will be stored(including refrigerators, freezers, shelves, cabinets or on countertops) or consumed in areas where bloodborne pathogens may be present.
6. Contaminated needles or sharps **will not be recapped, bent, or broken** unless the supervisor can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure. Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
7. Immediately, or as soon as possible after use, all potentially contaminated sharps will be placed in a puncture proof, labeled, leak proof container and disposed of by methods outlined in Appendix IV (Biosafety Manual) of the IIPP manual.
8. All potentially infectious protruding objects will be placed in puncture resistant containers. (A box or corrugated container that can be disposed of in the manner outlined in Appendix IV of the IIPP manual.)
9. After use, or as soon as possible, reusable sharps will be placed in the appropriate containers for sterilization or reprocessing.
10. The lab supervisor or manager is responsible for ensuring that employees and students wear the proper Personal Protective Equipment
11. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
12. All procedures must minimize splashing, spraying, spattering, and generation of droplets of infectious substances.

C. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal protective equipment will be made available to employees and students upon entry into laboratory and work areas where infectious materials may be present. This equipment will be removed immediately upon leaving these work areas and placed in the appropriate receptacle for storage, washing, decontamination or disposal. This equipment would include:

Gloves

Disposable gloves will be worn when the employee or student has the potential for direct skin contact with infectious materials. Disposable gloves shall be properly disposed of if visibly soiled, torn, or damaged. They will not be washed or disinfected for re-use. Gloves are not to be removed or worn outside the work area. (hypoallergenic gloves shall be provided to personnel who are allergic to the gloves normally provided.)

Non-disposable gloves used in the handling of potentially infectious material must be washed

thoroughly with soap and water prior to removing.

Handwashing must follow removal of all gloves.

Masks / Eye Protection / Face Shields

This equipment will be worn singularly or in combination as guidelines specify. They will be worn when the potential exists for splattering, spraying, splashing droplets or aerosols of blood or any other potentially infectious materials may be present. This applies when the employee or students eyes, nose, or mouth are potentially exposed to contamination.

Aprons / Gowns / Lab Coats / Disposable Shoe Covers

The appropriate protective clothing will be worn when the potential for occupational exposure is present. The garments shall be, but not limited to, aprons, gowns, lab coats, clinical jackets, or any similar protective garment that provides an effective barrier against blood or any other infectious materials. Shoes and or head covers will be worn as needed or as required by protocol.

Guidelines for use of Personal Protective Equipment(PPE)

- a. Personal protective equipment shall be provided where necessary by the department at no cost to the employee.
- b. Departments shall train and ensure their employees properly use the PPE available.
- c. The department must clean, launder, and dispose of personal protective equipment at no cost to the employee.
- d. If a garment is penetrated by blood or other potentially infectious material, the garment shall be removed immediately or as soon as feasible.
- e. All personal protective equipment shall be removed prior to leaving the work area.
- f. When removed, PPE shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- g. Employees or students who fail to utilize PPE, as required, are subject to disciplinary action as deemed appropriate by the department.

D. HOUSEKEEPING AND DECONTAMINATION

Disinfectants and or germicides shall be applied to working area surfaces to ensure the area is maintained in a clean and sanitary condition. A written policy with a schedule which outlines methods for decontamination and disinfection shall be implemented in these work areas where bloodborne pathogens may be used. All equipment and working surfaces shall be disinfected routinely after use of blood or any other potentially infectious materials.

- a. Working surfaces and equipment shall be cleaned after completion of working procedures, when these items are overtly contaminated, immediately after a spill of potentially infectious materials, routinely after the end of the work shift, or prior to maintenance or servicing.

- b. Surfaces where infectious materials are used shall be protected with coverings such as imperviously-backed absorbent paper, plastic wrap, or aluminum foil. These coverings shall be changed at the end of every shift or as necessary.
- c. Broken glassware which may potentially be contaminated shall be picked up by tongs, forceps, broom, dust pan, etc. At no time will employees pick up potentially contaminated broken glass with their bare hands. Protective clothing shall be worn during the cleanup, (example: goggles, face mask, leather gloves).
- d. All containers, bins, pails, cans or similar receptacles intended for use in disposal of these waste will have a lid or top on the container. These containers will be collected on a daily basis or when the container becomes full. The reusable containers will be inspected, cleaned, and disinfected on a routine basis or as soon as possible or after visible contamination.
- e. Reusable items that may be potentially infectious will be decontaminated before washing or reprocessing.
- f. Laundry that potentially may be contaminated shall be collected from employees and cleaned on a daily basis. The employees who normally generate potentially contaminated garments shall be informed of the location and specific container for the garments. These garments will not be rinsed or sorted at the location of their removal. The employees who collect, wear, or process these garments shall wear the proper PPE, (gloves, lab coats, etc.) and receive training for bloodborne pathogen. The containers these garments are collected in will be labeled as biohazardous and described as soiled laundry. They must be closeable and leak proof bags or containers and must be color coded.

E. FIRST AID/CPR RESPONDERS

Cal Poly has a number of employees that are CPR and first aid trained or may be put into a position where they might assist another employee or student with minor injuries involving contact with blood or other infectious materials. While pre-exposure precautions do not apply as outlined in Section 8.5(f), precautions must be taken by these individuals to avoid exposure. Cal Poly employees must use the following guidelines to avoid possible exposure:

- 1. All departments should have, as part of their required first aid supplies, several pair of disposable gloves and used as outlined in Section 8.2(C).
- 2. Serious injuries involving loss of blood should be reported immediately to University Police by dialing 911 on campus phones.
- 3. Contact with the blood of an injured person should be avoided. For non-serious first aid injuries, allow the injured person to treat themselves or assist by transporting to the Health Center. If contact and exposure is unavoidable, wear protective gloves.
- 4. If blood or body fluid exposure occurs, a *Report of Employee Injury* form must be filed with Human Resources and a *Post Exposure to Bloodborne Pathogens* form filled out in Environmental Health and Safety (**see Appendix IV**). Contact your supervisor, Department Administrator, Safety Coordinator or call Environmental Health and Safety

at ext. 6-6662. EH&S must be notified immediately.

5. Do not attempt to clean up any of the spilled blood, if present. This is considered biohazardous medical waste and must be cleaned up and disposed of according to waste regulations. Notify work control at ext. 3494.

6. REPORT ALL EXPOSURE INCIDENTS.

8.3 REGULATED/NON-REGULATED WASTE DISPOSAL

A. Disposal of Contaminated and Uncontaminated Sharps

1. Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closeable, puncture resistant, leak proof on sides and bottom and properly labeled.
2. Containers for sharps shall be easily accessible to personnel and located as close as possible to the area where sharps are used or can be reasonably anticipated to be found.
3. Containers shall be kept in an upright position throughout use, replaced every four days or when
4. 3/4 full.
5. When containers are moved, they must be closed to prevent spillage or protrusion.
6. If leakage is possible, a secondary container must be used to prevent leakage during transport and handling. The secondary container must be properly labeled to identify the contents.

B. Regulated Medical Waste Disposal

1. Regulated medical waste must be placed in containers which are collapsible and constructed to contain all contents and prevent leakage of fluids during handling, storage, transport and shipping.
2. All containers must be labeled with the contents and a biohazard symbol.
3. Prior to removal from the area of use, it must be closed to prevent spillage or protrusion.
4. If a secondary container is used to prevent spillage, it must also be closeable, labeled and closed prior to removal.
5. Containers used for the containment and/or transport of medical waste must be leak resistant, have tight fitting covers, and kept clean and in good repair. The container must be red and labeled with the words "Biohazard Waste", or with the international biohazard symbol and the word "Biohazard" on the lid and sides so as to be visible from any lateral direction.

C. Contaminated/Non-Contaminated Protruding Objects

These are objects that may not normally be treated as sharps but have the potential of scratching, cutting, or puncturing the skin or container without special procedures and considerations for handling them. This places a special concern for those who collect and transport these items as waste haulers. These objects include but are not limited to needles, razor blades, scalpels, broken glass and or plastic, sharp edged metals or wire, glass or plastic pipettes, capillary tubes, plastic or glass rods, etc..

Protruding objects that are potentially infectious are to be treated as contaminated sharps and should be disposed of in accordance with the procedures outlined in appendix IV of the IIPP. All other protruding objects are to be disposed of in a puncture proof container, (a box should suffice) that can be taped closed and placed into the regular trash.

8.4 RESEARCH INVOLVING HBV AND HIV

At present, Cal Poly is not involved in HIV or HBV research. If a faculty, staff, or student wishes to conduct this type of research, they must contact the Office of Environmental Health & Safety.

8.5 HEPATITIS B VACCINATIONS

HBV vaccinations will be made available to all employees in categories 1 and 2 (high and moderate) who are occupationally exposed to infectious materials at no cost. Each identified employee will receive information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, and the benefits of being vaccinated. The following provisions apply:

- a. HBV vaccinations must be made available to all employees within 10 working days of initial assignment unless the employee has previously received vaccination, antibody testing has shown the employee to be immune or unless contraindicated for medical reasons.
- b. Employees must receive training in bloodborne pathogens.
- c. If a worker initially declines the HBV vaccination he must sign a declination form(see **Appendix IV**) to do so. If that worker, at a later date, decides to accept the HBV vaccination, it will be provided.
- d. Environmental Health & Safety will coordinate and schedule all HBV vaccinations to be given employees at Student Health Center. The Student Health Center Director will coordinate the vaccination of SHC employees.
- e. If a routine booster dose of HBV is recommended by the US. Public Health Service at a future date, such booster will be made available to employees.
- f. Environmental Health and Safety will maintain records of all those on the Hepatitis B vaccination program.
- g. It is not required to offer pre-exposure vaccinations for voluntary first aid providers if the following conditions exist:
 1. Rendering first aid is not the primary job assignment.

2. The employee does not render first aid on a regular basis at a location where injured employees regularly go for assistance.

Unvaccinated first aid providers will be offered HBV vaccinations following an exposure as outlined in Section 8.6.

8.6 Post Exposure Evaluation and Follow-up

After a report of an exposure incident, the following procedures must be followed:

- a. The exposure incident must be reported to the Supervisor, Department Administrator or Department Safety Coordinator before the end of the work day in which the exposure occurred. A *Report of Employee Injury* must be filed with Human Resources and a *Post Exposure to Bloodborne Pathogens* form(**Appendix IV**) will be filled out by Environmental Health and Safety. EH&S must be notified immediately by the employee or department.
- b. The University shall make available to the employee a confidential medical evaluation and follow-up.
- c. A full HBV vaccination series will be made available within 24 hours to those first aid providers that have not received the pre-exposure series.
- d. Documentation will be made of the routes of exposure and the circumstances under which the exposure incident occurred.
- e. Identification of the source individual must be made, if possible. The source individual's blood must be tested if consent can be obtained. Source testing is not needed if it is already known the individual is infected with HBV or HIV. Results of the test must be made available to the exposed employee.
- f. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If the employee consents to blood collections, but does not give consent for testing, the sample must be preserved for 90 days. The employee may elect, during that time, for testing to be done. Additional testing and collection will be made available as recommended by the US Public Health Service.

Information provided the Healthcare Professional

The following information shall be provided by the attending physician:

- a. A copy of the standard (CCR Title 8, 5193).
- b. Description of affected employee's job duties and history regarding the occupational exposure. (Completed Exposure Incident Report)
- c. Documentation of the route of exposure and circumstances under which exposure occurred.
- d. Results of the source individual's blood testing, if available.

- e. All medical records relevant to the appropriate treatment of the employee including vaccination status.

Healthcare Professional's Written Opinion

The attending physician shall provide the University with the following information in writing within 15 days from completion of the evaluation:

- a. An opinion whether or not a vaccination for Hepatitis B is indicated and the series has been initiated.
- b. That the employee has been informed of the results of the evaluation.
- c. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

8.7 LABELS AND SIGNS

Cal/OSHA requires communication to employees who may come in contact with bloodborne pathogens. This is accomplished using material safety data sheets, labels, warning signs, and employee training.

A. Warning signs

Warning signs will be posted on the doors outside of the labs where potentially infectious materials are used. They will provide the following information:

- 1. The international symbol for biohazard.
- 2. The name of the specific biohazardous materials used in the location.
- 3. The special requirements for PPE and other laboratory procedures.
- 4. The name and telephone number of the principle investigator, lab supervisor or other responsible person.

B. Warning Labels

Labels shall be affixed to all collection or storage containers of potentially infectious materials. All containers, (sharps containers, bags, boxes, refrigerators, freezers, waste cans, and buckets), that collect, store, or transport these material must have a label indicating that the content are biohazardous. These labels shall include the universal legend for Biohazard or a label that states Biohazardous waste. The label shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color. These labels will be affixed to a container in a manner as to prevent their removal. (For more information reference appendix IV of the IIPP manual for biohazard safety program).

8.8 TRAINING AND INFORMATION

The Environmental Health & Safety Office will arrange or conduct employee training for

bloodborne pathogens. Training shall be conducted prior to assignment of tasks where occupational exposures to infectious materials may occur. Training must be repeated every 12 months (annually) thereafter. Training will be offered at no cost to the employee at a reasonable time during the employee's normal work shift, and at an educational and language level understood by the employees. The training will include the principles of biosafety, potential hazards associated with etiologic agents, universal precautions, the proper use of personal protective equipment (PPE), emergency procedures and the following:.

1. A review of the of the Cal Poly standard and an explanation of its contents and how an employee obtains a copy.
2. An explanation of the epidemiological characteristics and symptoms of bloodborne diseases.
3. Information regarding the modes and methods of transmission of bloodborne diseases.
4. Information regarding jobs and tasks that involve exposure to bloodborne materials.
5. Information regarding the uses and limitations of engineering controls, personal protective equipment, and work practices that reduce the risk of exposure to infectious materials.
6. Information regarding the selection of the proper PPEs.
7. Information regarding the types of PPEs, uses, location, handling, removal after use, decontamination and disposal.
8. Information regarding the HBV vaccine for administering, efficacy, and risks vs. benefits.
9. Explanation of warning signs and labels. (Hazcom)
10. Emergency procedures which includes incident reporting and medical follow-up.
11. Specialized training for research laboratories who work with HIV or HBV or any other infectious materials.

9.0 RECORD KEEPING

The EH&S office shall establish and maintain an accurate record for each employee who has the potential for exposure to bloodborne pathogens in accordance with section 3204 of the CCR Title 8. These records shall include the following:

9.1 MEDICAL RECORDS

All medical records shall be confidential and will not be disclosed to any person except where regulation requires. Each record will be maintained for a period of at least (30) years and will include the following information:

1. The employees full name and social security number.

2. A copy of the HBV vaccination record or declination form.
3. A written record of all medical evaluations, results, recommendations, and follow-ups.
4. The attending physician's written evaluation.
5. Copies of all other information provided the healthcare professional.

9.2 TRAINING RECORDS

Training records shall be prepared and maintained by the EH&S office or the safety coordinator of the department conducting the training. Training records shall be maintained for a period of (3) years. These records shall include the following information:

1. The dates for the training session.
2. The contents, outline and summary of training information.
3. The names and qualifications of the person or persons conducting the training.
4. The names and job titles of all attendees.

9.3 RECORDS AVAILABILITY

These records will be made available in accordance with CCR Title 8 section 5193.

9.4 TRANSFER OF RECORDS

The employer shall comply with the requirements for transfer of records in accordance with section 3204 of CCR Title 8.

10.0 CONTRACT SERVICES

Companies contracting services which involve their employee's exposure to bloodborne pathogens must have their own exposure control plan with job specific guidelines for work at Cal Poly. The contractor must provide a written exposure control plan to EH&S prior to start of work.

11.0 ANNUAL PROGRAM REVIEW

Environmental Health & Safety shall be responsible for annually reviewing the Exposure Control Plan in order to evaluate the program's effectiveness. EH&S shall make changes to the program as needed.