



CALIFORNIA STATE UNIVERSITY, STANISLAUS

# Exposure Control Plan

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CALIFORNIA STATE UNIVERSITY, STANISLAUS  
EXPOSURE CONTROL PLAN

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**APPENDICES**

- A. Biological Waste Handling Guidelines
- B. Request for Hazardous Waste Collection Form
- C. Hepatitis B Vaccine Declination

## **1.0 Introduction and Overview**

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The Occupational Safety and Health Administration (OSHA) has issued the final Blood borne Pathogen Standard, expected to protect more than 5.6 million workers each year. The Standard, effective 6 March 1992, applies to all employees who could “reasonably anticipate” as the result of performing their job tasks, contact with blood and other potentially infectious materials.

The infectious materials include semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid visibly contaminated with blood. They also include:

- any unfixed tissue or organ other than intact skin from a human (living or dead)
- HIV-containing cell or tissue cultures, organ cultures and HIV- or HBV-containing culture medium or other solutions
- blood, organs or other tissues from experimental animals infected with HIV or HBV.

The purpose of the Standard is to limit occupational exposure to blood and other potentially infectious materials since any exposure could result in transmission of blood borne pathogens which could lead to disease or death. The primary feature of this program is a written Exposure Control Plan which incorporates the following major components:

- Exposure Determination
- Control Methods
- Post-Exposure Evaluation and Follow-up
- Infectious Waste Disposal
- Tags, Labels and Bags
- Housekeeping Practices
- Laundry Practices
- Training and Education of Employees
- Record keeping

## **2.0 Policy**

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It is the policy of the University to maintain, insofar as it is reasonably within its control to do so, a campus environment for faculty, staff, students, and the public that will not adversely affect their health and safety nor subject them to avoidable risks of accidental injury or illness. Toward this end, CSU Stanislaus is committed to provide an appropriate work environment and biosafety guidelines which shall be adhered to by all affected parties.

## 3.0 Responsibilities

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### 3.1 *Environmental Health & Safety (EH&S) is responsible for:*

- a. Preparing and maintaining an Exposure Control Plan.
- b. Determining the level of potential exposure to blood borne pathogens for specific categories of employees and students.
- c. Providing guidance to supervisors regarding universal precautions related to blood borne pathogen control.
- d. Conduct an annual review and evaluation of the Exposure Control Plan document; maintain records of review and updates.

**3.2 Individual supervisors/instructors are responsible for** providing the proper training to employees/students under their direction regarding the principles of biosafety, potential hazards associated with etiologic agents, appropriate personal protective equipment (PPE), spill clean ups and emergency procedures. Additionally, each supervisor/instructor shall assure that employees are wearing the proper PPE.

**3.3 Individual employees/students are responsible for** reading and being familiar with applicable components of the Exposure Control Plan (this document), adhering to prudent biosafety practices, and reporting any injury or incident to their supervisor/instructor and EH&S.

## 4.0 Exposure Control Plan Components

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### 4.1 Exposure Determination

Each employee/student must have an exposure determination based upon the job/laboratory description and assigned tasks. The determination shall be reviewed with the employee at time of hire or within 90 days of the establishment of this program. Exposure determination shall be based upon a reasonably anticipated contact (skin, eye, mucous membrane, etc.) with blood or other potentially infectious materials that may result from the performance of an employee's duties.

As required by OSHA, exposure evaluations will be performed in accordance with a categorization scheme based on the potential of job-related tasks leading to exposure.

The three categories used are:

*Category 1* Tasks that involve exposure to blood, body fluids, or tissues.

*Category 2* Tasks that involve no exposure to blood, body fluids, or tissues, but employment may require performing unplanned Category 1 procedures.

*Category 3* Tasks that involve no exposure to blood, body fluids, or tissues and Category 1 tasks are not a condition for employment.

Exposure determinations for most job classifications require evaluation on a case-by-case basis. Table 1 presents a listing of job classifications identified to date which may be assigned to Categories 1 or 2. This list can be used as a guideline for categorization. Actual determinations for specific employees must be performed by EH&S and the applicable supervisor.

**Table 1. List of Employee Assignments that May Qualify as Category 1 or 2 for Purposes of Blood borne Pathogen Control**

<b>College, School or Department</b>	<b>Employee Assignment</b>	<b>Guideline Category</b>
Public Safety	Officers	2
Physical Plant	Custodians	2-3
Exercise Physiology	Phlebotomists	1
	Faculty, technicians, student workers	2
School of Nursing	Faculty, technicians, student workers	2
Student Health Services	Physicians, nurses, phlebotomists	1
	Technicians, lab workers	1
	Student workers	1
EH&S	Health & Safety Specialists	2
	Lab waste handlers	2
Athletics	Trainers (including paid student trainers)	1
College of Sciences	Principal Investigators and researchers	2-3
	Technicians (including Student-techs)	2-3
Family Studies and Consumer Science	Principal Investigators and researchers	2-3
	Technicians (including Student-techs)	2-3

#### **4.2 Control and Compliance Methods**

The following methods shall be instituted as means of infection control.

**a.** Universal Precautions shall be observed to prevent contact with blood and other potentially infectious materials. Universal precautions require that all blood and certain body fluids (as defined in Section 1.0 above) be treated as if they were known to be infectious for HIV, HBV, and other blood borne pathogens (refer to Appendix A).

**b.** Engineering and Work Practice Controls shall be used, examined and revised on a regular basis to ensure their effectiveness and to eliminate or minimize employee occupational exposure. These controls shall include:

- (1) Employees/students shall wash their hands immediately or as soon as possible after the removal of gloves or other personal protective equipment (PPE) and after hand contact with blood or other potentially infectious materials. If handwashing facilities are not readily available CSU Stanislaus will provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic towelettes are used, hands shall be washed with soap and running water as soon as feasible.
- (2) Personal Protective Equipment (PPE) shall be removed immediately upon leaving the work area or as soon as possible if overtly contaminated and placed in the appropriate receptacle for storage, washing, decontamination or disposal.
- (3) Needles and other sharps shall not be recapped, sheared, bent, broken, or re-sheathed by hand. Used needles shall not be removed from disposable syringes. The entire unit shall be placed in a rigid side, leak resistant container.

- (4) Eating, drinking, applying cosmetics or lip balm and handling contact lenses are prohibited in areas where there is a potential for occupational exposure.
- (5) Food or drink shall not be stored in refrigerators, freezers or cabinets where blood or other potentially infectious materials are stored or other areas of possible contamination.
- (6) Splashing, spraying and aerosolization of blood or other potentially infectious materials shall be minimized. Procedures shall be performed in such a manner to avoid creating these conditions.
- (7) Mouth pipetting/suctioning is prohibited.

**c. Personal Protective Equipment (PPE)** shall be provided by the University whenever there is potential for occupational exposure. Supervisors shall assure that employees under their direction use appropriate PPE, including, but not limited to: gloves, gowns (or lab coats), fluid-proof aprons, head and foot coverings; face shields or masks and eye protection.

The PPE shall be easily accessible or issued to the employee in the appropriate sizes.

- (1) Gloves shall be worn when the employee has the potential for the hands to have direct contact with blood or other potentially infectious materials, and when handling items or surfaces soiled with blood or other potentially infectious materials. Disposable (single use) gloves shall be replaced as soon as possible when visibly soiled, torn, punctured, or whenever their ability to function as a barrier is compromised. They shall not be washed or disinfected for re-use or worn outside the containment area. (Hypoallergenic gloves shall be provided to personnel who are allergic to the gloves normally provided.)
- (2) Face shields, eye protection (and masks) shall be worn whenever splashes, spray, spatter, droplets or aerosols of blood or other potentially infectious materials may be generated and there is potential for eye, nose, or mouth contamination.
- (3) Gowns, aprons or lab coats or other forms of appropriate protective clothing shall be worn when there is the potential for occupational exposure. The clothing shall form an effective barrier against blood or other potentially infectious materials. Selection shall be based upon the task and potential for exposure. Additional PPE such as head and foot protection and fluid-proof clothing shall be worn as needed.

**d. Good Housekeeping** shall be applied so that the work area is maintained in a clean and sanitary condition. A written schedule shall be implemented for cleaning and the proper method of disinfecting or decontamination based upon location within the facility, type of surface, type of soil present and tasks or procedures being performed. All equipment and environmental working surfaces shall be properly cleaned and disinfected after contact with blood or other potentially infectious materials.

- (1) Surfaces shall be cleaned after completion of procedures, when surfaces are overtly contaminated, immediately after any spill of blood or other infectious materials and at the conclusion of the work shift.
- (2) Protective coverings such as imperviously-backed absorbent paper, plastic wrap, or aluminum foil may be used to cover equipment and surfaces. These coverings shall be changed at the conclusion of the work shift or when they become contaminated.

- (3) Equipment which may become contaminated with blood or other potentially infectious materials shall be checked routinely and prior to servicing or shipping and shall be decontaminated as necessary.
- (4) All bins, pails, cans, and similar receptacles intended for reuse which have a potential for becoming contaminated with blood or other potentially infectious materials shall be inspected, cleaned and disinfected on a regularly scheduled basis and cleaned and disinfected immediately or as soon as possible after visible contamination.
- (5) Broken (contaminated) glassware shall not be picked up directly with the hands. It should be picked up using mechanical means such as a broom and dust pan, tongs, etc. and disposed of in a puncture resistant container.
- (6) Specimens of blood or other potentially infectious materials shall be placed in a leak-proof container labeled or color-coded (according to State and Federal Standards) prior to storage or transportation. If outside contamination of the primary container is possible, a secondary container, also properly marked, shall be used. If a puncture of the primary container is likely, then it shall be placed within a leak-proof, puncture resistant container.
- (7) Reusable items contaminated with blood or other potentially infectious materials shall be decontaminated prior to washing and/or reprocessing.
- (8) Equipment Cleaning and Spill Cleanup shall be handled in an appropriate manner according to the following guidelines:
  - Wear personal protective equipment when cleaning spills
  - Clean up spills immediately or as soon as possible after the spill occurs
  - Dispose of absorbent material used to collect the spill in a labeled biohazard container
  - Flood the area with a fresh disinfectant solution of approximately 1 ½ cups of liquid chlorine bleach to 1 gallon of water (1 part bleach per 10 parts water), and allow to stand for at least 10 minutes
  - Use appropriate material to absorb the solution, and dispose of it in a labeled biohazard container
  - Scrub soiled boots, leather shoes and other leather goods, such as belts, with soap, a brush and hot water. If you wear a uniform to work, wash and dry according to the manufacturer's instructions.

**e. Exposure / Injury Reporting.** All exposure / injuries involving potentially contaminated biological material will be reported immediately to the area supervisor and by written documentation, and kept on file for review by the involved department and the EH&S Committee, on the day of the injury to the departmental chairman and copied to the appropriate dean and the Environmental Health and Safety Department. The document will include the following as a minimum:

- Parties name, address, phone number, and social security number
- Date, time, location and cause of injury
- Potentially contaminated biological material
- Instructor, Supervisor, or witnessing person
- Initial action(s) taken Any initial medical care
- 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
- A copy of all results of examinations, medical testing, and follow-up procedures
- The employer's copy of the healthcare professional's written opinion

- A copy of the information provided to the healthcare professional
- Follow-up documentation/information

**f. Post Exposure Evaluation and Follow up**

- (1) CSU Stanislaus shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident. The hepatitis B vaccine will be made available at no cost to the employee; made available to the employee at a reasonable time and place; performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and CSU Stanislaus shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.
- (2) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time. Employees, who decline to accept the hepatitis B vaccination offered, must sign the Hepatitis B Vaccine Declination (Mandatory, see Appendix C).
- (3) Following a report of an exposure incident, the employer shall 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 employer 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 and HIV infectivity. If consent is not obtained, the employer shall 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, shall be tested and the results documented.
  - When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
  - Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
  - Collection and testing of blood for HBV 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.
  - Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
  - Counseling; and
  - Evaluation of reported illnesses.
- (4) The employer 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.
- (5) 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.

- (6) 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 other potentially infectious materials which require further evaluation or treatment.
- (7) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

## **5.0 Infectious Waste Disposal**

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Infectious waste, biomedical and biohazardous waste shall be handled according to State, federal and local requirements. All waste destined for disposal shall be placed in leak-proof containers or bags that are color coded and labeled. Please see Appendix C for the complete instructions for various biological waste handling. Contact the Department of EH&S to request collection of biohazardous waste for removal from campus. A Request for Hazardous Waste Collection form must be completed prior to pick up by the EH&S Officer. (Attachment B)

## **6.0 Hazard Communication**

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### Signs and Labels

- a. Signs shall be posted at the entrance to the work areas which shall bear:
  - (1) the international symbol for biohazard (Figure 1)
  - (2) special requirements for entering the area
  - (3) name and telephone number of the laboratory director or other responsible person
- b. Warning labels shall be affixed to containers of infectious waste; refrigerators and freezers containing blood and other potentially infectious materials; and other containers used to store or transport blood or other potentially infectious materials. Labels shall have the international biohazard symbol. The labels shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color. The labels shall either be an integral part of the container or shall be affixed as close as possible to the container by adhesive, string, wire or other method to prevent their loss or removal.
  - (1) Red bags or red containers may be substituted for labels on containers of infectious waste.



**Figure 1**

## **7.0 Control and Compliance Methods**

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**7.1 Standard microbiological practices** shall be followed in laboratories and other areas where etiologic agents may be stored, used, handled or disposed. ALL infectious liquid or solid waste shall be decontaminated by autoclave process before being disposed, according to the Biological Waste Handling Guidelines (see Appendix A). The Biological Sciences Lab Technician will use the most appropriate and safe methods for decontamination.

### **7.2 Instructional lab procedures for handling body fluids**

- a. Students enrolled in laboratory courses where body fluids (blood, saliva, etc.) are to be handled are restricted to withdrawing and handling only their own body fluids. They are solely responsible for the extraction/obtaining, conducting housekeeping and proper disposal of their body fluids and contaminated items.
- b. Students are to use Universal Precaution measures and since all body fluids are to be considered potentially infectious vehicles the contents of this Laboratory Procedure are to be followed and strictly adhered to.

**7.3 Laundry contaminated** with blood or other potentially infectious materials shall be handled as little as possible and with minimum agitation. The contaminated laundry shall be placed in red biohazard bags and properly labeled.

- a. Employees handling contaminated laundry shall wear gloves and other appropriate personal protective equipment.
- b. Whenever the likelihood of soak through or of leakage from the bag or container exists, the laundry shall be placed and transported in bags or containers which prevent soak through and/or leakage of fluids to the exterior.

## **8.0 Information and Training**

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**8.1** Individual supervisors/instructors, in consultation with EH&S, shall ensure that all employees/students with potential for occupational exposure (Category 1 or 2) are trained in this standard and proper techniques. Training shall be provided as follows:

- At the time of initial assignment to tasks where occupational exposure may take place;
- Annual training for all employees shall be provided within one year of their previous training.

**8.2** The training program should include, but is not necessarily limited to:

- An explanation of the epidemiology and symptoms of blood borne diseases
- An explanation of the modes of transmission of blood borne pathogens
- An explanation of the CSU Stanislaus Exposure Control Program, including a written copy of said program
- Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
- The use and limitations of prudent practices that will prevent or reduce exposure
- Personal Protective Equipment (PPE), including selection, use, cleaning, disposal and maintenance
- Emergency procedures, including reporting of incidents and medical follow-up
- Hazard awareness and communication: signs and labels

Contact the Department of Environmental Health, Safety & Emergency Management for detailed information which can be used for instructional purposes on this subject.

## **9.0 Recordkeeping**

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A system shall be established whereby accurate medical records shall be prepared and maintained for each employee who may be occupationally exposed to blood or other infectious materials. Employee exposure and medical records will be maintained in accordance with Section 14.0 of the CSU Stanislaus Injury and Illness Prevention Program.

**9.1** Medical records shall remain confidential and will not be disclosed or reported to any person, except as required by regulation. The records shall be maintained for at least the duration of employment plus thirty (30) years and will include:

- Employees name and social security number
- A copy of the HBV vaccine records
- A copy of the results of all medical evaluations and follow-up
- The University's copy of the physicians' written opinion
- Copies of all information initially provided to the physician as described in Section 4.e.

**9.2** Training records shall be prepared and maintained by the individual performing the training, and shall include the following information:

- Dates of all training sessions
- Contents, outline or summary of the training
- Name of trainer
- Names of all attendees

**9.3** The University shall assure that all records required to be maintained by this plan are available upon request to the regulatory agencies (Cal/OSHA, Cal/EPA, OSHA), the employee or their designated representative, or any other person in accordance with 29 CFR 1910.20 and 8 CCR 5193. Contact the CSU Stanislaus Department of Environmental Health, Safety & Emergency Management for requests.

# Biohazardous Waste Guidance Chart

The chart below provides information on how to handle most, if not all, of the items that frequently are collectively referred to as “biohazardous waste”. Biohazardous waste is a term that encompasses a number of distinctly different waste streams, including biological waste, infectious waste, and medical waste. To make it easier for departments & laboratories to understand how these wastes must be handled in the laboratories and disposed of as waste the chart below gives clear information on specific items that are likely to be in your biohazardous waste stream. Please adhere to this chart and do not dispose of any material in any manner other than as described in this chart. Improper release of this waste into regular trash, dumpsters and landfills can expose the University and potentially your laboratory and department to substantial financial penalties by regulatory authorities and jeopardize funding from granting agencies.

## Syringes and Needles

Disposal Container	On-Campus Treatment	To remove waste from your department.	Obtaining “sharps” waste containers	Comments
Red plastic “sharps” containers ONLY	NONE	Complete a Request for Hazardous Waste Collection form, then call the EH&S Officer x3035	Departments will obtain own containers from a vendor. For guidance call the EH&S Officer x3035	All syringes and needles are considered “medical waste”. NEVER manually detach a needle from the syringe, discard the entire system.

## Broken glass contaminated with potentially infectious materials (human blood, body fluids, culture)

Disposal Container	On-Campus Treatment	Requesting waste removal from your lab	Obtaining “sharps” waste containers	Comments
Red plastic “sharps” containers ONLY	NONE	Complete a Request for Hazardous Waste Collection form, then call the EH&S Officer x3035	Departments will obtain own containers from a vendor. For guidance call the EH&S Officer x3035	Use extreme care when picking up contaminated broken glass. Use tongs or forceps. Never use your fingers!

## Cloth contaminated with potentially infectious materials (human blood, body fluids, culture)

Disposal Container	On-Campus Treatment	Requesting waste removal from your lab	Obtaining red “biohazard” waste bags	Comments
Red plastic BioHazard bags ONLY	NONE	Complete a Request for Hazardous Waste Collection form, then call the EH&S Officer x3035	Call the EH&S Officer x3035	Use extreme care; always handle with latex gloves and dispose of gloves along with cloth into red bag.

## Scalpels

Disposal Container	On-Campus Treatment	To remove waste from your department.	Obtaining “sharps” waste	Comments
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			containers	
Red plastic “sharps” containers ONLY	NONE	Complete a Request for Hazardous Waste Collection form, then call the EH&S Officer x3035	Departments will obtain own containers from a vendor. For guidance call the EH&S Officer x3035	Scalpels are considered “medical waste”. Never place these in the “regular” trash.

#### Glass slides and cover slips

Disposal Container	On-Campus Treatment	To remove waste from your lab	Obtaining “sharps” waste containers	Comments
Red plastic “sharps” containers OR Use a recycled cardboard box with sides and top labeled “Broken Glass”.	NONE	Complete a Request for Hazardous Waste Collection form, then call the EH&S Officer x3035	Departments will obtain own containers from a vendor. For guidance call the EH&S Officer x3035	Do Not place these items in the “broken glass” container. Never place these in the regular trash.

#### Razor Blades

Disposal Container	On-Campus Treatment	Requesting waste removal from your lab	Obtaining “sharps” waste containers	Comments
Red plastic “sharps” containers ONLY	NONE	Complete a Request for Hazardous Waste Collection form, then call the EH&S Officer x3035	Departments will obtain own containers from a vendor. For guidance call the EH&S Officer x3035	Do not leave razor blades out in the open and uncovered. Never place these in the “regular trash”.

#### Glass Pasteur pipettes

Disposal Container	On-Campus Treatment	Requesting waste removal from your lab	Obtaining “sharps” waste containers	Comments
Red plastic “sharps” container ONLY	AUTOCLAVE 121 degrees C for 60 minutes	Complete a Request for Hazardous Waste Collection form, then call the EH&S Officer x3035	Departments will obtain own containers from a vendor. For guidance call the EH&S Officer x3035	Do Not place in regular trash. Do not place in “broken glass” container.

#### Broken and unbroken glass with no contamination

Disposal Container	On-Campus Treatment	Removing this waste from your lab	Obtaining “broken glass” containers	Comments
“Broken Glass” box supplied by	All glass must be clean and uncontaminated	When box is full, securely tape the box	“Broken Glass” containers may be purchased	Use “common sense”: Never fill the box so that glass objects protrude from the open end.

<p>vendor.</p> <p><b>OR</b></p> <p>Use a recycled cardboard box with sides and top labeled “Broken “Glass”.</p>	<p>by any biologicals, body fluids, radioactives, or visible chemicals.</p> <p>No liquids can be present in any pipettes or vials, etc.!!!!</p>	<p>closed; make sure it is labeled <i>broken glass</i> and leave outside door for custodial staff.</p>	<p>from approved vendors. Or you may use any durable cardboard box and prominently label sides and top “Broken Glass”. <i>Put Room Number on container!</i></p>	<p>If you use a large box it will be very heavy once filled with glass, keep the box size modest.</p> <p>Ensure that the box used is in good shape and can handle the weight of the glass.</p> <p>Use durable tape when sealing the box.</p>
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Non-Pasteur plastic pipettes and tips contaminated with potentially infectious materials (human blood, body fluids, culture)

Disposal Container	On-Campus Treatment	To remove the waste from your lab	Obtaining appropriate waste containers	Comments
<p>Red plastic “Biohazard” Bag</p> <p>Or</p> <p>Clear plastic “Biohazard” bag</p>	<p><b>AUTOCLAVE</b></p> <p>121 degrees C for 60 minutes</p>	<p>After autoclaving, place the sterilized bag inside of the building dumpster.</p>	<p>The Biology Instructional Support Tech. has correctly labeled bags, contact x3486.</p>	<p>Individuals responsible for autoclaving waste must follow appropriate autoclave safety protocols.</p> <p>All autoclave waste must have autoclave tape affixed to the bag. Waste sterilization must be entered into the autoclave log</p>

Plastic ware or other items contaminated with potentially infectious material (blood, body fluids, cultures)

Disposal Container	On-Campus Treatment	To remove the waste from your lab	Obtaining appropriate waste containers	Comments
<p>Red, plastic autoclavable “Biohazard” bag</p> <p>Or</p> <p>Clear, plastic autoclavable “biohazard” bag</p>	<p><b>AUTOCLAVE</b></p> <p>121 degrees C for 60 minutes</p>	<p>After autoclaving place the sterilized bag inside of the building’s dumpster as regular trash.</p>	<p>The Biology Instructional Support Tech. has correctly labeled bags, contact x3486.</p>	<p>Individuals responsible for autoclaving waste must follow appropriate autoclave safety protocols.</p> <p>All autoclaved waste must have autoclave tape affixed to the bag</p> <p>Waste sterilization must be entered into the autoclave log.</p>

Glass test tubes contaminated with potentially infectious materials (blood, body fluids, culture)

Disposal Container	On-Campus Treatment	To remove the waste from your lab	Obtaining appropriate waste containers	Comments
<p>Red, plastic autoclavable “biohazard” bag</p> <p>Or</p> <p>Clear, plastic autoclavable “biohazard” bag</p>	<p><b>AUTOCLAVE</b></p> <p>121 degrees C for 60 minutes</p>	<p>After autoclaving, place the sterilized bag inside of the building’s dumpster as regular trash</p>	<p>The Biology Instructional Support Tech. has correctly labeled bags, contact x3486.</p>	<p>Individuals responsible for autoclaving waste must follow appropriate autoclave safety protocols.</p> <p>All autoclaved waste must have autoclave tape affixed to the bag.</p> <p>Waste sterilization must be entered</p>

				into the autoclave log.
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All other lab glass *Not Contaminated* with Infectious Material

Disposal Container	On-Campus Treatment	To remove the waste from your lab	Obtaining appropriate waste containers	Comments
Cardboard glass disposal box, pre labeled by vendor OR Ordinary cardboard box With each side prominently marked "Broken Glass".	All glass items MUST be empty, no liquid volumes allowed.	Seal the box closed with durable tape, duct tape works well. Ensure box is marked "Broken Glass" Place with regular trash.	Obtain pre-labeled boxes from University approved vendors OR Recycle cardboard boxes from your building.	Be mindful that these boxes are very heavy when full. No glass objects may protrude beyond the box. Place for custodial pick-up when 2/3 full.

Capillary Tubes

Disposal Container	On-Campus Treatment	To remove the waste from your lab	Obtaining waste containers	Comments
Red Sharps container	NONE	Complete a Request for Hazardous Waste Collection form, then call the EH&S Officer x3035	Call the EH&S Officer x3035	Capillary tubes break easily and pierce all bags used for collection of waste. Never place these in the ordinary trash

Contaminated and Uncontaminated Serological Pipettes (Plastic, long pipettes)

Disposal Container	On-Campus Treatment	To remove the waste from your lab	Obtaining appropriate containers	Comments
<u>Contaminated:</u> Pipette autoclave boxes <u>Uncontaminated:</u> regular cardboard boxes	<u>Contaminated:</u> Autoclave at 121 degrees C for 60 minutes. Be sure autoclave tape is on the container! <u>Uncontaminated:</u> None, dispose in dumpster.	<u>Contaminated:</u> after autoclaving, dispose in dumpster <u>Uncontaminated:</u> when cardboard box is full, dispose in dumpster.	<u>Contaminated:</u> Pipette autoclave boxes are available from the Biology Instructional Support Tech, x3486. <u>Uncontaminated:</u> Use cardboard shipping boxes, recycle!	Custodians do not like to see these items in regular trash. The pipettes puncture regular trash bags.  Red and clear autoclave bags shrink when autoclaved, serological pipettes will puncture those bags if they are autoclaved. Use pipette containers!

All Culture Plates

Disposal Container	On-Campus Treatment	To remove waste from your lab	Obtaining appropriate waste containers	Comments
Red, plastic autoclave bag Or Clear, plastic autoclave bag	AUTOCLAVE  121 degrees C for 60 minutes  Be sure autoclave indicator tape is	After autoclaving, place the sterilized bag inside of the building's dumpster.	The Biology Instructional Support Tech. has correctly labeled bags, contact x3486.	Individuals responsible for autoclaving waste must follow appropriate autoclave safety protocols.  All autoclaved waste must have autoclave tape affixed to the bag.

	on the bag.			Waste sterilization must be entered into the autoclave log
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### Tissue Culture Media

Disposal Container	On-Campus Treatment	To remove waste from your lab	Obtaining appropriate waste containers	Comments
Place in liquid container, Preferably non-breakable	NONE	Place containers in the Science Building temporary hazardous waste room.	The Biology Instructional Support Tech. has correct containers, contact x3486.	These items are not decontaminated on campus.

### Animal Carcasses

Disposal Container	On-Campus Treatment	To remove waste from the lab	Obtaining appropriate waste containers	Comments
Do not place animals inside red biohazard bags unless the animals are infectious, diseased, or have been inoculated with a pathogen contagious to humans or other animal populations.  Animals may be consolidated in five-gallon plastic buckets with screw-top lids closures.	NONE	Double-bagged animals shall be stored in laboratory freezers.  Do not store in refrigerators or in open room!  The Biology Instructional Support Tech. removes these items to a local incinerator facility.	The Biology Instructional Support Tech. is the only person who will handle this waste, contact x3486.	“Animals” shall mean mammals, birds, reptiles, amphibians, etc.  Crustaceans, “shellfish”, small fish, insects, etc., shall not be included in this category. These items may be placed in dark ordinary trash bags and disposed of in the building’s dumpster.  Animals that have been kept in preservatives must have all preservatives drained from the container by laboratory staff. The preservative must be identified. Preservatives shall be treated as chemical wastes and should be removed from the lab following safety procedures.

Plastic Ware, Gloves, and other items that are *not contaminated* with Infectious Materials or only used for media preparation

Disposal Container	On-Campus Treatment	To remove the waste from your lab	Obtaining appropriate waste containers	Comments
Regular trash container	No treatment required	Ordinary trash for routine custodial pick-up	Ordinary trash receptacle, obtained by lab.	Be mindful of heavy objects and long plastic pipettes that may puncture or tear the trash bag.

For “Biohazardous” waste items not identified in any of the charts in this reference, please contact the Environmental Health & Safety Office for guidance at: 667-3035.



- Quantity:** Enter the quantity of waste that is contained in the container. The quantity of waste may be different from the container size if the container is only partially filled.
- Container Size:** Enter the size of the container (such as 5 gallon can, 55 gallon drum, etc.).
- \*Container Type:** Enter a letter code for the type of container holding the waste. "M" for metal container; "G" for glass container; "P" for plastic; "CB" for cardboard; or "CL" for cloth.
- Manufacturer:** Enter the name of the manufacturer of the material that is now being declared a waste.
- Age of Waste:** It is helpful to know the age of a waste when determining how to handle or dispose of it. The age of the waste should be based upon when the material was first purchased or formulated.
- Remarks:** In this area please enter any additional information that may be helpful to the packaging or shipping party. This could include: PH, components of the waste, container integrity, or anything else that may help in the safe handling of the waste.

If you have any questions please contact Amy Thomas at 667-3035. Once Environmental Health, Safety & Emergency Management has received your completed form, you will be contacted regarding collection of your waste.

California State University, Stanislaus

PROTECTION AGAINST HEPATITIS B VIRUS  
DECLINATION/ELECTION FORM

Employee's Name: \_\_\_\_\_

Employee's Classification: \_\_\_\_\_

Employee's Department: \_\_\_\_\_ Extension: \_\_\_\_\_

**ELECTION** (complete check this box ONLY if you choose TO participate in the vaccination program)

I understand that due to my occupational exposure to blood or other potentially infectious materials 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. I CHOOSE TO ACCEPT the hepatitis B vaccination at this time. By electing to have the vaccination, I am also stating that I am not pregnant, nursing or known or suspected to be allergic to the vaccine and are voluntarily choosing to be vaccinated.

**DECLINATION** (complete this section ONLY if you choose NOT to participate in the vaccination program)

I understand that due to my occupational exposure to blood or other potentially infectious materials 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 other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I have already received the vaccination series.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Environmental Health and Safety Representative

\_\_\_\_\_  
Date

Please contact the EH&S Office at 667-3035 with any questions.