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LOCKOUT / TAGOUT
PROGRAM STATEMENT

On September 1, 1989, OSHA issued a final rule on the Control of Hazardous Energy (Lockout/Tagout), 29 C.F.R. 1910.147. This standard, which went into effect January 2, 1990, helps safeguard employees from the unexpected startup of machines and equipment or release of hazardous energy while the employee (s) are performing servicing or maintenance.

The standard identifies the practices and procedures necessary to shut down and lock out or tag out machines and equipment, requires that employees receive training in their role in the lockout/tagout program and mandates that periodic inspections be conducted to maintain or enhance the energy control program.

In the early 1970's, OSHA adopted various lockout-related provisions of the then existing national consensus standards and Federal standards that were developed for specific types of equipment or industries. When the existing standards specify lockout, the new rule supplements these existing standards by requiring the development and utilization of written procedures, the training of employees, and periodic inspections of the use of the procedures.

Lockout is a more reliable means of de-engergizing equipment than tagout and that it should always be the preferred method used. The use of lockout devices will provide a more secure and more effective means of protecting employees from the unexpected release of hazardous energy or startup of machines and equipment.

OSHA estimates that compliance to the requirements of this standard prevents about 122 fatalities, 28,400 workday injuries and 31,900 non-lost workday injuries each year. Adherence to this standard can have a significant impact on worker safety and health in the United States, in particular your district.

Employers and employees in the 25 states that operate OSHA-approved workplace safety and health plans should check with their state agency who may be enforcing standards and procedures that, while at least as effective as federal standards, are not always identical to the federal requirements.

This training manual will assist the trainer in providing information to the employees on the energy control program for the district and its' purpose, the difference between an affected employee and an authorized employee, the responsibility of each type of employee and the type of training required for each type of employee, the types of energy isolating devices used at the district, when retraining is to be done, when periodic Inspections are to be accomplished and by whom, where to locate the district specific Lockout/Tagout Program.

LOCKOUT/TAGOUT WRITTEN PROGRAM

Purpose

The purpose of this program is to establish minimum requirements for the lockout/tagout of energy. It shall be used to ensure that before an employee performs any servicing or maintenance activities where the unexpected energization, start-up or release of any form of stored energy could occur and cause injury, all such potentially hazardous energy shall be isolated and locked out/tagged out. The energy control program includes written energy control procedures, employee training and periodic inspections.

Scope

This program applies to both this district and contract personnel. Contractor's tags and procedures may vary, however, this same level of control must be met by the contractor's program.

The program does not apply to plug-and-cord-type electrical equipment for which exposure to the hazards of unexpected energization, start-up, or the release of stored energy of the equipment is effectively controlled by the unplugging of the equipment from the energy source and by the plug being under the exclusive control of the employee performing the service or maintenance.

Guidelines

A specific, written lockout/tagout (energy control) procedure is written for each type of equipment, machine or vehicle.

Lockout/tagout shall be performed only by authorized employees who are performing service or maintenance.

Whenever replacement or major repair, renovation or modification of a machine, equipment or vehicle is performed and whenever new machines or equipment are installed, energy isolating devices for such machines or equipment will be designed to accept a lockout device.

When only a tagout device is used, the tagout device shall be attached at the same location as the lockout device would have been attached in a position that will be immediately obvious to anyone attempting to operate the machine or equipment. Full employee protection shall include the implementation of additional safety measures such as the removal of an isolating circuit element, blocking of a controlling switch, removal of a valve handle, etc.

The tagout attachment device shall be non-reusable, attachable by hand, self-locking and no less than 50 pounds of unlocking strength and basic characteristics of being at least equivalent to a one-piece nylon cable tie.

Lockout devices and tagout devices will be singularly identified, will be the only device(s) used for controlling energy, will not be used for other purposes and will meet the following requirements:

1. Be durable and capable of withstanding the environment (i.e., not paper);
2. Be standardized in color, shape or size and, for tags, the print and format will be standardized;
3. Lockout/tagout devices will indicate the identity of the employee applying the device (s); and
4. Tags will warn against hazardous conditions if the machine or equipment is energized and includes the legend **Do Not Operate** (see Appendix B).

Specific procedures shall be utilized during shift or personnel changes to ensure continuity of lockout/tagout protection. Only the authorized employee who applied the device may remove the device. The device should only be removed by someone else after verifying that the individual who applied the device is not at the facility. Ensure that the authorized employee has knowledge that the device has been removed before he/she resumes work at the facility.

If more than one authorized employee is performing service or maintenance, each authorized employee who is performing service/maintenance shall place a personal lockout/tagout device before beginning work.

If there is a possibility of re-accumulation of stored energy to a hazardous level, verification of isolation will continue until servicing is complete or until the possibility of accumulation no longer exists.

Periodic Inspection

At least annually, a periodic inspection will be conducted by an authorized employee, other than the one(s) utilizing the energy control procedure being inspected, to insure that the energy control procedures are effective and being complied with. The inspection will be conducted also to correct any deviations or inadequacies identified.

Where lockouts are being utilized for energy control, the periodic inspection will include a review, between the inspector and each authorized employee, of that employee's responsibilities under the energy control procedure being inspected.

Where tagout is being utilized for energy control, the periodic inspection will include a review, between the inspector and each authorized **and** affected employee, of that employee's responsibilities under the energy control procedure being inspected and of the limitations of tags.

Training and Communication

Each authorized employee shall receive training in the recognition of applicable hazardous energy sources, the type and magnitude of the energy available in the workplace and the methods and means necessary for energy isolation and control.

Each affected employee shall be instructed in the purpose and use of the energy control procedure.

All other employees who work in an area where energy control procedures may be utilized shall be instructed in the purpose and use of the energy control procedures.

When tagout systems are used, employees shall also be trained in the following limitations of the tags:

1. Tags are essentially warning devices affixed to energy-isolating devices and do not provide the physical restraint on those devices that is provided by a lock;
2. When a tag is attached to an energy-isolating means, it is not be removed without authorization of the authorized person responsible for it, and it is never to be bypassed, ignored, or otherwise defeated;
3. Tags must be legible and understandable by all authorized employees, affected employees and all other employees whose work operations are or may be in the area, in order to be effective;
4. Tags and their means of attachment must be made of materials which will withstand the environmental conditions encountered in the workplace;
5. Tags may invoke a false sense of security and their meaning needs to be understood as part of the overall energy control program; and
6. Tags must be securely attached to energy-isolating devices so that they cannot be inadvertently or accidently detached during use.

Retraining shall be provided for all authorized and affected employees whenever there is a change in their job functions, a change in machines, equipment or processes that present a new hazard, or when there is a change in the energy control procedures.

Retraining shall also be provided when the periodic inspection indicates inadequacies in the employee's knowledge or use of the energy control procedures.

All training will be documented using the form found in Section of the Control of Hazardous Energy Manual.

It has been determined that the equipment and machinery at a transfer yard do not require specific lockout / tagout procedures because equipment or machinery in need of maintenance and/or repairs are not conducted by onsite personnel. Equipment or machinery is maintained and repaired by third party contractors. However, the need for communication to our employees regarding lockout / tagout is necessary. This communication will be in a training format to educate employees on the principle and implementation of a lockout / tagout program. Training documents will be maintained and conducted as required by applicable federal, state or local rules and regulations.

1.0 Purpose

EXHIBIT CS-9

To assess the physical wellness of an employee prior to the start of employment and on a regular basis throughout their employment.

2.0 Scope

All persons employed by Stericycle, Inc. either as a driver or production worker will be required to:

Initially: submit to a pre-employment drug screen and a pre-placement physical prior to hire. Potential drivers will follow the DOT guidelines for physical exams.

NOTE: All non-operations/transportation applicants shall submit to a pre-employment drug test only.

Annually: update of required immunization, audiogram and respirator evaluation as required by an employee's job task.

Biennially: periodic physical.

3.0 References

OSHA 29 CFR 1910.1020; Access to Employee Exposure and Medical Records
OSHA 29 CFR 1910.95; Occupational Noise Exposure
OSHA 29 CFR 1910.134; Respiratory Protection
Stericycle Respiratory Protection Policy
Stericycle Hearing Conservation Policy

4.0 Definitions

None

5.0 Equipment/Material Requirements

See Section 8.0

6.0 Safety Requirements

None

7.0 PROCEDURES

Pre-Employment

7.1 All potential employees will be required to submit to pre-employment drug testing.

Pre-Placement

7.2 Once the pre-employment drug screen is completed and confirmed negative, an employee will have the following pre-placement tests and inoculations as specified by assigned job task of facility location:

7.2.1 General Wellness Evaluation
7.2.2 Vaccine Tests
7.2.2.1 MMR *
Tetanus *
Hepatitis B Vaccination (3 shot series)
Hepatitis B Surface antibody Screen as deemed necessary by the medical examiner
Hepatitis C antibody
7.2.3 Physical Tests
7.2.3.1 Baseline Audiogram
7.2.3.2 Initial Respirator Physical/Pulmonary Function Test/Chest X-ray**
7.2.4 General Medical Exam/History

* As required by the medical examiner in accordance with an individual's past medical history.

** As required by an employee's job task and medical examiner to clear an employee for respirator use.

NOTE: These tests may vary depending on state requirements and medical recommendations.

7.3 All non-operations/transportation personnel are not required to submit to a Hepatitis B vaccination but do have the option of accepting the immunization.

7.4 An appointment will be made for the prospective employee at the contract hospital/clinic.

The prospective employee must present a picture ID and appropriate forms (Exhibits A-E) to the hospital/clinic for the physical exam.

Annually – applies to operations employees

7.5 An employee will be required to have the following tests:

7.5.1 Audiogram

7.5.2 Review of Respirator User's Medical Status and perform tests as required by the medical examiner to clear an employee for respirator use.

NOTE: Employees must present appropriate forms (Exhibits D-E) to the hospital/clinic for the aforementioned physical tests.

Biennially – applies to drivers and production workers

7.6 Employees will submit for physical.

Termination

7.7 Upon termination of employment, if an individual has been employed at least six months, they will be granted an opportunity for an exit physical.

General

7.8 Employees have a right to their medical surveillance data as allowed under 29 CFR 1910.1020.

7.9 All employee medical records will be retained for length of service plus thirty (30) years after termination of employment in a manner consistent with 29 CFR 1910.1020.

8.0 Exhibits

See Medical Forms

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EXHIBIT CS-10

Drug and Alcohol Policy

Our company has a strong commitment to provide a safe and productive workplace and to establish programs that promote protection of the public we serve.

The use of alcohol, drugs or inhalants can create an unsafe working environment, can result in inefficiency and poor work performance, and can reflect negatively on our company. Based on our commitment to employee and public safety, it is the company's policy to prohibit use, sale, transfer or possession of drugs, alcohol, or inhalants while on company property. The policy also prohibits an employee, while on duty or on company property, from being under the influence of, intoxicated or otherwise impaired by drugs, alcohol, or inhalants.

While the company has no intention of intruding into the private lives of its employees, you are reminded that what you do off-duty may impact the operations of the company. Accordingly, the off-duty use of alcohol or the involvement with drugs may also be cause for disciplinary action, including termination of employment. Anyone whose test is positive for the presence of a prohibited substance will be subject to disciplinary action, up to and including, immediate termination.

Anyone whose alcohol level test is .02 or greater will not be allowed to drive a company vehicle for a minimum of 24 hours. If the level is .04 or greater, the employee will not be allowed to drive until released to return to duty by a company appointed substance abuse professional. Notwithstanding the foregoing, if the alcohol level reaches the state-defined level for intoxication, impairment or under the influence, the employee will be subject to termination of employment. Repeat violations of this policy will subject the employee to further action up to and including termination depending in the reason for the test, alcohol level or number of previous violations.

Any employee who is under a physician's care and is taking medication must advise the company of the nature and effects of the medication and provide a physician's statement verifying it is safe for the employee to work while taking the medication. The Medical Review Officer or laboratory acting as an agent for the company will review test results.

All employees are expected to cooperate in the enforcement of this policy. Because this is a matter of critical importance, employees who refuse to submit to drug or alcohol test or to cooperate with management's investigation of violations of this policy will be terminated.

As an employee, you have the right to expect the company will provide you with a safe workplace and your fellow employees are drug and alcohol free. We strongly urge any employee with a drug and/or alcohol problem to seek assistance before their actions violate company policy. Contact a supervisor or manager or refer to the Employee Assistance Program in your Need to Know handbook for the sources of assistance.

If you have any concerns about other's impairment of fitness for duty, contact a supervisor or manager immediately.

Mike Philpott, District Manager

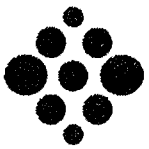
2/26/02
Date

I have read and understand this policy, including the consequences of drug and alcohol positives.

Employee

Date

Stericycle, Inc., PacNW; 20320 80th Ave. S., Kent, WA 98032
Phone (425) 291-9322 Fax (425) 291-9329



EXPOSURE CONTROL PLAN

Transportation

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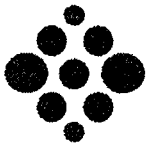


Stericycle®

EXPOSURE CONTROL PLAN

PROGRAM STATEMENT

The Stericycle, Inc. Exposure Control Plan is the oral and written policy relating to the control of infectious disease hazards where employees may be exposed to direct contact with body fluids or other materials capable of sustaining potentially infectious injury. Procedures for the control of exposure to bloodborne pathogens and regulated medical waste are found in the Exposure Control Plan document and are established through district work rules, safety meetings and training programs.

Stericycle, Inc. will apply the concept of Universal Precautions to the management of wastes regulated under the OSHA Standard 29 CFR 1910.1030 and the DOT Hazardous Materials Regulations, 49 CFR 100-185. Since the source of regulated medical waste is generally unknown, it is Stericycle, Inc. policy to handle all liquids and materials contained within the regulated medical waste stream prior to treatment as potentially infectious.

> *The term "Universal Precautions" refers to a system of infectious disease control which assumes that every direct contact with body fluids is infectious and requires every employee exposed to direct contact with body fluids to be protected as though such body fluids were HBV, HIV or HCV infected. Therefore, Universal Precautions are intended to protect workers from parenteral, mucous membrane and non-intact skin exposures to bloodborne pathogens.*

It is Stericycle, Inc. commitment to provide a safe and healthy workplace for all employees.

District Manager's Signature _____ Date _____

This plan will be reviewed annually, every January, and as needed to reflect changes in procedures, policies or work rules. The annual review will be documented and the documentation will be part of the Plan.

Stericycle, Inc. reviewed its corporate Exposure Control Plan April 15, 2001 pursuant to the revisions to the *Bloodborne Pathogens* standard published January 18, 2001. As a medical waste logistics and treatment company, Stericycle does not have control of the types of sharps that may be present in the waste handled by its employees. Therefore the requirement to document consideration of safer medical devices with employee input on our Exposure Control Plan does not appear to be applicable. If a Stericycle location engages in patient-care activities that could involve needles, this plan will be revised to reflect the unique circumstances of that facility.

EXPOSURE CONTROL PLAN

I. DEFINITIONS

For purposes of this Plan, the following definitions shall apply:

Assistant Secretary – means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

Blood – means human blood, human blood components and products made from human blood.

Bloodborne Pathogens – means pathogenic microorganisms that are present in human blood and can cause diseases in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), human immunodeficiency virus (HIV) and hepatitis C virus (HCV).

Contaminated – means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry – means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps – means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes and exposed ends of dental wires.

Decontamination – means the use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

Director – means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

Engineering Controls – means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazards from the workplace.

Exposure Incident – means a specific eye, mouth, other mucous membrane, no-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Handwashing Facilities – means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional – is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) of 29 CFR 1910.1030, Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV – means hepatitis B virus.

HIV – means human immunodeficiency virus.

HCV – means hepatitis C virus.

Needleless Systems – means a device that does not use needles for the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established, the administration of medication or fluids, or any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure – means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials – means (1) the following human body fluids; semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluids in situations where it is difficult or impossible to differentiate between body fluids. 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, HBV or HCV- containing culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV, HBV or HCV.

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

Personal Protective Equipment – is specialized clothing or equipment worn by an employee for protection against a hazard.

Regulated Medical Waste – means liquid or semi-liquid blood or other potentially infectious materials, contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed, items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, contaminated sharps and pathological and microbiological wastes containing blood or other potentially infectious materials.

Sharps with Engineered Sharps Injury Protections – means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual – means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients, clients in institutions for the developmentally disabled, trauma victims, clients of drug and alcohol treatment facilities, residents of hospices and nursing homes, human remains and individuals who donate or sell blood or blood components.

Sterilize – means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions – is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV and other bloodborne pathogens.

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

II. EXPOSURE DETERMINATION

The following are job classifications in which employees have occupational exposure to bloodborne pathogens include, but are not limited to, the following:

- Drivers
- Driver Helpers
- Waste Handlers
- Plant Workers/Laborers
- Autoclave Operators/Incinerator Operators
- Production Supervisors and Foremen
- Maintenance Workers

The following are job classifications in which some employees have occupational exposure to bloodborne pathogens include, but are not limited to, the following:

- Office Personnel
- Managers, including Sales Managers, Accounting Managers, etc.
- Administrators
- Sales Personnel to include the sales staff
- Dispatch

Tasks and procedures in which the potential for exposure to bloodborne pathogens exists include all employees trained in first aid and CPR as members of the Medical First Responder Team and any employee performing the tasks where a hazard or potential hazard exists.

The above exposure determinations were made without regard to the use of personal protective equipment.

III. METHODS OF COMPLIANCE

1. Engineering and Work Practice Controls

a. Engineering Controls

Engineering controls shall be used to eliminate or minimize employee exposure whenever possible. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

Engineering controls will be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

The types of engineering controls used at this facility include the use of hand dollies, puncture-resistant and leak-resistant containers, carts and automated material handling systems.

b. Work Practice Controls

Work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

1) Personal Hygiene

The following personal hygiene safety procedures are part of standard operating procedures:

a) Handwashing with soap and water is encouraged on a frequent basis as the most effective means of limiting contact with infectious material.

b) Handwashing is required immediately, or as soon as possible, after removal of gloves or other personal protective equipment. Drivers and driver helpers must carry and use disposable wipes or a hand sanitizer and use client hand washing facilities as often as possible, especially before eating, drinking, smoking or using restroom facilities.

c) Employees are required to immediately cleanse any area of the body that has come in direct contact with untreated regulated medical waste.

d) Facility workers, maintenance personnel and drivers (where appropriate) must shower after their respective shifts.

e) Employees are required to wear safety, steel-toed work boots and a clean, company provided uniform for each shift. Both the boots and the uniform must be left at the facility before leaving for the day.

f) The storage, handling and consumption of food, drinks, tobacco products, as well as the application of cosmetics or lip balm, handling or wearing contact lenses, etc. is prohibited in all work areas where there is a potential of occupational exposure.

g) Food and drink will not be kept on shelves, cabinets or on countertops or bench tops where blood and other potentially infectious materials are present.

2) Safe Waste Handling Procedures

a) Proper waste packaging by the customer provides the best protection from exposure to medical waste.

b) Assure that customers use only closable, puncture-resistant, red or labeled sharps containers that are leak-proof on the sides and bottom.

c) Assure that customers place other regulated waste in containers that are closable, red and/or labeled and prevent leakage.

d) Prior to acceptance, examine each container to assure proper packaging and labeling.

e) Leaking containers or improperly packaged sharps shall not be accepted unless repackaged or over-packed in a secondary container that meets the standards listed above.

f) Refused containers must be labeled and marked to indicate reason for refusal. Report incidents of improper packaging to the customer and supervisor using proper documentation.

g) If leakage or breakage occurs during transportation or at the facility, place container in a plastic bag or secondary container to prevent leakage or treat immediately.

h) Use Universal Precautions – assume all untreated regulated medical waste is potentially infectious.

i) Proper waste packaging by the generator provides the best protection from exposure to untreated medical waste.

(1) Generators will use only closable, puncture-resistant sharps containers that are leak-proof on the sides and bottom, labeled and color coded in accordance with 29 CFR 1910.1030

j) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.

k) Proper lifting techniques will be used when handling waste containers. Utilize loading equipment, i.e., hand truck, dollies, etc.

l) Brace and block all loads to prevent shifting and spillage of waste. Stack waste containers in up-right position.

m) Non-operations employees will not handle the waste. Prior to performing the tasks, they must meet the requirements of operations personnel.

n) Equipment which has been contaminated with blood or other potentially infectious materials will be examined prior to servicing and will be decontaminated as necessary.

2. Personal Protective Equipment (PPE)

a. Basic PPE for medical waste drivers and operations employees include safety toe, hard soled shoes or water resistant steel toed work boots and gloves that provide resistance to puncture by sharps. See Appendix G for specific personal protective equipment requirements for tasks performed in medical waste operations.

b. A face shield (chin length) is required when the potential exists for splashes to the mucous membranes of regulated medical waste liquids such as when handling waste above the shoulder or when handling an improperly packaged, leaking container.

c. Fluid-resistant aprons are to be used when exposure to liquids could be anticipated to soak through the uniform. If the uniform or apron become soiled or are soaked through, they are to be removed immediately and replaced with a clean backup uniform or apron.

d. PPE will be readily available in the appropriate sizes at the worksite and will be issued to the employee. All PPE shall be removed prior to leaving the work area or if visibly contaminated. PPE must be inspected, cleaned and routinely replaced to maintain its effectiveness. Employees will be responsible for proper inspection, storage, decontamination, disposal and request for replacement of PPE. The company will provide the PPE and replacements as well as training in use and maintenance of the PPE.

e. Gloves will be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes and non-intact skin and when handling or touching contaminated items or surfaces.

1) Disposable 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.

2) Puncture-resistant gloves will be discarded if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

3. Housekeeping

a. Tools and other small equipment that have come into contact with regulated medical waste shall be decontaminated daily. Visible contamination shall be removed from the tools and disposed of as regulated medical waste. The tools or equipment shall be thoroughly sprayed with a disinfectant solution that is registered as a hospital disinfectant with the EPA.

b. Floors and work surfaces will be cleaned at the end of each shift and kept free of clutter and visible contamination throughout the day.

c. Reusable containers will be decontaminated prior to their return to the generator. There will be no visible contamination or liquid left in the containers when finished. It is the processing facility's responsibility to insure the correct federal and state labels/markings are on each reusable container prior to the container being sent back to the generator.

d. Interior cargo areas of vehicles must be decontaminated whenever the area is visibly soiled with medical waste or more often if required by state or local law or permit restrictions.

4. Laundry

a. All work clothing for operations personnel and drivers shall be provided by the Company and laundered according to procedures.

b. The form letter found in Appendix A will be used to notify the contract laundering facility of potential hazards and the need to prevent occupational exposure during handling or sorting. Personnel from the laundering service will be trained on the potential hazards associated with the laundry.

IV. OCCUPATIONAL HEALTH PROGRAM

The Occupational Health Program begins with environmental monitoring, safety training and medical monitoring of employees in the operations area. It starts with the pre-placement physical examination described in this section and continues for the duration of employment. The physical examination and immunization programs are administered by a District-appointed clinic using the procedures and forms provided by the Stericycle Corporate Office.

For an effective Medical Surveillance Program, a good, working relationship must be established with the clinic and the clinic personnel.

1. Physician/Clinic Requirements

   a. Physician must be licensed to operate within their particular state.

   b. The clinic must be equipped to do thorough examinations according to specified examination requirements.

   c. The physician/licensed health care professional must be familiar with ADA, DOT and OSHA regulations and requirements.

   d. Have certified or trained technician(s)/nurse(s) to perform audiometry, spirometry and vision testing.

   e. Transmit reports on supplied forms and consult with Corporate Medical Officer with free and open exchange of information.

   f. Clinic hours should be compatible with the District's needs for medical coverage. In emergencies, an alternative facility is acceptable.

   g. The laboratory used must have a license and accreditation from the Health Care Financing Administration (HCFA).

   h. The clinic's emergency response requirements are as follows:

      1) Equipped to handle minor trauma cases.

      2) Equipped to decontaminate eyes or skin.

      3) Facilitate handling oxygen therapy.

      4) Be familiar with medical management for chemical exposures and bloodborne pathogens exposures.

2. District Requirements

   a. The District shall ensure that the health care professional responsible for the employee's Hepatitis B vaccination is provided a copy of OSHA 29 CFR 1910.1030 – Occupational Exposure to Bloodborne Pathogens.

   b. The District will ensure that the health care professional responsible for the evaluation of an employee after an exposure incident is provided the following information:

      1) A copy of the bloodborne pathogens standard.

2) A description of the exposed employee's duties as they relate to the exposure incident. See Appendix B.

3) Documentation of the route (s) of exposure and circumstances under which the exposure occurred. See Appendix C.

4) Results of the source individual's blood testing, if available.

5) All medical records relevant to the appropriate treatment of the employee, including vaccination status that are the employer's responsibility to maintain. The clinic should already have these records.

c. The District shall establish and maintain accurate records for each employee with occupational exposure, in accordance with 29 CFR 1910.1020 and/or state or local requirements. This record shall be maintained by the treating physician and the Corporate Medical Officer (or equivalent). The record shall include:

1) The name and social security number of the employee.

2) A record of the employee's hepatitis B vaccination status to include the dates of all hepatitis B vaccinations and titer. Any medical records relative to the employee's ability to receive vaccination. Records of all results of examinations, medical testing and follow-up procedures.

3) A copy of the health care professional's written opinion. This written opinion shall be sent to the location within 15 days of the completion of the evaluation. The location will insure the employee receives a copy of the written opinion. See Appendix D.

4) Authorization for Release of Results of Blood Tests. See Appendix E.

5) A copy of the information provided to the health care professional listed in IV. 2. b. 5 listed above.

d. The District shall insure that the employee medical records are:

1) Kept confidential.

2) Are 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.

3) Maintained for the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

3. Vaccination/Immunization Program

a. The hepatitis B vaccination will be provided at no cost to all employees within the job classification in which employees have or may have occupational exposure to bloodborne pathogens. Have employee go to the designated clinic during work hours to allow for reasonable access. An employee must begin the three (3) shot vaccine series within ten (10) days of initial assignment.

b. The hepatitis B vaccination shall be made available to the employee. The employee shall receive training on information regarding the hepatitis B vaccine including information in

its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine and vaccination will be offered free of charge. Vaccinations are given according to recommendations for standard medical practice.

c. If an employee declines to be vaccinated, the hepatitis B Vaccine Declination and hepatitis C declination form must be signed and the employee must understand the risks of hepatitis B infection as explained by a physician. See Appendix F.

d. The District may offer the vaccine to all other employees regardless of exposure potential as a benefit and a public health measure.

e. The hepatitis B vaccine schedule is as follows:

1) First injection – within ten days of initial assignment into a position with potential for exposure.

2) Second injection – one month following first injection.

3) Third injection – six months following first injection.

4) Booster injection – upon recommendation of the U.S. Public Health Service.

5) Titer – blood test to check immunity and test for antibodies to hepatitis B surface antigens 2 months after third injection.

Injections are to be given in the upper arm muscle (deltoid)using a Hepatitis B recombinant vaccine unless otherwise specified by a physician.

f. Hepatitis C screening schedule is as follows:

1) Within ten days of initial assignment into a position with potential for exposure.

2) Performed at the employee's biennial physical.

g. Tetanus diphtheria (Td) primary series

1) If an employee has never had a full primary series of Td injections as a child, the following steps should be followed:

a) First injection – immediately

b) Second injection – two months following first injection.

c) Third injection – six to twelve months following first injection.

d) Booster injection – every 5 – 7 years.

4. Exposure protocol for bloodborne pathogens

a. See Appendix G.

b. If the occupational exposure to bloodborne pathogens was the result of a needlestick (untreated) and/or other sharps injury, the injury will be recorded on the Sharps Injury Log. See Appendix H.

c. Note: Sharps which have been treated are not considered to be contaminated. Untreated sharps in Stericycle's waste stream are assumed to be contaminated.

d. Incidents that occurred between April 18, 2001 to December 31, 2001 are recorded on the Sharps Injury Log. Effective January 1, 2002 (or whenever the OSHA 300 log is implemented, including adoption at the state level), such cases must be recorded on the Log of Work-Related Injuries and Illnesses (OSHA form 300). Note that these cases will be recorded as a 'privacy case" on the 300 log, with the separate entry on the Privacy Concern Case Log. That is, once the OSHA 300 Log is used, sharps injuries must be recorded there, a separate Sharps Injury Log is no longer required, and a related requirement to maintain a Privacy Concern Case Log takes effect. Confidentiality of the injured employee must be preserved for all sharps injuries.

5. Informing the workforce

a. Employees have the right to access their personal medical information and exposure data.

b. Employees will be informed of steps being taken to reduce the possibility of exposure.

c. Employees will be required to read and sign the Annual Notification of Employee Rights to Access Safety and Health Exposure and Medical Records. See Appendix I.

d. The physician is responsible for conveying the findings of medical examination to the employee.

e. Employees will be informed of what will be done with their personal medical information.

1) Corporate Medical Officer receives the complete file produced during the examination.

2) The location receives a summary as it relates to the employee's ability to perform the job.

V. COMMUNICATION OF HAZARDS TO EMPLOYEES

Employees will be advised of the dangers of regulated medical waste which they forseeably may encounter in the course of their duties.

1. Regulated medical waste disposal, tags, labels and liners

    a. All regulated medical waste accepted for transport by this location shall be properly packaged and marked in accordance with applicable federal and state regulations.

2. Training and education of employees

    a. All employees with the potential for exposure to blood or other potentially infectious materials will participate in a training and education program. Training shall be provided as follows:

        1) At the time of initial assignment to tasks where occupational exposure may exist.

        2) At least annually thereafter.

        3) The District shall provide additional training when changes such as modification of tasks or institution of new tasks that affect the employee's occupational exposure or the employee changes job functions.

    b. The training and education program contains the following elements:

        1) An accessible copy of the regulatory text of the standard and an explanation of its contents.

        2) A general explanation of the epidemiology and symptoms of bloodborne diseases.

        3) An explanation of the modes of transmission of bloodborne pathogens.

        4) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written program.

        5) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to regulated medical waste, blood and other potentially infectious materials.

        6) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment.

        7) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.

        8) An explanation of the basis for selection of personal protective equipment.

9) Information on the hepatitis B vaccine, including information on it ability to produce immunity, safety, method of administration, the benefits of being vaccinated and that the vaccine and vaccination will be offered free of charge.

10) Information on the appropriate actions to take and persons to contact in an emergency involving regulated medical waste, blood or other potentially infectious materials.

11) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.

12) Information on the post-exposure evaluation and follow-up that will be administered.

13) An explanation of the signs and labels and/or color coding required by federal and state regulations.

14) An opportunity for interactive questions and answers with the person conducting the training session.

c. Training records shall include the following information:

1) The dates of the training sessions.

2) The contents or a summary of the training sessions.

3) The names and qualifications of persons conducting the training sessions.

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

5) Training records shall be maintained for the length of employment plus ninety (90) days.

Stericycle®

APPENDIX A

January 5, 2002

Aramark
PO Box 718
Kent, WA 98035-0718

Re: Account #: 14431001
1320400

Customer #: 13204001
13204002

Dear Sir and/or Madam:

As you know, Stericycle, Inc. located in Woodinville, WA and Kent, WA uses your facility for the laundering of uniforms and/or coveralls worn by its employees. Some of these employees are engaged in regulated medical waste disposal activities. Therefore, this location has a duty to inform you of the requirements set forth by OSHA which require laundering and handling of contaminated clothing or potentially contaminated clothing be done in a manner so as to prevent exposure to bloodborne pathogens.

This location does not believe, and has no reason to suspect, that the clothing that are sent to your laundry for cleaning are contaminated with the above referenced substances unless they have been appropriately identified.

If you have any questions, or if I can be of any assistance to you, please do not hesitate to contact me at 425-291-9322.

Thank you,

Chris Stromerson
Area Manager Environmental Safety & Health

APPENDIX B

JOB DESCRIPTIONS

Trailer/Unloader:

Task: To orderly and safely unload trailers, lifting sealed plastic containers and boxes containing Infectious medical Waste, placing the containers on a hand truck and transporting to a powered conveyor. Housekeeping in wash area and sanitizing trailers also part of task. Spill clean up.

Feed System Operator:

Task: To orderly and safely weigh the containers of infectious medical waste, remove the Steri•Tub lid and dump the container and the enclosed 'red bags', boxes or sharps containers into the processing system.

Press Operator:

Task: Operate unit that compacts the contaminated waste into processing tubs, place lids on loaded tubs, steam cleaning of processing room, housekeeping, helps with equipment maintenance.

R/F Operator:

Task: Operate unit that heats the contaminated waste to a sterilizing temperature, monitor processing time and temperature requirements and operate forklift.

Compactor/Baler Operator:

Task: Operate unit that bales or compacts the treated waste after processing, maintaining records of same and tub maintenance.

Steri•Tub Wash Operator:

Task: To sanitize and wash all Steri•Tubs after the contaminated waste has been removed. Tub maintenance, proper labeling and reloading clean tubs onto trailer. Spill clean up.

Quality Control

Task: To check the quality of the reusable tubs including removing labels.

Operations Manager:

Task: Fully responsible for all aspects of managing plant operation. The Operations Manager may be called upon to relieve various positions in the plant.

Office Staff

Task: Receives clients or customers coming to the plant and directs them to the appropriate department. Performs routine clerical and typing duties.

Maintenance:

Task: Performs work involving all aspects of maintenance including electrical and mechanical. May be called upon to relieve various positions in the plant.

Shift Supervisor:

Task: Supervises employees in the processing operations, does required paperwork and may be called upon to relieve various positions in the plant. Inspects containers in processing room when there is a possible exception waste.

Driver:

Task: Transports medical waste to Stericycle facility(s) after loading from customer facilities into specified vehicles/trailers. The loading process involves the use of a hand truck and possible physical handling of medical waste containers. May be involved in emergency response situations.

Warehouse:

Task: Performs work involving all aspects of warehouse maintenance including inventory control, organization of product (i.e. containers, cleaners, paperwork, etc.), vehicle loading and unloading and other such duties that enable to warehouse to function smoothly.

APPENDIX C

Stericycle Post Exposure Protocol

Employee or Applicant to Complete:

Name: _____ SSN ___/__/____

Home Address: _____ _____
(Street Address) (City, State, Zip)

Home Phone (___) ___-____ Work Phone (___) ___-____

Job Title_____ Date of Birth: _____

~~~~~~~~~~ Authorization to Release Medical Information and Conduct Testing ~~~~~~~~~~

I hereby authorize the Healthcare Provider listed below to release the results of exposure follow up to Stericycle, Inc. or its designated medical professionals. This includes TrueNorth and may include customers requiring proof of immunizations for employee access to their facilities. I understand that my medical information will be handled in a professional manner, which will protect my privacy rights. Though Stericycle and TrueNorth have implemented procedures to insure protection of medical records, employment and injury related medical records are not covered as protected health information under the privacy act known as HIPAA.

I authorize follow up procedures related to: ❒ Hepatitis B ❒ Hepatitis C ❒ HIV ❒ Tetanus

Employee Signature: _____ Date: _____

Stericycle Representative to Complete both Location and Clinic Information:

Stericycle Information:

Stericycle Location Name: _____ Location Code (6 digit): _____

Stericycle Address: _____ _____
(Street Address) (City, State, Zip)

Stericycle Representative: _____ Email Address:_____
Representative Phone (___) ___-____ FAX (___) ___-____

Note: Attach Injury Report and Hepatitis B Record to this form.

Clinic Information:

Healthcare Provider Name: (required) _____
Healthcare Provider Title: _____

Clinic Name: _____
Clinic Address: _____ _____
(Street Address) (City, State, Zip)

Account Contact: _____ Email Address: _____

Clinic Phone (___) ___-____ FAX (___) ___-____

Appointment Date & Time_____

APPENDIX C

Post Exposure Protocol

Name: Last	First	MI	Social Security Number:	Date:

Incident Description: Date of Exposure: _____ Date of Evaluation: _____
Job tasks at the time of exposure: _____
Route of Exposure: ❒ Needlestick, puncture or laceration
❒ Body fluid contact with mucous membranes (eye, nose mouth)
❒ Body fluid contact with non intact skin (breaks, cuts, sores, rashes, acne, etc.)
Contact was with treated needle or waste: ❒ Yes ❒ No
Significance of Exposure, if known (bore of needle, depth of puncture, visible blood, volume of fluid, length of time before first aid administered): _____
_____

❒ Yes ❒ No Does the clinic or healthcare professional have access to a copy of OSHA 29 CFR 1910.1030 Bloodborne Pathogens Standard?

Follow Up Steps

Event	Schedule	Actual Date	Results
Hepatitis C	Past Record		
	Now		
	At 6 months		
	At 9 months		
HIV	Now		
	At 6 months		
HBsAb	Past Record		
	Now		
	1 month after last vaccination dose		
Hepatitis B Vaccination	Now		
	At 1 month		
	At 6 months		
CBC and Chem 20	Now		
	At 9 months		

If past Hepatitis C test is positive no retesting is necessary. If incident baseline for HIV is positive no retesting is necessary. If past Hepatitis B surface antibody levels indicates immunity to Hepatitis B no further testing or vaccination is necessary (see attached Hepatitis B Record).

❒ Yes ❒ No Is Hepatitis B Vaccination indicated? If yes, use the Hepatitis B Record to track.
❒ Yes ❒ No Based on incident description is Post Exposure Prophylaxis (PEP) required? This is an individual decision between healthcare professional and employee. If yes, a common protocol includes a 2 drug regimen to begin immediately. Acceptable regimens include:

- AZT (300 mgs PO BID) plus Lamivudine (150 mgs PO BID) x 4 weeks or
- Lamivudine (150 mgs PO BID) plus Stavudine (40 mgs PO BID) x 4 weeks or
- DDI (400 mgs PO q day) plus Stavudine (40 mgs PO 40 PO BID) x 4 weeks.

Note: Determine pregnancy status prior to initiating PEP. If PEP is prescribed, follow up for side effects at 72 hours and every 2 weeks until completed.

❒ Yes ❒ No Has employee been counseled on medical conditions resulting from exposure, which may require further evaluation or treatment?
❒ Yes ❒ No Has clinic contacted Stericycle Needlestick Hotline **800.770.9206.**

Name of healthcare provider: _____ Signature: _____
Title: _____ Phone: _____ Date: _____

APPENDIX C

Employee Notification of Exposure Follow Up

To be completed by Employee:

Name: _____ SSN ___/__/____

Home Address: _____ _____
(Street Address) (City, State, Zip)

Home Phone (___) ___-____ Work Phone (___) ___-____

Best Time to call: _____ Job Title _____

To be completed by Healthcare Provider following a bloodborne pathogens exposure follow up:

- ☐ All testing and follow up is complete.
- ☐ Additional follow up is required as listed: _____

_____

_____

Medical Results:

- ☐ Hepatitis B status: _____
- ☐ Hepatitis C status: _____
- ☐ HIV status: _____
- ☐ Tetanus status: _____
- ☐ Post Exposure Prophylaxis (medications): _____

Recommendations:

_____

_____

_____

Healthcare provider name: _____ Phone number: _____
Healthcare provider signature _____ Date _____

APPENDIX D

Stericycle Hepatitis B Record

Name: Last First MI	Social Security Number:	Date:

Sex: ❒ Male ❒ Female	Birth Date:	Height:	Weight:	Smoker? ❒ Yes ❒ No

Job Title:	Stericycle Location:	Location Code (6 digit):

Hepatitis B Vaccination Authorization or Declination

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 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 request the Hepatitis B vaccination be administered.**

❒ **I decline the Hepatitis B vaccine at this time.**

❒ **I request a blood test to see if I am already immune to Hepatitis B.**

Employee signature_____ Date_____

1st Series Vaccination	Date Given	Injection Site	Administered By
Hep B Dose #1			
Hep B Dose #2			
Hep B Dose #3			

Hepatitis B Surface Antibody (HBsAb) to Confirm Immunity		
Date	Result	Interpretation
		❒ Immune ❒ Equivocal ❒ Non Immune
Signature of person interpreting report: _____ Attach Report		

Revaccination	Date Given	Injection Site	Administered By
Hep B Dose #1			
Hep B Dose #2			
Hep B Dose #3			

Hepatitis B Surface Antibody (HBsAb) to Confirm Immunity		
Date	Result	Interpretation
		❒ Immune ❒ Equivocal ❒ Non Immune
Signature of person interpreting report: _____ Attach Report		
❒ **This individual is a Non Responder to the Hepatitis B vaccine.** Signature of person interpreting results: _____		

Instructions: The goal is to obtain proof of HBV immunity through a positive Hepatitis B surface antibody blood test (HBsAb). Most lab reference ranges consider ≥ 10 mIU/ml to be positive.

Vaccination schedule: Initial dose, second dose 1 month later, third dose 5 months after 2nd, HBsAb 1 month after 3rd dose.

Negative HBsAb: If HBsAb is not positive provide a single dose of vaccine and repeat HBsAb 1 month later. If the test remains negative complete the second series using the schedule above and repeat the HBsAb.

Non Responder Status: If it is determined that the individual is a non responder to the vaccine sign the statement on this form. Consider the following factors in this determination and note that the individual must be protected from HBV should a subsequent exposure to blood occur.

a. Vaccine given on schedule?
b. All injections in the deltoid muscle?
c. Is the individual overweight or highly muscular – perhaps requiring larger doses for effectiveness?
d. Are there conditions that may impair immune response: smoking, current viral illness, liver disease, Hepatitis B carrier state?

APPENDIX E

Exposure Protocol for Bloodborne Pathogens

Definition:	**Exposure** is defined as contact with blood, human blood products or body fluids. **Contact** includes needlestick/puncture wound injuries from untreated sharp, mucous membrane (eye, nose or mouth) exposure, or non-intact skin contamination. **If Needlestick from Veterinarian's Office:** No need to follow exposure protocol; If source veterinarian known, contact to see if any animals recently treated for rabies; Assess emplyee's Tetanus Diptheria (td) booster; give booster if > 5 years Clean wound with soap and water, then apply antiseptic or antimicrobial (e.g., hydrogen peroxide or Neosporin); Watch for site infection - if redness and/or swelling occurs, send to clinic - M.D. may prescribe antibiotic medication.
Treated Needle or Other Exposure (after autoclave or incinerator treatment):	**First Aid** Clean wound with soap and water, followed by use of an antiseptic or antimicrobial skin agent, such as hydrogen peroxide or alcohol. No further treatment needed.
Source Individual:	**Definition:** The person who was the source of the needle, blood, or body fluid exposure. When known, get consent to obtain blood testing for Hepatitis and HIV; If tests performed and results are negative, no further treatment is necessary; If test are refused, follow Exposure Protocol; If either test positive, follow appropriate guidelines in Protocol for specific disease.
Untreated Needle, (wound) Mucous Membrane or Non-Intact Exposure of Unknown Source:	**First Aid** Clean wound with soap and water, followed by use of an antiseptic or antimicrobial skin agent, such as hydrogen peroxide or alcohol; Fear of Aids can have a significant psychological impact on the employee and his/her family. All involved must be especially sensitive to the employee's concerns. Counseling should be initiated prior to HIV testing and be continued as needed throughout the testing period. Counseling serves the purpose of support and reassurance and of preventing possible transmission during the follow-up period. The first 6 - 12 weeks after an exposure is when most infected persons are expected to become positive for the HIV virus.
U.S. Public Health Service Counseling Recommendations	Hepatitis B and HIV are transmitted in the same manner and precautions are the same. Note: Rate of transmission of HIV from a needlestick exposure to blood placed in the waste stream from an unknown source is extremely low. In fresh, warm blood (which is not the case in the waste stream), the concentration of the AIDS virus is significantly lower than the concentration of Hepatitis B virus in blood from infected persons. Most individuals who become infected with the AIDS virus have changes in their blood tests in 6 - 12 weeks following exposure. 96% of those truly infected with the virus will show HIV positive by six months. To protect others the following recommendations should be given to employees by the treating physician to follow during the test period. Explain that potential risk is extremely low. Refrain from giving blood donations.

	Use appropriate protection during sexual intercourse. Advise employee to report and seek medical evaluation for any acute febrile illness that occurs within twelve (12) weeks after exposure. Reports will be handled **confidentially.** Keep reports on file with the employee's medical records at the physician's or clinic's office.
Procedures:	Draw blood for HIV antibody testing. Do ELISA test; if reactive, perform Western Blot to confirm ELISA test results. Repeat blood test schedule for HIV: 6 weeks after exposure; 12 weeks after exposure; 6 months after exposure; set appointment dates for follow up blood tests If employee has documented Hepatitis B immunity from Hepatitis B vaccine series or from prior illness there is no need to give Hepatitis B vaccine or Hepatitis B Immune Globulin (HBIG). If employee has not had Hepatitis B vaccine series or known immunity to Hepatitis B then draw blood to check immunity; ask for antibodies to Hepatitis B surface antigen. If the report on immunity is: Positive (person is immune) - There is no need to give vaccine or HBIG. Negative (has no immunity) - Start Hepatitis B vaccine series using Hepatitis B vaccine Recombinant by Merck, Sharp & Dohme (10mcg {1 ml} per dose)
Procedures: (cont'd)	Initiate first dose vaccine as soon as possible Second injection one (1) month after first injection Third injection six (6) months after first injection No booster dose needed Two to three months after the completed vaccine series, draw blood to check immunity; ask for antibody to Hepatitis B surface antigen. **IMPORTANT: Give Hepatitis B Vaccine Injections in DELTOID MUSCLE** If titer test does not show immunity, repeat the entire Hepatitis B vaccine series using the above schedule. Testing for immunity following vaccination series is recommended for persons in whom suboptimal response to the vaccine is anticipated. Give the Hepatitis B Immune Globulin (HBIG) An effective passive immunity against Hepatitis B Initiate HBIG injection as soon as possible or at least within 7 days Give injection intramuscularly in gluteal region Can give HBIG and Hepatitis B vaccine at the same time, but not in the same site; administration does not appear to interfere with antibody response to Hepatitis B vaccine and will increase efficacy to about 94% Give single intramuscular dose of 0.06 ml/kg

	Upon completion of the medical examination and testing, the physician will provide his evaluation. The employee will be counseled and informed of the results. The physician will use and complete the Exposure Incident Evaluation and Follow-up Form and Physician's Assessment of Exposure Form. The physician will mail the Physician's Assessment of Exposure Form, completed, to the district and to the employee. The physician will keep the Exposure Incident Evaluation and Follow-up Form and all other medical findings or diagnoses in the employee's medical file kept at the physician's office or clinic where it will remain confidential. For notification to Worker's Compensation, the physician/clinic may have the employee sign a release form authorizing HIV antibody results released to the person or agent who needs to know.
Possible Problems for Nonresponse to Vaccine:	Reasons Hepatitis B Vaccine may not produce desired immunity in an individual: Injections given in buttock site. Injections not given on schedule. Illness at the time of injection, especially a viral infection, or on antibiotic or steroid drug. Person overweight - not sufficient dosage given. Malnutrition (it affects the immune system) Persons over 40 years of age statistically have higher rate of nonresponders, especially males. Smokers.
Serious Adverse Events:	Any adverse event suspected with the Hepatitis B vaccination should be reported to the **Vaccine Adverse Event Reporting System (VAERS).** VAERS forms can be obtained by calling: **1-800-822-7967**

APPENDIX F

ANNUAL NOTIFICATION OF EMPLOYEE RIGHTS TO ACCESS SAFETY AND HEALTH EXPOSURE AND MEDICAL RECORDS

Upon entering the company, and on an annual basis, you will be informed of your rights to access safety and health exposure and medical records.

A request to obtain exposure or medical records should be in writing. Upon request, a copy of the record will be provided within 15 working days. You may obtain a copy of your medical results from the clinic that performed the physical examination.

You, or someone whom you designated to receive confidential information, have the right to access records that are relevant to you.

Employee exposure records contain any of the following information:

- Environmental workplace monitoring or measuring of a toxic substance or harmful physical agent
- Biological monitoring results that directly measure toxic substances or harmful agents in the body
- Material safety data sheets indicating that the chemical product may pose a hazard to human health
- Chemical inventories

Employee medical records concern the health status of an employee. They include your individual:

- Medical questionnaires or histories, job description, and occupational exposures
- Results of medical examinations (pre-placement, periodic, DOT) and the laboratory tests
- First aid records
- Medical opinions, diagnoses, progress notes, recommendations, treatments, and prescriptions
- Employee medical complaints
- Group insurance records

I understand that I have the right to examine and copy my personal medical information. I also have access to data from industrial hygiene monitoring conducted for my position. I will receive this information within 15 working days from my written request. I have the opportunity to discuss with the doctor the results of any physical examination performed, or any exposure records with the AMESH for this district. I agree to submit to an update and/or exit physical examination if one should be requested. I understand screening for drug and alcohol usage may also be requested.

_____	_____	_____
Signature of Applicant/Employee	Social Security Number	Date

Stericycle, Inc. - Minimum Personal Protective Equipment Requirements

Job Title	Imperv. Work Gloves	Imperv. Gloves	Punct. Resist. Gloves	Safety Glasses/ Goggles	Faceshield	Imperv. Apron	Prot. Sleeves	Prot. Suit	Safety Boots	Safety Harness	Ear Plugs[4]	Dust/Mist Mask[7]	Air-Line Respirator or Hood[7, 8]	Hardhat
Truck Unloader	X			X		X	X		X		X	X		
Feed Oper.	X		X[2]	X[3]	X	X	X		X	X	X[5]	X		
RF Oper.	X			X					X		X	X		
Baler/Dumper	X			X					X		X	X		
Grinder Oper.	X				X			X	X		X	X		X
Autoclave Oper.	X			X		X	X		X		X	X		
Press Oper.	X		X[2]					X	X		X[5]		X	
Tub Washer		X		X[3]	X	X			X		X	X		
Wash Tub Quality Control	X[1]			X					X		X	X		
Supervision[9]				X					X		X	X		
Maintenance[9]				X					X		X	X		
Drivers	X								X					
Operator	X[1]			X					X			X		
Assistant Oper.	X			X					X			X		
Sanitarian[9]				X					X					

1 Wash Tub Quality Control employee may wear a glove of choice (includes surgical gloves); Operator may wear impervious surgical gloves
2 Puncture resistant gloves must be worn, over impervious latex gloves, by all employees working in the processing containment area (i.e. clearing the system)
3 Safety glasses/goggles are optional for the Feed Operator and Tub Washer
4 Refer to Stericycle's Hearing Conservation Policy
5 Hearing protection may be achieved through radio headsets
6 Drivers must wear earplugs in the plant during production
7 Refer to Stericycle's Respiratory Protection Policy
8 Negative pressure HEPA filtered respirators may be worn in the processing area, AFTER it has been completely cleaned and disinfected
9 Employees must wear appropriate protective equipment in accordance with each job performed and each specific site

NOTE: Back supports are recommended but not required and are optional to all plant employees
All Uniforms/PPE shall be changed on a daily basis and shall remain on-site
All PPE must be left in Plant/Lockers as appropriate
* Visitors/others must wear safety glasses/goggles, laboratory coat, and hearing protection during plant production

Stericycle®

CERTIFIED PACKING GROUP II CONTAINER INFORMATION SHEET

Container Specifications

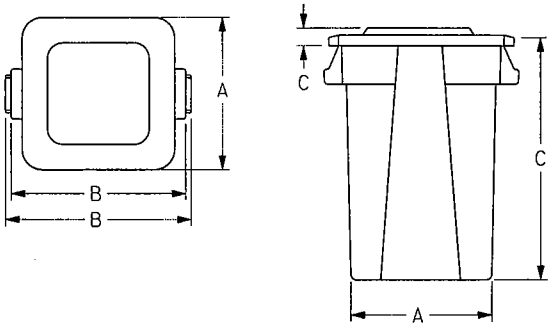
Container Manufacturer: Rubbermaid
3124 Valley Avenue
Winchester, Virginia 22601

Container Type/Style: Square Plastic Reusable Container
Snap Fit Cover
Inner Packaging

Outside Dimensions: 23 ¾ x 23 ¾" x 28 7/8"

Approximate Volume: 40 gallons; 5.3 ft^3

Biotrack Container Code: TB05



Certification Information

The above-referenced container has been tested in accordance with 49 CFR 173.197, which stipulates that regulated medical waste must be packaged in containers that conform to the requirements of Subpart M (49 CFR 178.600) at the Packing Group II performance level. The container satisfactorily passed the required drop test, stacking test and vibration test; therefore, this container design has been certified as capable to withstand the prescribed performance tests at the Packing Group II level.

Certifying Agency: Wyle Laboratories; Huntsville, Alabama 35807

Certification Date: April 14, 1999

UN Designation No.: 1H2 / Y 37 / S / 99 / USA / +AC1419

Test Level: Packing Group II

Test Report No.: 42326.27-04 +AC1419

Packaging Information

In order to maintain compliance with DOT regulations, this container must be used at all times in the same manner in which the certification test was conducted. Therefore, the following section describes the packaging requirements and limitations imposed on this container.

Inner Packaging Specs.: One (1) red plastic LLDPE bag with a minimum thickness of 1.5-mil, or equivalent, meeting ASTM D 1709-97 (Free-falling Dart Test) and ASTM D 1922-94a (Tear Resistance Test)

Closure: Top of inner package must be closed by twisting and tying in a single knot. Top lid of container must be snapped in place.

Maximum Gross Weight: 37 kg (81 lbs.), including waste and container

Marking: 1H2 / Y 37 / S / 99 / USA / +AC1419

If you have any questions, please contact your Stericycle Marketing & Sales Representative.

Stericycle®

CERTIFIED PACKING GROUP II CONTAINER INFORMATION SHEET

Container Specifications

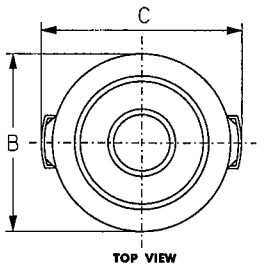
Container Manufacturer: Rubbermaid
3124 Valley Avenue
Winchester, Virginia 22601

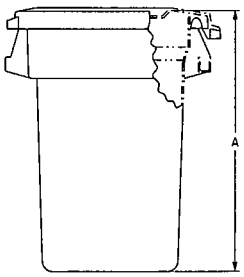
Container Type/Style: Round Plastic Reusable Container
Snap Fit Cover
Inner Packaging

Outside Dimensions: 23" (height)
19 ¾" (diameter)

Approximate Volume: 20 gallons; 2.7 ft^3

Biotrack Container Code: TB15





Certification Information

The above-referenced container has been tested in accordance with 49 CFR 173.197, which stipulates thatregulated medical waste must be packaged in containers that conform to the requirements of Subpart M (49 CFR 178.600) at the Packing Group II performance level. The container satisfactorily passed the required drop test, stacking test and vibration test;therefore, this container design has been certified as capable to withstand the prescribed performance tests at the Packing Group II level.

Certifying Agency: Wyle Laboratories; Huntsville, Alabama 35807

Certification Date: April 14, 1999

UN Designation No.: 1H2 / Y 24 / S / 99 / USA / +AC1429

Test Level: Packing Group II

Test Report No.: 42326.27-06 +AC1429

Packaging Information

In order to maintain compliance with DOT regulations, this container must be used at all times in the same manner in which the certification test was conducted. Therefore, the following section describes the packaging requirements and limitations imposed on this container.

Inner Packaging Specs.: One (1) red plastic LLDPE bag with a minimum thickness of 1.5-mil, or equivalent, meeting ASTM D 1709-97 (Free-falling Dart Test) and ASTM D 1922-94a (Tear Resistance Test)

Closure: Top of inner package must be closed by twisting and tying in a single knot. Top lid of container must be snapped in place.

Maximum Gross Weight: 24 kg (53 lbs.), including waste and container

Marking: 1H2 / Y 24 / S / 99 / USA / +AC1429

If you have any questions, please contact your Stericycle Marketing & Sales Representative.

Stericycle®

CERTIFIED PACKING GROUP II CONTAINER INFORMATION SHEET

Container Specifications

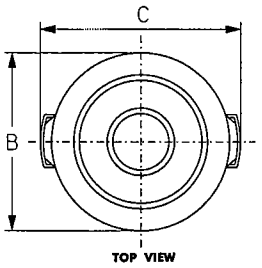
Container Manufacturer: Rubbermaid Commercial Products
3124 Valley Avenue
Winchester, Virginia 22601

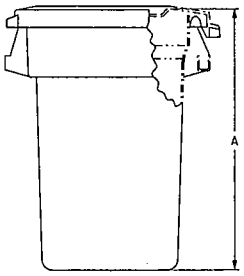
Container Type/Style: Round Plastic Reusable Container
Snap Fit Cover
Inner Packaging

Outside Dimensions: 17 ½" (height)
16" (diameter)

Approximate Volume: 10 gallons; 1.3 ft^3

Biotrack Container Code: TB20





Certification Information

The above-referenced container has been tested in accordance with 49 CFR 173.197, which stipulates that regulated medical waste must be packaged in containers that conform to the requirements of Subpart M (49 CFR 178.600) at the Packing Group II performance level. The container satisfactorily passed the required drop test, stacking test and vibration test; therefore, this container design has been certified as capable to withstand the prescribed performance tests at the Packing Group II level.

Certifying Agency: Wyle Laboratories; Huntsville, Alabama 35807

Certification Date: April 14, 1999

UN Designation No.: 1H2 / Y 16 / S / 99 / USA / +AC1428

Test Level: Packing Group II

Test Report No.: 42326.27-05 +AC1428

Packaging Information

In order to maintain compliance with DOT regulations, this container must be used at all times in the same manner in which the certification test was conducted. Therefore, the following section describes the packaging requirements and limitations imposed on this container.

Inner Packaging Specs.: One (1) red plastic LLDPE bag with a minimum thickness of 1.5-mil, or equivalent, meeting ASTM D 1709-97 (Free-falling Dart Test) and ASTM D 1922-94a (Tear Resistance Test)

Closure: Top of inner package must be closed by twisting and tying in a single knot. Top lid of container must be snapped in place.

Maximum Gross Weight: 16 kg (35 lbs.), including waste and container

Marking: 1H2 / Y 16 / S / 99 / USA / +AC1428

If you have any questions, please contact your Stericycle Marketing & Sales Representative.

Stericycle®

CERTIFIED PACKING GROUP II CONTAINER INFORMATION SHEET

Container Specifications

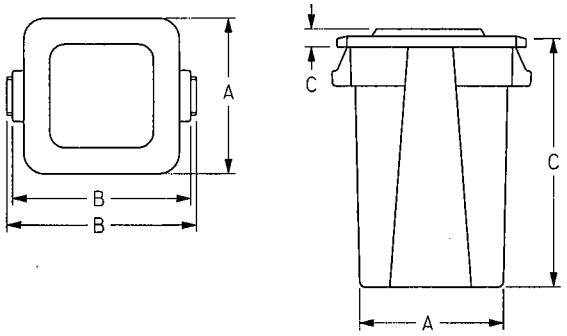
Container Manufacturer: Rubbermaid
3124 Valley Avenue
Winchester, Virginia 22601

Container Type/Style: Square Plastic Reusable Container
Snap Fit Cover
Inner Packaging

Outside Dimensions: 22" x 22" x 23"

Approximate Volume: 28 gallons; 3.7 ft^3

Biotrack Container Code: TB04 (red) TY04 (grey)



Certification Information

The above-referenced container has been tested in accordance with 49 CFR 173.197, which stipulatesthat regulated medical waste must be packaged in containers that conform to the requirements of Subpart M (49 CFR 178.600) at the Packing Group II performance level. The container satisfactorily passed the required drop test, stacking test and vibration test; therefore, this container design has been certified as capable to withstand the prescribed performance tests at the Packing Group II level.

Certifying Agency: Wyle Laboratories; Huntsville, Alabama 35807

Certification Date: April 14, 1999

UN Designation No.: 1H2 / Y 35 / S / 99 / USA / +AC1410

Test Level: Packing Group II

Test Report No.: 42326.27-03 +AC1410

Packaging Information

In order to maintain compliance with DOT regulations, this container must be used at all times in the same manner in whichthe certification test was conducted. Therefore, the following section describes the packaging requirements and limitations imposed on this container.

Inner Packaging Specs.: One (1) red plastic LLDPE bag with a minimum thickness of 1.5-mil, or equivalent, meeting ASTM D 1709-97 (Free-falling Dart Test) and ASTM D 1922-94a (Tear Resistance Test)

Closure: Top of inner package must be closed by twisting and tying in a single knot. Top lid of container must be snapped in place.

Maximum Gross Weight: 35 kg (77 lbs.), including waste and container

Marking: 1H2 / Y 35 / S / 99 / USA / +AC1410

If you have any questions, please contact your Stericycle Marketing & Sales Representative.

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CERTIFIED PACKING GROUP II CONTAINER INFORMATION SHEET

Container Specifications

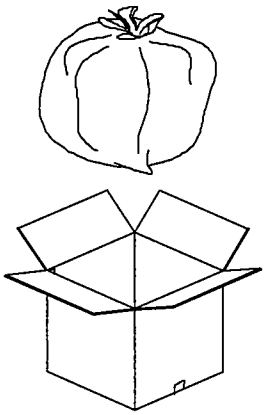
Container Manufacturer: Weyerhaeuser
4140 Campus Drive
Aurora, Illinois 60504

Container Type/Style: Fiberboard Box
Regular Slotted Container
Inner Packaging

Outside Dimensions: 12" x 12" x 24"

Approximate Volume: 15 gallons; 2.0 ft^3

Biotrack Container Code: WS19



Certification Information

The above-referenced container has been tested in accordance with 49 CFR 173.197, which stipulates that regulated medical waste must be packaged in containers that conform to the requirements of Subpart M (49 CFR 178.600) at the Packing Group II performance level. The container satisfactorily passed the required drop test, stacking test and vibration test; therefore, this containerdesign has been certified as capable to withstand the prescribed performance tests at the Packing Group II level.

Certifying Agency: Ten-E Packaging Services, Inc.; 1666 County Road 74, Newport, MN 55055

Certification Date: March 1, 1999

UN Designation No.: 4G / Y 20.4 / S / 99 / USA / +AA2107

Test Level: Packing Group II (Y) & III (Z)

Test Report No.: 99-2055

Packaging Information

In order to maintain compliance with DOT regulations, this container must be used at all times in the same manner in whichthe certification test was conducted. Therefore, the following section describes the packaging requirements and limitations imposed on this container.

Inner Packaging Specs.: One (1) red plastic LLDPE bag with a minimum thickness of 1.5-mil, or equivalent, meeting ASTM D 1709-97 (Free-falling Dart Test) and ASTM D 1922-94a (Tear Resistance Test)

Closure: The top of the inner package must be closed by twisting and hand tying in a single knot. The top and bottom of the secondary container must be closed and taped with a two (2) inch wide pressure sensitive tape, or equivalent.

Maximum Gross Weight: 20.4 kg (45.0 lbs.), including waste and container

Marking: 4G / Y 20.4 / S / 99 / USA / +AA2107

If you have any questions, please contact your Stericycle Marketing & Sales Representative

Stericycle®

CERTIFIED PACKING GROUP II CONTAINER INFORMATION SHEET

Container Specifications

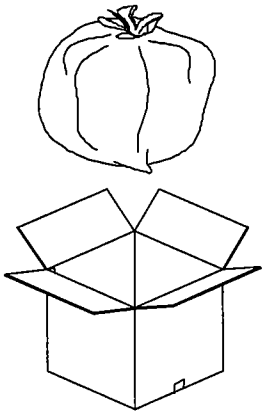
Container Manufacturer: Weyerhaeuser
4140 Campus Drive
Aurora, Illinois 60504

Container Type/Style: Fiberboard Box
Regular Slotted Container
Inner Packaging

Outside Dimensions: 18" x 18" x 24"

Approximate Volume: 33 gallons; 4.5 ft^3

Biotrack Container Code: WS43



Certification Information

The above-referenced container has been tested in accordance with 49 CFR 173.197, which stipulates that regulated medical waste must be packaged in containers that conform to the requirements of Subpart M (49 CFR 178.600) at the Packing Group II performance level. The container satisfactorily passed the required drop test, stacking test and vibration test; therefore, this container design has been certified as capable to withstand the prescribed performance tests at the Packing Group II level.

Certifying Agency: Ten-E Packaging Services, Inc.; 1666 County Road 74, Newport, MN 55055

Certification Date: March 1, 1999

UN Designation No.: 4G / Y 24.9 / S / 99 / USA / +AA2108

Test Level: Packing Group II (Y) & III (Z)

Test Report No.: 99-2056

Packaging Information

In order to maintain compliance with DOT regulations, this container must be used at all times in the same manner in which the certification test was conducted. Therefore, the following section describes the packaging requirements and limitations imposed on this container.

Inner Packaging Specs.: One (1) red plastic LLDPE bag with a minimum thickness of 1.5-mil, or equivalent, meeting ASTM D 1709-97 (Free-falling Dart Test) and ASTM D 1922-94a (Tear Resistance Test)

Closure: The top of the inner package must be closed by twisting and hand tying in a single knot. The top and bottom of the secondary container must be closed and taped with a two (2) inch wide pressure sensitive tape, or equivalent.

Maximum Gross Weight: 24.9 kg (55.0 lbs.), including waste and container

Marking: 4G / Y 24.9 / S / 99 / USA / +AA2108

If you have any questions, please contact your Stericycle Marketing & Sales Representative

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EXHIBIT CS-13

Company Policy: Locking of Vehicles

It is Stericycle POLICY that all company vehicles [whether owned, leased, route truck or trailer] engaged in the collection and transportation of Regulated Medical Waste (RMW) be completely SECURED AT ALL TIMES whenever the vehicle is in transit and whenever the vehicle is unattended by the driver.

As you are aware, most local and state RMW transportation regulations & rules require the same in addition to the Federal DOT regulations. Proper and complete securement means that the cab and body doors [whether roll-up or hinged] are CLOSED and LOCKED whenever the vehicle is in transport or unattended.

The investment of a few minutes and locks to ensure that all vehicles are properly secured as indicated above will ensure the highest degree of protection to the environment, prevent any potential harm to the general public, and eliminate any potential adverse publicity to Stericycle or its customers.

OUR CUSTOMERS EXPECT THAT THE REGULATED MEDICAL WASTE TRANSPORTED FROM THEIR FACILITY WILL REMAIN PROPERLY PACKAGED AND TOTALLY SECURED UNTIL SUCH TIME THE MATERIAL IS TREATED AND DISPOSED.

This policy is applicable to all Stericycle DRIVERS and PLANT personnel.

I have received the above-referenced policy, which represents Stericycle's Lock Policy requirements. I was provided the opportunity to ask questions and receive answers, and I know that I may contact my supervisor and/or manager if I have additional questions.

Name (Print)	**Date**
Signature	**Position**
Supervisor/Manager Signature	**Date**

EXHIBIT CS-14

1.0 Purpose

The Safety and Health Policy is an all encompassing document that speaks to accident and injury prevention, reporting of accidents, injuries and unsafe conditions, on-the-job orientation, use and care of personal protective equipment, emergency procedures and identification of hazardous materials. Safety meetings (and/or committees) are included for communication between employees of safety and health topics.

The Safety and Health Policy uses elements to prevent the occurrence of occupational accidents and injuries within the work environment and include, at a minimum: engineering controls; administrative controls; work practice controls; personal protective equipment; and training.

2.0 Scope

This policy applies to all operating Pacific Northwest Stericycle locations and includes drivers, processing, warehouse and office personnel.

3.0 References

3.1 WISHA WAC 296-800-140, Accident Prevention Program;
3.2 WISHA WAC 296-800-130, Safety Committees & Safety Meetings;
3.3 Stericycle, Inc. policies as referenced throughout this document.

4.0 Definitions

Terminology and definitions used throughout this policy are consistent with federal, state and local rules and regulations including at a minimum WISHA and/or OSHA.

5.0 Implementation

5.1 Safety Orientation

5.1.1 Employees will receive on-the-job orientation for the job assignment they are to conduct. Orientation will include information for the employee to perform the initial job assignment safely. The hiring manager, or other designated person, will conduct the orientation.

5.1.2 New employees receive accident/injury training. The training includes instruction on reporting accidents and injuries. The training cycles annually thereafter. (See Accident/Injury Training).

5.1.3 Unsafe conditions and/or practices are also a topic discussed within the accident/injury training. Employees are encouraged to have open communication with management regarding work conditions and given avenues as to how they can communicate concerns. (See Accident/Injury Training).

5.1.4 Personal protective equipment is a requirement in many job tasks. The proper use and care of personal protective equipment is dependent upon the type of personal protective equipment chosen. Proper use and care of the personal protective equipment is emphasized in new hire and annual training. Managers and/or supervisors provide additional information regarding cleaning and care of the personal protective equipment that meets or exceeds the manufacturers recommendation. (See Personal Protective Equipment and/or Bloodborne Pathogen policies/training).

5.1.5 Emergency situations are unique to each specific location. Exit routes are posted throughout each facility and a central meeting site indicated on each posting. Emergency contact numbers are also listed for ease of use if so needed. These are topics discussed in training material specific to each location. (See Emergency Action training).

5.1.6 Hazardous materials are identified through Hazard Communication training (See HazCom training) including Material Safety Data Sheets (MSDS). The typical hazardous material found on-site is chlorine (bleach solution), diesel and cleaning solvents, depending upon the location. A MSDS inventory book is maintained at each site, or centrally in certain instances.

5.1.7 Other programs covered by written plans and/or policies include, but are not limited to, bloodborne pathogens (exposure control plan) and a respirator program.

5.2 Safety and Health Committee

5.2.1 The location, processing plant or transfer site(s), dictates the type committee or meeting format.

5.2.1.1 Processing plants and/or transfer sites that have greater than 11 or more employees on the same shift will establish a safety committee.

5.2.1.1.1 The committee shall consist of equal members of employer and employee selected personnel;

5.2.1.1.2 Employee selected member serves a term not exceeding one year;

5.2.1.1.3 The committee shall have an elected chairperson.

5.2.1.2 Processing plants and/or transfer sites that have 10 or less employees will establish a regular safety meeting.

5.2.1.2.1 The meetings are conducted at least monthly, or more frequent if conditions arise that require discussion.

5.2.1.2.2 One management representative will be present along with the staff.

5.2.2 Potential safety meeting topics of discussion include, but is not limited to, the following:

5.2.2.1 Follow compliance calendar outline;

5.2.2.2 Review of past inspections to help correct safety hazards;

5.2.2.3 Evaluate and critique accident investigations;

5.2.2.4 Evaluate the present workplace for safety improvements;

5.2.2.5 Document attendance and topics of discussion.