

POLICY

(BBP) Special Transit is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist our firm in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
 - Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees through training
- Recordkeeping
- Procedures for evaluating circumstances surrounding an exposure incident

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

EMPLOYEE EXPOSURE DETERMINATION

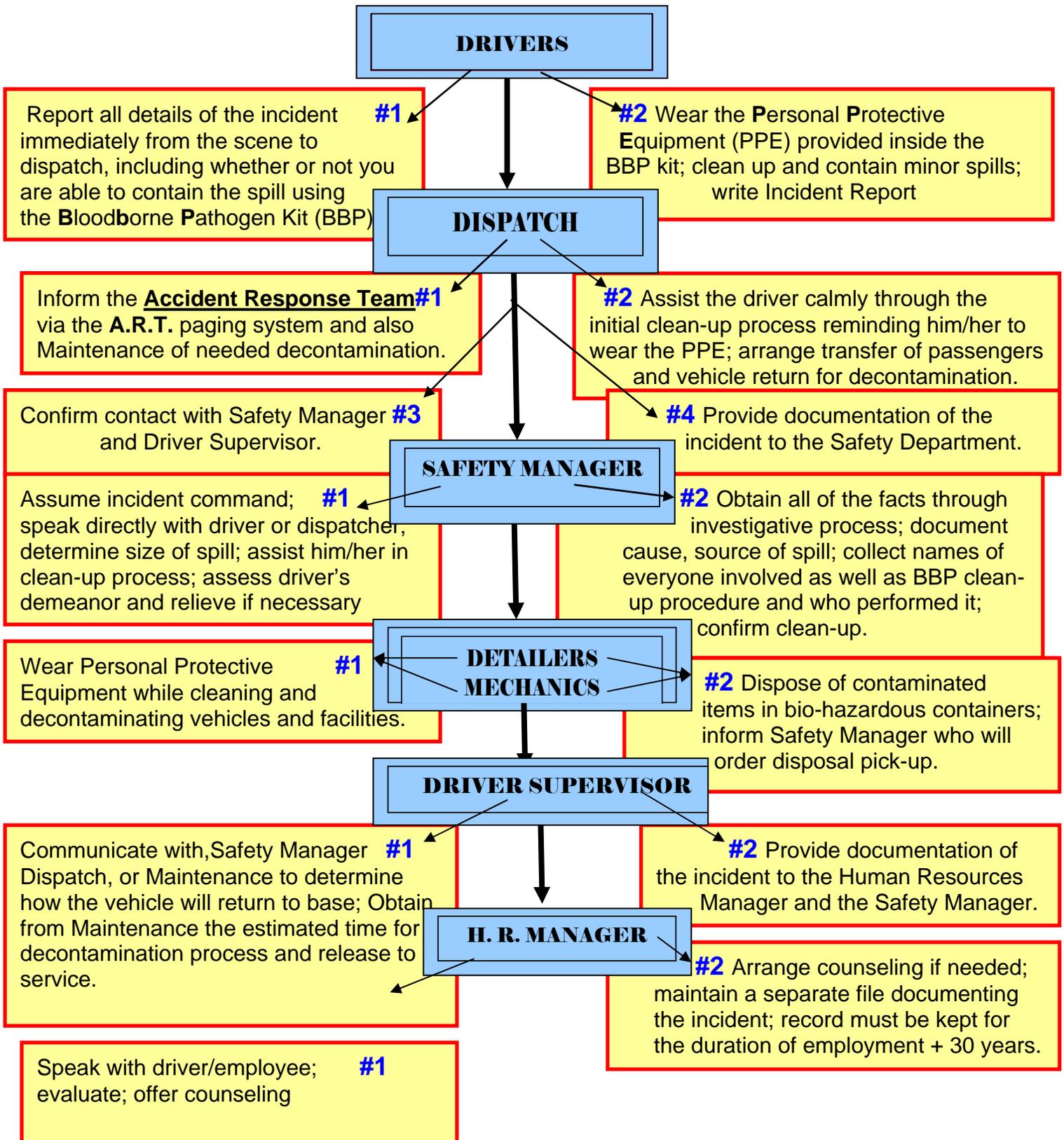
The following is a list of all job classifications at our establishment in which **all** employees have occupational exposure:

JOB TITLE	DEPARTMENT	LOCATION
Drivers	<i>access-a-Ride</i>	Boulder and Denver
Drivers	call-n-Ride	Boulder and Denver
Drivers	HOP	Boulder
Drivers	Special Transit Service	Boulder
Detailers	Maintenance	Boulder and Denver
Mechanics	Maintenance	Boulder and Denver
Operation Specialists	CNR, HOP, STS	Boulder and Denver
Road Supervisors	<i>access-a-Ride</i>	Denver
On Call Personnel	All	Boulder and Denver
Management		Boulder and Denver
Administrative Staff		Boulder and Denver

Drivers are responsible for the initial clean up of minor spills only. Detailers and then Mechanics are responsible for clean up of larger spills and decontamination of vehicles and facilities.

FLOWCHART FOR PERSONNEL RESPONSIBILITIES

In the event of a bloodborne pathogen spill, drivers and all other employees must follow the instructions listed below to ensure our employee's are protected, and the spill is contained. It all begins with clear communication from the driver to the dispatcher.



BODILY FLUID SPILL CLEAN-UP PROCESS
YOU MUST WEAR PERSONAL PROTECTIVE EQUIPMENT

- Contact dispatch and describe the situation. If you are instructed to perform preliminary clean up of the bodily fluid spill, complete steps 2-10. Locate the biohazard kit that is on the vehicle. Avoid stepping on the fluid spill.
- If you are instructed to wait for assistance to arrive on the scene, secure the vehicle and if possible, begin writing an Incident Report while you are waiting.
- When cleaning up any potentially dangerous bodily fluid spill such as blood, vomit, urine or defecation, it is mandatory you put on the Personal Protective Equipment (PPE), which you will find located inside the Bloodborne Pathogens Infection Control Kit.

NOTE: The kit contains the following Personal Protective Equipment: Disposable Gloves, Disposable Apron, Disposable Face Mask/Shield and Disposable Shoe Covers/Booties. Now you are ready to safely perform the initial clean up process.

- Sprinkle Clean-up Absorbent Pack over the spill.
- Remove Pour Bottle with Chlorine Concentrate and fill with water to the fill line. *Before opening the bottle, read the precautionary statements on the label.*
- Collect the affected absorbent using the Scoop and Scraper.
- Place affected absorbent material, Scoop & Scraper in one of the Red Biohazard Plastic Bags and secure with twist-tie. *NOTE: If the clean up includes broken glass or other sharp objects, extra caution must be taken. Pick the sharp objects up by using the scoop provided. DO NOT USE YOUR BARE HANDS!* Dispose of the sharps in the leak proof, puncture proof container provided in the Bloodborne Pathogen kit for that purpose.
- Saturate the spill area with the diluted Chlorine Solution and let set for 10 minutes.
- Use the Disposable Paper Towels to wipe up the solution.
- NOW, place all the remaining used items, including Disposable Nitrile Gloves, Disposable Apron, Disposable Face Mask/Shield, Disposable Shoe Covers and the earlier filled Biohazard Plastic Bag into the second Biohazard Plastic Bag.
- Use the Benzalkonium Chloride Towelette to clean your hands and discard into the Biohazard Plastic Bag.
- Using the enclosed twist-tie, tie the Biohazard Plastic Bag securely to prevent leakage and use the second Benzalkonium Chloride Towelette to reclean your hands.
- Place the bag in the bio-hazardous waste container located in the maintenance area.
- Complete an Incident Report documenting the source of the spill and what action was taken.

BLOODBORNE PATHOGEN KIT CONTENTS

This kit provides a means for quick, safe and sanitary removal of vomit, blood, feces, urine and other potentially infectious substances

1 ea Clean-up Absorbent Pack	1 ea Disposable Cardboard Scraper
1 ea Disposable Apron	2 ea Red Biohazard Plastic Bags with Ties
1 ea Disposable Face Mask/Shield	1 ea 8oz. Pour Bottle Chlorine Concentrate
1 pr Disposable Nitrile Gloves	3 ea Disposable Paper Towels
1 pr Disposable Shoe Covers	2 ea Benzalkonium Chloride Towelettes
1 ea Disposable Cardboard Scoop	1 ea bottle of water

EXPOSURE CONTROL PLAN

Employees covered by the bloodborne pathogens standard receive an explanation of the plan during their initial training session. It will also be reviewed in their annual recertification training.

All employees have an opportunity to review this plan at any time during their work shifts by contacting the Safety Department. If requested, we will provide an employee with a copy of the ECP free of charge within 15 days of the request.

The Safety Department is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

ENGINEERING CONTROLS AND WORK PRACTICES

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

Sharps disposal containers are inspected and maintained or replaced by the Safety Department every quarter or whenever necessary to prevent overfilling. We evaluate new procedures or new products regularly by literature reviewed, supplier information, products considered.

Management is involved in the review and development of this work practices element and will involve employees as needed. The Safety Department will ensure effective implementation of these recommendations.

HOUSEKEEPING

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling. The Safety Department is responsible for handling sharps disposal. Bio-hazardous waste containers are located in the maintenance areas of each facility.

HEPATITIS B VACCINATION

The Safety Department will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the Human Resources Department.

Vaccination will be provided by Special Transits designated health care provider. Following the medical evaluation, a copy of the health care professional's Written Opinion will be obtained and provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

After the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.) and Dispatch has documented the routes of exposure and how the exposure occurred, the Safety Department will:

- Facilitate the provision of a confidential medical evaluation and follow-up by Special Transit's designated medical provider.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the test results and with information about applicable disclosure laws and regulations concerning their identity and infectious status (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status. If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The Safety Department ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

The Safety Department ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- A description of the employee's job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- If possible, results of the source individual's blood test
- Relevant employee medical records, including vaccination status

The Safety Department provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive awareness training conducted by the Training Department on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the standard
- An explanation of our ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and labels and/or color coding required by the standard and used at this facility
- An opportunity for interactive questions and answers with the person conducting the training session.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. The Training Department is responsible for training employees in the use of the appropriate PPE for the tasks or procedures they will perform or may be exposed to.

Training materials for this facility are available at the Training Department.

TRAINING RECORDS

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years in the Training Department.

The training records include:

- The dates of the training sessions
- The contents or a summary of the training sessions
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Training Department.

MEDICAL RECORDS

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

The Safety Department is responsible for maintenance of the required medical records. These **confidential** records are kept in Special Transit's Human Resources Department for at least the **duration of employment plus 30 years**.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Human Resources Department.

OSHA RECORDKEEPING

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the Safety Department.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The Safety Department will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident (*gloves, eye shields, etc.*)
- Location of the incident
- Procedure being performed when the incident occurred
- Employee's training

The Safety Department will also record all percutaneous injuries from contaminated sharps in the Sharps Injury Log. If it is determined that revisions need to be made, the Safety Department will ensure that appropriate changes are made to this ECP. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

CONTAMINATED SHARPS

Contaminated Sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers can be found on every vehicle. They are the plastic box, which contains the Bloodborne Pathogen Infection Control clean up supplies. Larger sharps containers are located in the maintenance shop at both the Boulder and Denver locations. (*Note: Sharps containers must be easily accessible and as close as feasible to the immediate area where sharps are used*).

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware which may be contaminated is picked up using mechanical means, such as a brush and dust pan. **Never Use Your Bare Hands**

CLOTHING

- Handle contaminated clothing as little as possible, with minimal agitation
- Place wet contaminated clothing in leak-proof, labeled or color-coded containers before transport. Use bio-hazardous bags for this purpose.
- Wear the appropriate PPE when handling contaminated clothing:

Special Transit will absorb the cost to replace the items (i.e. shirt, pants, shoes, etc.) that were contaminated

The Safety Department will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility.

Employees are to notify the Safety Department if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

SHARPS INJURY LOG

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:

- The date of the injury
- The type and brand of the device involved
- The department or work area where the incident occurred
- An explanation of how the incident occurred.

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

SPECIAL TRANSIT SAMPLE SHARPS INJURY LOG YEAR 2009

- **Date Case:**
- **Report No.:**
- **Type of Device:**
- **Brand Name of Device:**
- **Work Area where injury occurred:**
- **Brief description of how the incident occurred:** [i.e., procedure being done, action being performed, clean up and disposal procedures, body part injured.]

29 CFR 1910.1030, OSHA's Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from contaminated sharps.

The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. This log must be kept in addition to the injury and illness log required by 29 CFR 1904.

The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. The Log must be kept in a manner that preserves the confidentiality of the affected employee.

PROGRAM ADMINISTRATION

The Safety Department is responsible for the implementation of the ECP and will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. *Contact location/phone number: 303-447-2848 x 130 or 162*

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

THE SAFETY DEPARTMENT

- Must maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), bio-hazardous waste bags as required by the standard.
- Ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- Is responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.

THE TRAINING DEPARTMENT

- Is responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.
Contact location/phone number: 303-447-2848 ext 150, or 156

DEFINITIONS

- **Small Spill:** A volume that is easily managed with a minimal amount of decontamination equipment and materials.
- **Large Spill:** A volume that would require more than one person, large amounts of decontamination equipment and material, and/or contamination of objects that would prove difficult to decontaminate, i.e., rugs, mattresses, furniture, electronic gear.
- **Major Spill:** Large amounts of blood and/or tissue (usually as a result of a homicide or suicide).
- **Micro-encapsulation Absorbent:** A dry material that rapidly converts a liquid into a solid. This material greatly simplifies blood spill clean-up and can be obtained through any lab safety vendor.

RESPONSE TEAM

Drivers in every division are responsible for the initial clean-up and containment of minor spills only.

TRAINED IN-HOUSE STAFF

Detailers and then Mechanics are responsible for clean-up of larger spills and decontamination of vehicles and facilities.

- The individual(s) cleaning the blood spill are required to wear the proper personal protective equipment (PPE), (e.g. water impervious gloves, outerwear, goggles, boots, etc.)
- Spray the blood contaminated surfaces with a 1-10 solution of bleach and water.
- Absorb and remove all traces of the spill with paper towels or other acceptable materials (Micro-encapsulation absorbent). Be careful not to contaminate the outside of the spray bottle.
- Re-spray the cleaned area with the bleach solution and allow to air dry.
- Place all waste materials, including disposable PPE, into a plastic autoclavable biohazard bag. Be careful not to contaminate the outside of the bag. Rugs and other large items that cannot fit in a biohazard bag can be wrapped in plastic wrap after being decontaminated.
- This type of waste cannot be discarded through the regular trash service. Bio-hazardous waste must be disposed of properly. The Safety Department is responsible for arranging for appropriate disposal.

EXHIBIT A

DECLINATION STATEMENT

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 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.

Employee Signature _____ Date _____

EXHIBIT B

EXPOSURE INCIDENT REPORT
(Routes and Circumstances of Exposure Incident)

Please Print

Employee's Name _____ Date _____

Date of Birth _____ SS# _____

Telephone (Business) _____ (Home) _____

Job Title _____

Date of Exposure _____ Time of Exposure _____ AM ___ PM _____

Hepatitis B Vaccination Status _____

Location of Incident _____

Describe what job duties you were performing when the exposure incident occurred _____

Describe the circumstances under which the exposure incident occurred (what happened that resulted in the incident).

What body fluid(s) were you exposed to? _____

What was the route of exposure (e.g., mucosal contact, contact with non-intact skin, percutaneous)? _____

Describe any personal protective equipment in use at time of exposure incident _____

Did PPE fail? _____ If yes, how? _____

Identification of source individual(s) (names) _____

EXHIBIT C

INSTRUCTIONS FOR THE EVALUATING PHYSICIAN

This Special Transit employee may have suffered an exposure incident as defined in the Bloodborne Pathogens Standard. In accordance with the standard's provision for post exposure evaluation and follow up, the employee presents to you for evaluation. Included to assist you in this evaluation are:

- (A) A copy of 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens
- (B) A description of the exposed employee's duties as they relate to the exposure incident
- (C) Documentation of the routes of exposure and circumstances under which exposure occurred
- (D) Results of the source individual's blood testing, if available
- (E) All medical records relevant to this employee's appropriate treatment, including vaccination status

After completing the evaluation, please:

- (A) Inform the employee regarding the evaluation results and any follow up needed;
- (B) Complete the attached written opinion form and give it to the employee. (This form will be maintained in the office to which the employee is assigned); and
- (C) Send a copy of all evaluation results and records to:

CONFIDENTIAL MEDICAL RECORDS: These copies will be maintained as part of the employee's confidential medical record in Special Transit's Human Resources Department.

Should you have any questions regarding the evaluations or medical records, please contact Special Transit's Safety Department at (303) 447-2848 x 130.

EXHIBIT D

WRITTEN OPINION

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To the Evaluating Physician:

After your evaluation of this Special Transit employee, please assure that the following information has been furnished to the employee and provide your initials beside the following statements:

(A) _____ The employee has been informed of the results of this evaluation.

(B) _____ The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation and treatment.

No other findings are to be included on this report.

Please return this sheet to this employee,

(Name of employee)

Thank you for your evaluation of this employee.

Physician's signature

Physician's name (printed)

Date

EXHIBIT E

SUPPLIES FOR RESPONDENTS

Prior to departing for an inspection where occupational exposure to blood or other potentially infectious materials is reasonably anticipated, the respondent is required to have the following materials to carry with him/her on the inspection:

1. At least 2 **bags** (for containment of any regulated waste that cannot be disposed of on site or for contaminated equipment)
2. **Biohazard labels** (at least 2 for purposes above)
3. **Gloves** of appropriate material and size (at least 2 pairs)
4. **Paper Booties** (at least 2 pairs)
4. **Materials for the evaluating physician**

In addition, if the respondent is inspecting a site where running water may not be available (e.g., an ambulance), **antiseptic towelettes** should be carried.

Approved by Special Transit Management

Date: _____