

SUBJECT:	BIOMEDICAL WASTE HANDLING AND DISPOSAL	
REFERENCE #:	MHS-ICS-007	
LINE OF BUSINESS:	MAXIM HEALTH SYSTEMS	
EFFECTIVE DATE:	07/11/2016	PAGE: 1 OF: 6
REVISED DATE:	05/21/2016	

1. REGULATORY REFERENCES:

1.1. Occupational Exposure to Bloodborne Pathogens. 29 CFR 1910.1030

2. PURPOSE:

2.1. To describe methods for the proper handling and disposal of biomedical waste.

3. DEFINITIONS:

- 3.1. Biohazard bags: red, impermeable, polyethylene or polypropylene plastic bags, labeled with the international biomedical hazard symbol red, orange or black.
- 3.2. Bloodborne Pathogens: Pathogenic microorganisms that are present in human blood and can cause disease in humans.
- 3.3. Clinical Laboratory: A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
- 3.4. Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- 3.5. Contaminated Sharps: Any contaminated object that can penetrate the skin.
- 3.6. Decontamination: 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.
- 3.7. Hazardous Waste: Those chemicals/materials that may potentially cause or contribute to many serious health effects, or present a safety hazard and have the potential to cause fire, explosion, or serious accidents.
- 3.8. Medical Waste: Definition is state specific and may be called biomedical waste, infection waste, or regulated waste.
 - 3.8.1. Biomedical waste: Waste that may contain human pathogens of sufficient virulence and in sufficient concentrations that exposure to it by a susceptible host could result in disease
 - 3.8.2. Infection waste: Waste capable of producing an infectious disease in a susceptible person.
 - 3.8.3. Regulated Waste as defined by the Occupational Safety and Health Standards: Refers to the following categories of waste which requires special handling:
 - 3.8.3.1. Liquid or semi-liquid blood or other potentially infectious material (OPIM)
 - 3.8.3.2. Items contaminated with blood or OPIM and which would release these substances in a liquid or semi-liquid state if compressed
 - 3.8.3.3. Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling
 - 3.8.3.4. Contaminated sharps
 - 3.8.3.5. Pathological and microbiological wastes containing blood or OPIM

SUBJECT:	BIOMEDICAL WASTE HANDLING AND DISPOSAL
PAGE: 2 OF: 6	

- 3.9. Office operations leader: The individual in the office who is the highest ranking person overseeing administrative and non-clinical operations. This is the office administrator. This individual may carry the title AM, AO, DBO, or other title assigned.
- 3.10. Other Potentially Infectious Materials (OPIM): The following human body fluids:
 - 3.10.1. Anybody fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- 3.11. Point of origin: area where the biomedical waste is generated
- 3.12. Sharps: Devices with the physical characteristics capable of puncturing, lacerating, or otherwise penetrating the skin.

4. POLICY:

- 4.1. All biomedical waste shall be transported, stored and disposed of in accordance with the applicable federal, state, and local laws/regulations.
- 4.2. Biomedical waste shall be identified and segregated from other waste at the point of origin into its proper container.
- 4.3. Medical waste which is mixed with hazardous waste shall be managed as hazardous waste.
- 4.4. Medical waste which is mixed with radioactive waste shall be managed as radioactive waste.
- 4.5. All solid waste, other than hazardous and radioactive, mixed with biomedical waste shall be managed as biomedical waste.
- 4.6. At no time may any used sharps containers or filled red bio hazardous bags remain on site for another clinic even if they are locked away in a secure location.
- 4.7. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
- 4.8. Universal precautions shall be observed at all times to prevent contact with blood or other potentially infectious materials.
- 4.9. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- 4.10. Food and drink shall not be kept on a workstation where blood or other potentially infectious materials are present or next to any supplies or equipment.
- 4.11. 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.
- 4.12. All equipment and working surfaces shall be cleaned and decontaminated with an appropriate disinfectant after contact with blood or other potentially infectious materials immediately or as soon as feasible.
 - 4.12.1. Effectiveness is governed by strict adherence to the instructions on the label.

SUBJECT:	BIOMEDICAL WASTE HANDLING AND DISPOSAL
PAGE: 3 OF: 6	

- 4.13. Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.
- 4.14. If any equipment is not able to be decontaminated a readily observable label shall be attached to the equipment stating which portions remain contaminated and documented in ESMS
- 4.15. If blood comes into contact with the skin, mucous membranes or eye(s), wash the area with soap and water, an/ or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- 4.16. Any employee who is exposed to sharps or other biomedical waste must report the incident to Office Leadership or designee immediately (Refer to **MHS-ICS-001 Bloodborne Pathogens, Exposure Incident Policy**)
- 4.17. Lab coats shall be worn anytime blood is collected and will be removed prior to leaving the work area.
- 4.18. As per state regulations protective coverings will be used to cover equipment and environmental surfaces which might become contaminated.
- 4.19. Occupational Health and Safety Act (OSHA) does not generally consider items used to absorb blood to fall within the definition of regulated waste.
 - 4.19.1. The intended function of products such as gauze, diapers or pads is to absorb and contain blood. The absorbent material of which they are composed would, under most circumstances, prevent the release of liquid or semi-liquid blood or the flaking off of dried blood.

5. **PROCEDURE:**

- 5.1. Sharps containers and red bags will be brought into the worksite
- 5.2. Medical Waste:
 - 5.2.1. Medical waste shall be separated from other waste, including hazardous waste, unless separation is not possible.
 - 5.2.2. Medical waste, except sharps, shall be packaged in impermeable, biohazard bags as appropriate per federal, state and/or local regulations/laws.
 - 5.2.3. Contaminated needles and other contaminated sharps shall not be bent or recapped and immediately or as soon as possible after use, placed in a sharps container.
 - 5.2.4. Medical waste must be contained in a manner that no discharge or release of any waste occurs.
 - 5.2.5. In the event of biomedical waste spill, refer to the **MHS-ICS-002 Bloodborne Pathogen, spill Cleanup Policy**.
- 5.3. Sharps Container(s)
 - 5.3.1. Shall be closeable, maintained upright throughout use, replaced routinely and not be allowed to overfill.

SUBJECT:	BIOMEDICAL WASTE HANDLING AND DISPOSAL
PAGE: 4 OF: 6	

- 5.3.2. Shall be puncture resistant and leak proof on the sides and bottom.
- 5.3.3. Will be labeled and/or color-coded.
- 5.3.4. To prevent accidental spillage securely close the lid. Once secured in this manner the container may continue to be used until full and permanently secured for disposal.
 - 5.3.4.1. If mailing medical waste follow state and federal regulations
- 5.3.5. Sharps shall not be removed from the container for any reason.
- 5.3.6. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

5.4. Labeling:

- 5.4.1. All red bags and sharps containers must be labeled and dated on the day in which they were put to use
- 5.4.2. Storage outer containers shall be labeled prior to offsite transports. The label shall be securely attached or permanently imprinted on each container and clearly legible and contain the generators name, address and date, the biological hazard symbol, and phrase "Biomedical Waste" or "Infectious Waste"

5.5. Storage and Disposal Records:

- 5.5.1. Sharps containers which are not full and may be used for another clinic shall be stored in the office in the same room/area with the medical waste ready disposal and as long as the lid has been securely closed.
 - 5.5.1.1. Review state specific regulations for length of time medical waste may be stored at an office prior to being transported for disposal.
 - 5.5.1.2. Link for reference: <http://www.hercenter.org/rmw/rmwlocator.cfm>
- 5.5.2. Packages of biomedical waste shall remain intact and handled and transferred in a manner that does not impair the integrity of packaging and shall not be compacted or subjected to mechanical stress.
- 5.5.3. All onsite storage of biomedical waste shall be in a designated area away from general traffic flow patterns and be accessible only to authorized personnel.
- 5.5.4. All areas primarily used for the storage of biomedical waste other than the point of origin, shall be constructed of smooth easily cleanable materials that are impervious to liquids and capable of being readily maintained in a sanitary condition.
- 5.5.5. All receipts from the biomedical waste disposal vendor will be maintained for a minimum of 3 (three) years.

5.6. Training:

- 5.6.1. Training shall be provided as follows:
 - 5.6.1.1. Upon hire or at the time of initial assignment to tasks where occupational exposure may take place

SUBJECT:	BIOMEDICAL WASTE HANDLING AND DISPOSAL
PAGE: 5 OF: 6	

5.6.1.2. At least annually thereafter.

5.6.2. Training shall be provided when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

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

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

5.7. Transporting:

5.7.1. Maxim personnel shall return all medical waste and sharps containers to their Maxim branch office for storage and or disposal.

5.7.1.1. If mailing is required to return medical waste to the local branch office all state and federal regulations will be followed.

5.7.2. Offices will comply with all federal, state, and local laws/regulations regarding transportation.

5.7.3. When moving contaminated sharps from the area of use, the containers shall be securely closed and placed in a secondary container which shall be closable and constructed to contain all contents, prevent leakage, puncture-resistant and labeled with the universal warning sign during handling, storage, transport, or shipping.

5.7.4. Red/Biohazard bags must be labeled and placed in a secondary rigid type container before off-site transport. The rigid containers may be of any color, but must be closeable and constructed to contain all contents, leak proof and labeled with the universal warning sign during handling, storage, transport, or shipping

5.7.5. The secondary container will be labeled and closed prior to storage, transport, or shipping.

5.7.6. The secondary container is to be placed in the furthest rear of vehicle during transportation (i.e., trunk of car).

5.7.7. Secondary container will be disinfected if applicable after each use.

5.7.8. Carts used for transporting waste will be disinfected after each use.

5.7.9. The transporter of biomedical waste is determined by the Company and must follow all federal, state, and local laws/regulations regarding transportation.

6. ADDITIONAL DOCUMENTATION:

6.1. Occupational Exposure to Bloodborne Pathogens. 29 CFR 1910.1030
https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

6.2. FORM_Biomedical Waste Employee Training Record.

6.3. POLICY_MHS_ICs_002 Bloodborne Pathogen, spill Cleanup.

6.4. POLICY_MHS_ICs_001 Bloodborne Pathogens, Exposure Incident

7. REVISION HISTORY:

SUBJECT:	BIOMEDICAL WASTE HANDLING AND DISPOSAL
PAGE: 6 OF: 6	

Version Number	Effective Date
Version 1 (Initial Effective Release)	06/23/2014
Version 2	07/11/2016

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