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| <p align="center">St. Joseph's / Candler Health System</p> | <p align="center">Patient Care Policy</p> <p>Title: Medical Waste (Biohazardous Waste) Identification and Management</p> | <p>Policy Number: 6157-PC Effective Date: 08/20/2024 Page 1 of 5</p> |
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Policy Statement

It shall be the policy of St. Joseph's/Candler Health System (SJ/C) to maintain a biomedical/infectious waste management program in compliance with all federal, state and local laws.

Definition of Terms

Biomedical Waste (Georgia), Infectious Waste (South Carolina) – will mean and include the following:

Pathological Waste - All recognizable tissues and body parts except teeth which are removed during surgery, obstetrical procedures, autopsy, and laboratory procedures.

Biological Waste - Blood and blood products, exudates secretion, suctioning, and other body fluids which contains free liquids and cannot be or are not directly discarded into a municipal sewer system.

Cultures and stocks of infectious agents and associated biologicals including cultures from medical and pathological laboratories, cultures and stocks of infectious agents from research and industrial laboratories, wastes from the production of biologicals, discarded live and attenuated vaccines, and cultures dishes and devices used to transfer, inoculate, and mix cultures.

Chemotherapy Waste - Any disposable material which has come in contact with cytotoxic/antineoplastic agents (agents toxic to cells) and/or antineoplastic agents (agents that inhibit or prevent the growth and spread of tumors or malignant cells) during the preparation, handling, and administration of such agents. Such waste includes, but is not limited to, masks, gloves, gowns, empty IV tubing bags and vials, and other contaminated materials. The above waste must first be classified as empty which means such quantity that it is not subject to other federal or state waste management regulations prior to being handled as Biomedical Waste.

Discarded medical equipment and parts, excluding expendable supplies and materials included in paragraphs (a) through (f) of this Rule, which have not been decontaminated, and that were in contact with infectious agents.

Exposure - The portal of entry or way the microorganism gets into the body.

Infection - Invasion by a pathogenic organism which, under favorable conditions, multiplies,

and produces injurious effects.

Sharps - Discarded article that may cause punctures or cuts. Such waste includes, but is not limited to, items such as needles, IV tubing and syringes with needles attached, and scalpel blades.

Special Pathogen – Highly infectious agent capable of producing severe disease in humans.

Susceptible Host - Person at risk of infection if exposed to a sufficient amount of pathogen to which he is not immune.

Procedure

A. Training

1. All who may work with or near biomedical/infectious wastes will attend training as set forth by OSHA in 29 CFR 1910.1030 *Blood Borne Pathogens*. Training will occur:
 - a. Upon initial hire or assignments where, occupational exposure may occur;
 - b. Annual refresher thereafter.

B. PPE

1. Co-workers will ensure appropriate personal protective equipment (PPE) whenever there is a risk for exposure to biomedical/infectious waste.

C. Labeling and Disposal

1. All biomedical/infectious waste will be identified and labeled.
2. Disposal of biomedical/infectious waste will be performed by an outside third-party vendor. See **Handling of Hazardous Drugs and their Waste Products (Administrative Policy #1110-A)** and **Pharmaceutical & Hazardous Waste Disposal (Patient Care Policy #6232-PC)**.

D. All biomedical/infectious waste will be placed in containers which are:

1. Closable
2. Labeled (“Biohazard”) with the international biohazard symbol and color-coded
 - a. Red with red cover-Infectious;
 - b. Cardboard box with red biohazard bag liner-Pathological;
 - c. Red with white cover-Sharps;
 - d. Yellow with white cover-(Chemo only) (trace, <3%); or
 - e. Black bins-Hazardous Drugs (bulk >3%).
3. Securely closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.
4. If outside contamination of the biohazardous/infectious waste container occurs, the contaminated container will be placed in a second container that meets all of the above requirements.

E. Sharps

1. All needles and syringes, scalpels, broken glass will be discarded in puncture-resistant,

- closable, leak-proof, labeled, and/or color-coded containers.
2. Contaminated needles may not be cut, bent, broken, or recapped by hand.
 3. Containers of sharps will be replaced routinely and not be allowed to overfill.
 - a. Environmental Services and/or unit personnel will replace filled sharps containers.
 - b. Filled sharps containers will be placed in the Soiled Utility Room for routine collection by Environmental Services personnel.
 - c. If leakage is possible, the sharps containers will be placed in a secondary container.
- F. Laboratory Waste
1. Pathology and microbiology waste will be placed in color-coded bags and/or bags with the BioHazard warning label.
 2. Environmental Services personnel will collect this bagged waste and transport it to the designated holding area for off-site hauling by a contracted agency.
- G. Storage and Access
1. The holding or storage of Biomedical/infectious waste will not exceed 14 consecutive days.
 2. Access to regulated waste will be restricted.
 3. Access doors will be labeled with a universal biohazard symbol.
- H. Solid and Liquid Patient Wastes
1. Stool, urine, vomitus, will be placed into the central sewage system when possible.
 2. Containers of large amounts of blood or body fluids are treated, when possible, with a solidifying agent, secured, closed and placed in a color coded (red)/biohazard bag in the regulated waste container in the Soiled Utility Room for removal by Environmental Services personnel.
 3. Special drainage devices used in the Operating Room or Delivery Room for collection of large amounts of blood or other body fluids will be handled with caution to avoid contamination of the environment and other personnel.
 - a. A “solidifying agent” will be added to large volume drainage devices before the vessel is discarded with other regulated waste.
 - b. The canister of solidified liquid will be closed to avoid spillage.
 - c. The canister of solidified liquid will be placed in a red BioHazard bag that is then tightly tied to prevent spillage.
 - d. Red bags will not be filled so full as to make the bag unwieldy from the size or weight of the bag.
- I. Non-infectious solid refuse is collected by Environmental Services personnel and staff in the various departments. It is enclosed in clear plastic bags, tied, and taken to the Soiled Utility Room where it is placed down the trash chute (at St. Joseph’s) or into the trash bin (at Candler and first floor at St. Joseph’s).
- J. A large or “major” spill or other body fluids from any patient is considered a potentially infectious spill.
1. A Spill Kit will be used to contain and clean the spill.
 2. Broken glass or other sharp objects resulting from a spill will never be touched with

unprotected hands, but rather the devices provided in the Spill Kit will be used to remove the broken/sharp objects.

3. The spilled blood or other body fluid will be removed first and then the area decontaminated with the disinfectant provided in the Spill Kit.
4. Gloves will always be worn when cleaning any spill of blood or other body fluids.
5. Cleaning of the spill is the responsibility of the unit personnel in charge of the patient at the time of the spill.

K. Waste Management for Special Pathogens

Today's travel patterns can bring any one of various special pathogens to the United States in a matter of hours. New or previously unidentified pathogens continue to appear in countries throughout the world. For this reason, special handling of certain potentially infectious waste is required. The Infection Preventionist must be consulted immediately if a special pathogen is suspected or if a pathogen is causing disruption to normal operations.

L. Disposal of Regulated/Infectious Waste for Special Pathogens

1. All waste generated from the patient with a Special Pathogen will be placed in containers which are:
 - a. placed inside the patient's room
 - b. closable (have lids/tops)
 - c. constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping
 - d. labeled (Biohazardous) or color-coded (red/orange)
 - e. securely closed prior to removal from the patient's room to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

M. Biomedical/infectious medical waste manifest are located in the Environmental Services Department.

N. Hazardous waste manifest are located with the Safety/Hazmat Officer in Facility Management Department.

NOTE: Policies are intended to serve as training tools and as general guidelines for when questions arise or when unusual events occur. Personnel should not use policies as a substitute for the exercise of good judgment as it is recognized that a guideline may not be uniformly appropriate. If you have a specific question that is not addressed by this policy or if you have questions about the application of this policy, please contact a supervisor, the compliance officer, or legal department.

Approved:

Infection Control Committee Chair



Sherry Danello, DHA, MSN, RN, NEA-BC

Original Implementation Date: 9/78

Next Review Date: 08/20/2027

Originating Department/Committee: Infection Control Committee

Reviewed: 12/98, 07/01, 02/04, 12/04, 0408, 10/11, 04/15, 04/18, 08/20, 07/24

Revised: 02/98, 12/98, 02/04, 0408, 10/11, 08/20, 07/24

Rescinded:

Former Policy Number(s): SJ: IC - 019, C: IC – 208, IC - 308

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

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