

SUBJECT: INFECTIOUS WASTE MANAGEMENT PLAN

EFFECTIVE
DATE: 09-28-09 (replaces 04-01-05)

APPROVED BY:

Reviewed (no changes): _____

Executive Director

POLICY

It is the policy of McIntosh Trail CSB to dispose of potentially infectious waste materials in accordance with federal, state, county, and city regulations.

PROCEDURE

Infectious waste generated by the facility will be segregated, contained, transported, treated, and disposed of in a manner that protects employees, consumers, visitors, and the community. Employees at risk will receive training regarding this plan. This plan must follow current federal, state, county, and city regulations. The Area-Specific Infectious Waste Procedure is found in FormDocs. Each area of McIntosh Trail fills in specific information and keeps it in that area to use.

The Infection Control Coordinator in each facility will determine their generation of infectious waste and review the area's data as stated in "Facility-Specific Infectious Procedure" (see FormDocs).

Special Instructions:

A. Definition/Identification of Waste

1. General Waste

Any waste produced at a facility that does not require special handling, storage, treatment, or disposal as listed below.

2. Infectious Waste

- a. Sharps--objects capable of penetrating the skin, including, but not limited to, needles, syringes, broken glass or blood tubes, and other sharp instruments.
- b. Human blood and other liquid human body fluids - human blood, blood components, and blood products; and amniotic fluid, semen, vaginal secretions, any body fluid contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluid and blood.

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PROCEDURE (CONTINUED)

- A. 2. b. 1. Liquid or semi-liquid blood or other potentially infectious material that cannot feasibly be disposed of in the sanitary sewer system.
- 2. Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed.
- 3. Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling.
- B. Separation and Containment
 - 1. Sharps will be disposed of immediately after use into puncture-proof containers. The containers are sealed when 2/3 to 3/4 full. These containers are packed and sealed for transport in approved, labeled infectious waste boxes or containers.
 - 2. All other infectious waste will be contained at the site of origin in red bags, doubled and labeled, placed in a leakproof infectious waste box or container when full.
- C. Labeling
 - 1. Warning labels with the international biohazard symbol will be affixed to containers of infectious waste.
 - 2. These labels should be fluorescent orange or orange-red or predominately so, with lettering or symbols in a contrasting color.
 - 3. Labels shall be affixed as close as feasible to the containers by string, wire, adhesive or another method that prevents their loss or unintentional removal.
 - 4. Red bags or red containers may be substituted for labels within the facility, but waste must be placed in an infectious waste container for final disposal.

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PROCEDURE (CONTINUED)

D. Transportation and Storage

All closed infectious waste containers will be transported to a secure storage area that is protected from rain, wind, animals, and unauthorized persons. The storage area will be clearly identified with approved infectious hazard signage, including the international biohazard symbol.

E. Treatment and Disposal

1. General Waste

General waste will be discarded in plastic bags. Cleaning service personnel will transport the bags to the dumpster/trash compactor. The waste will then be transported by a licensed vendor to an approved disposal site.

2. Infectious Waste

Waste will be collected quarterly or more frequently from designated sites by a licensed infectious waste disposal company for treatment and disposal. The Infection Control Coordinator for the facility and the persons responsible for maintaining the contract with the disposal company will know the pickup, transport, and disposal procedures of the company.

F. Contingency Plan for Infectious Waste

The facility director will be responsible for ensuring communication to all parties regarding changes in the disposal contracts.

G. Infectious Waste Spill Management

1. Preparation

A blood spill kit will be kept in areas used for collection, storage, transportation, or treatment of infectious waste. This will include at least the following:

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PROCEDURE (CONTINUED)

- G. 1. a. Disposable absorbent material for spilled liquids (paper towels, absorbent granules, etc.).
b. Red or orange leakproof infectious waste bags or other bags clearly marked with the international biohazard symbol.
c. Disposable gloves and anti-microbial wipes.
d. Protective eyewear.
e. Janitorial equipment, capable of being disposed of or decontaminated.
2. Containment and Cleanup:
a. Cleanup personnel will wear protective clothing and gear that is appropriate to the type of waste spilled.
b. Absorbent material will be applied to the spill as necessary.
c. Sharps, including broken glassware, shall be picked up using mechanical means such as a dustpan and scraper.
d. Spill items will be placed in infectious waste bags.
e. Non-disposable items will be cleaned and disinfected; ex. carpet cleaned professionally.
f. Protective clothing and gear may be placed in the general waste unless they are grossly contaminated and meet the definition of infectious waste.
g. Cleanup personnel shall wash or shower as necessary.
h. Used items will be replenished according to the facility policy.
- H. Staff Training
Training for employees involved in the generation or handling of infectious waste will include at least the following:
1. Definition and identification of infectious waste.
2. An explanation of the Infectious Waste Management Plan (on FormDocs).
3. The names of persons responsible for implementing the plan.
4. Signs and labels/color coding.
5. An explanation of the Body Substance Precautions policy.
6. An explanation of the pertinent areas of the Bloodborne Pathogen Control Plan.

Training will occur when the plan is first developed and instituted, when employees are hired, when procedures are changed.

Reference: JCO Chapter IC