

TITLE: MEDICAL WASTE MANAGEMENT POLICY
MANUAL: ADMINISTRATIVE POLICY/PROCEDURE MANUAL

POLICY # C3-84

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Effective Date: 10/88

Approval: /s/ Todd Salnas

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Todd Salnas, COO

VALUES CONTEXT

Our value of Excellence calls us to work together to be effective and efficient in the use of resources and to provide a safe environment.

PURPOSE\EXPECTED OUTCOME(S)

It is our purpose to maintain bio-hazardous waste handling practices that are safe for employees, waste handlers, landfill staff, and the community.

Note: The terms biohazardous waste, infectious waste and medical waste are synonymous.

I. Regulatory Compliance

Procedures written regarding the definition, handling, storage treatment and disposal of bio-hazardous waste are in compliance with:

- A. Joint Commission on the Accreditation of Health Care Organizations (JCAHO).
- B. Title XXII, California State Administrative Code
- C. Medical Waste Management Act, California Health and Safety Code, Sections 117600-118360, Chapter 6.1 of Division 20

II. Local Enforcement Agency

The State of California delegates the enforcement of the Medical Waste Management Act to a local enforcement agency. The local enforcement agency for the Medical Waste Management Act in Sonoma County is:

County of Sonoma
Department of Health Services
Environmental Health Division
475 Aviation Blvd
Santa Rosa, CA 95403-2067
Phone (707) 565-6568
Fax (707) 565-6525

III. Definition of Bio-Hazardous/ Infectious Waste

The definition of Bio-Hazardous waste and points of origin are determined by the hospital's Infection Control Committee, per the California Medical Waste Management Act.

IV. Bio-Hazardous Waste means any of the following

A. Laboratory wastes, including, but not limited to all of the following:

1. Human or animal specimen cultures from medical and pathological laboratories.
2. Cultures and stocks of infectious agents from research and industrial laboratories.
3. Wastes from the production of bacteria, viruses, or spores, discarded live and attenuated vaccines and culture dishes and devices used to transfer, inoculate and mix cultures.
4. Human surgery specimens or tissues removed at surgery or autopsy which are suspected by the attending physician or surgeon of being contaminated with infectious agents known to be contagious to humans.
5. Animal parts, tissues, fluids, or carcasses suspected by attending veterinarian of being contaminated with infectious agents known to be contagious to humans.

B. Wastes which at the point of transport from the generator's site, at the point of disposal, or thereafter, contains recognizable fluid blood, fluid blood products, containers or equipment containing blood that is fluid, or blood from animals known to be infected with diseases which are highly communicable to humans.

C. Waste containing discarded materials contaminated with excretion, exudate, or secretions from humans who are required to be isolated by the infection control staff, the attending physician and surgeon, or the local health officer, to protect others from highly communicable diseases or diseases of animals known to be infected with diseases which are highly communicable to humans.

Note: "highly communicable diseases" means diseases, such as those caused by organisms classified by the Centers for Disease Control and Prevention as Biosafety Level IV organisms, or as identified by the Infection Control Committee.

D. "Sharps waste" means any device having acute rigid corners, edges, or protuberances capable of cutting or piercing, including, but not limited to all of the following:

1. Hypodermic needles, hypodermic needles with syringes, blades and needles with attached tubing.
2. Broken glass items contaminated with medical waste.

E. Chemotherapy Waste, including gloves, disposable gowns, towels, IV solution bags and attached tubing, even if empty.

F. Autopsy waste.

G. Pharmaceutical waste

V. Locations of Bio-Hazardous Waste

- A. 1165 Montgomery Drive
- B. 925 Corporate Center Parkway, Ste A (Santa Rosa Memorial Hospital –Santa Rosa Urgent Care)
- C. 1170 Montgomery Drive (Physical Therapy Center)
- D. 500 Doyle Park Drive (Medical Office Building)
- E. 525 Doyle Park Drive (Ambulatory Surgery Center)
- F. 1450 Medical Center Drive Rohnert Park (Rohnert Park Urgent Care Center)

VI. Locations of Bio-Hazardous Waste in the Acute Care Hospital

The following areas of the hospital setting generate bio-hazardous waste. Waste from these areas, determined to be bio-hazardous waste is collected in red bio-hazardous waste bags. All areas also have regular clear trash bags to be used for non-medical waste.

- A. Surgery rooms or suites.
- B. All delivery rooms inclusive of C-section rooms, if separate.
- C. Labor, delivery, recovery rooms. (LDR).
- D. Laboratory (specific areas):
 - 1. Microbiology / Bacteriology section
 - 2. Pathology section
 - 3. Any other lab area where specimens or human tissue wastes are discarded as defined in this policy.
- E. All suction containers containing liquid blood or bloody body fluid from general acute care beds.
- F. Emergency Room (trauma rooms) where a large quantity of blood disposal is expected.
- G. Oncology
- H. Isolation rooms housing patients with highly communicable diseases per the definition in Section IV-C.
- H. Other clinical areas, including patient rooms, Imaging, Cath lab, Angiocardiology, etc.

Important Note:

- A. State of California law clearly states: Waste which is not bio-hazardous waste such as paper towels, paper products and other medical solid waste products commonly found in the facilities of bio-hazardous waste generators may be disposed of as non-hazardous, non-infectious waste.

VIII. Locations of Bio-Hazardous Waste at Urgent Care Sites

- A. Santa Rosa Urgent Care: secured in the Dirty Utility room for pick up once a week).
- B. Rohnert Park Urgent Care: Storage in the Dirty Utility Room for pick up once a week).
- C. Windsor Urgent Care: secured in the Dirty Utility room for pick up once a week).

IX. Location of Bio-Hazardous Waste at Rohnert Park Campus

- A. Urgent Care Patient Rooms

- B. Ambulatory Infusion Center
- C. Outreach Lab Draw Rooms

Important Note:

State of California law clearly states: Waste which is not bio-hazardous waste such as paper towels, paper products and other medical solid waste products commonly found in the facilities of bio-hazardous waste generators may be disposed of as non-hazardous, non-infectious waste.

X. Locations of Bio-Hazardous Waste at the Physical Therapy Center

- A. Near medical room behind the reception area

XI. Location of Bio-Hazardous Waste at the Medical Office Building

- A. Doctors' office suites
- B. Wound Care Clinic
- C. Collection Area—shed located in the physician parking area
- D. Lab Draw Area

XII. Location of Bio-Hazardous Waste at the Ambulatory Surgery Center

- A. Surgery suites
- B. Pre-op
- C. Post-op/recovery
- D. Soiled hold room
- E. Collection area next to freight elevator on ground level

XIII. Location of bio-hazardous Waste at the Advanced Surgery Institute

- A. Surgery suites
- B. Pre-op/ Post –op/recovery
- C. Soiled hold room
- D. Collection area at back of building

XIV. Authorized Personnel

- A. The collection, transport, storage and disposal of all bio-hazardous waste is the responsibility of the Environmental Services Department and their contractors.
 - 1. Bio-Hazardous waste is collected in red bags and transported through the hospital in containers labeled “Bio-hazardous Waste Only”.
- B. The waste containers are transported out of the hospital to the designated bio-hazardous waste storage area.

XV. Cleaning Procedures

- A. Inspect trash cans containing bio-hazardous waste after use. If bio-hazardous waste material is present, use the following guidelines for decontamination:
1. Wear gloves
 2. Use hospital grade disinfectant
 3. Apply disinfectant to cleaning cloth or spray into container
 4. Scrub and let dwell for 10 minutes
 5. Rinse out or wipe away bio-hazardous waste material
 6. Dispose of cleaning cloth in soiled linen hamper
 7. Re-line trashcan with bio-hazardous waste can liner
 8. Remove and dispose of gloves in appropriate waste container
 9. Wash hands with soap and water
- B. Inspect containers used to transport bio-hazardous waste after use. If bio-hazardous waste material is present, use the following guidelines:
1. Wear gloves
 2. Transport container to covered washing bay located next to the cardboard compactor in the service yard
 3. Turn on water
 4. Make sure chemical dispensing system is selected to dispense
 5. Hose off container with hospital grade disinfectant
 6. Scrub and let dwell for 10 minutes. Make sure all of the bio-hazardous waste material is removed. Use brush or cleaning cloth if necessary.
 7. Drain wastewater into the sewer drain
 8. Wipe dry container with cleaning cloth
 9. Remove gloves and dispose of in appropriate container
 10. Wash hands with soap and water
- C. In case of a bio-hazardous waste spill, follow these guidelines:
- a. Wear gloves
 - b. Alert others to stay clear of the affected area. Place wet floor signs and erect other barriers if necessary.
 - c. Contain spill by using absorbent material such as cleaning cloths, Premisorb, or spill kits
 - d. Once the spill has been contained, place the material used to contain the spill (i.e. cleaning cloths, Premisorb, etc.) in a bio-hazardous waste can liner. Dispose of the red bag using normal bio-hazardous waste disposal procedures.
 - e. Disinfect soiled area with hospital grade disinfectant for 10 minutes.
 - f. Apply disinfectant to a cleaning cloth or wet mop head. Microfiber mops are not effective for large spills
 - g. Wipe clean all remaining bio-hazardous waste material.
 - h. Dispose of cleaning cloth and/or wet mop head in soiled linen
 - i. Remove wet floor signs and/or barriers when it is safe to do so
 - j. Remove gloves and wash hands with soap and water

XVI. Staff Training

- A. All employees are given training through Health Stream including the following:
 - 1. Definition of bio-hazardous waste. (See attached Medical Waste Management Training document).
 - 2. Safe handling and disposal of bio-hazardous waste.
 - 3. Waste segregation practices.
 - 4. EVS employees sign the Medical Waste Management Training Document at orientation.
- B. Hospital staff who transport bio-hazardous waste receive additional training regarding collection, appropriate disposal and spill management (refer to Environmental Services Guidelines).
- C. All employees receive annual inservice through Health Stream regarding the definition and safe disposal of bio-hazardous waste.
- D. Hospital staff who transport bio-hazardous waste receive additional inservice on an annual basis.
- E. Employees who encounter patients receiving chemotherapy agents should receive annual training.

XVII. Storage of Bio-Hazardous Waste /Storage Building Holding Area

- A. At the Montgomery campus, the bio-hazardous waste storage building is located behind the hospital in the service yard. At the Fulton campus, the bio-hazardous waste storage shed is located behind the hospital near the bin used for regular waste. At Rohnert Park Campus and Santa Rosa Urgent Care, the bio-hazardous waste is located in bins in the dirty utility room.
- B. The storage building is constructed to afford protection from animals, rain, wind and does not provide a breeding place or food source for insects or rodents.
- C. The storage building is secured with locking door to deny access to unauthorized persons.
- D. The door on the storage building is posted with a warning sign in English and Spanish reading: "Caution - Biohazardous Waste Storage Area - Unauthorized Persons Keep Out". The sign is readable from a distance of 25 feet.
- E. Storage of bio-hazardous waste shall not exceed seven (7) days.
- F. The storage building is cleaned and decontaminated one time per week or as needed if spillage of medical waste occurs.

XVIII. Treatment and Disposal of Bio-Hazardous Waste

A. On-Site Treatment:

All bio-hazardous waste generated except sharps, chemotherapy, pathology and pharmaceutical waste is treated and rendered non-biohazardous by steam sterilization. At the Santa Rosa and Rohnert Park Urgent Care sites, all bio-hazardous waste is hauled away by a licensed bio-hazardous waste hauler.

1. Operating procedures for the use of the sterilizers have been developed to include; time, temperature, type of waste, type of autoclavable containment bag, pattern of loading and maximum load quantity.
 - a. Recording thermometers are checked during each complete sterilization cycle to insure the attainment of 121 degrees centigrade (250 degrees Fahrenheit) for a minimum of 30 minutes.
 - b. Recording thermometers are calibrated annually.
 - c. Records of calibration checks and temperature/time chart are kept on file for a minimum period of three (3) years,
 - d. Each autoclavable bag has heat sensitive tape that indicates the attainment of adequate sterilization conditions.
2. Biological indicator, *Bacillus stearothermophilus* is placed at the center of a load processed under standard operating conditions one time per month to confirm the attainment of adequate sterilization conditions.
 - a. Records of the monthly testing are kept on file for a minimum of three years. Files are maintained by Central Sterile Processing
 - b. The Facilities department monitors the proper functioning of the machine
3. Chemotherapy Waste: Chemotherapy waste is segregated from all other types of waste streams. Chemotherapy waste is placed in designated bags and containers labeled "Chemotherapy". Chemotherapy waste is transported and stored separately from all other waste streams. Chemotherapy waste is picked up a minimum of one time per every seven (7) days, or when bin is full, by a licensed bio-hazardous waste hauler and taken off site for incineration.
 - a. Records and waste manifests are kept on file for a minimum of three (3) years.
4. Pathology Waste: Recognizable human anatomical remains, pathology waste is collected in two (2) designated containers in the laboratory and one (1) designated container in the soiled utility room near the C-section operating room on 3-North. Pathology waste is segregated from all other types of waste streams. Pathology waste is collected in red colored bags labeled "Bio-hazardous Waste". Pathology waste is placed in secondary containers labeled "Pathology Waste – Incineration Only". Pathology waste is transported and stored separately from all other waste streams. Pathology waste is picked up a minimum of one time every seven (7) days by a licensed medical waste hauler and taken off site for incineration.
 - a. Records and waste manifests are kept on file for a minimum of three (3) years.
5. Sharps waste is segregated from all other waste. It is collected and transported to the bio-hazardous waste holding area and put in containers from the licensed bio-hazardous waste hauler. Sharps waste is picked up a minimum of one time per every seven days, but most often twice a week.

6. Pharmaceutical Waste: Refer to Pharmaceutical Waste policy.
7. Handling and Decontamination Procedures for Possible TSE (transmissible spongiform encephalopathies), which include Creutzfeldt-Jakob Disease (CJD): see Laboratory Procedures

B. Off Site Disposal

1. In addition to sharps, chemotherapy and pathology waste streams, the Hospital will use “off site” disposal as a back up contingency plan in the event that the bio-hazardous waste can not be steam sterilized on site. All bio-hazardous waste generated at the Santa Rosa and Rohnert Park Urgent Care sites is hauled away and disposed of by a licensed bio-hazardous waste hauler.
2. The medical waste is transported to an approved disposal site or facility.
3. The Hospital will release the transport of bio-hazardous waste only to a licensed medical waste hauler.
 - a. The medical waste hauler must be in compliance with all local and State laws governing the transport and disposal of bio-hazardous waste.
4. Contact information for the current bio-hazardous waste hauler is:
Stericycle, Inc.
1345 Doolittle Drive Suite C
San Leandro, Ca 94577
5. Contact information for a contingency bio-hazardous waste hauler is:
Stericycle, Inc.
1612 Starr Dr
Yuba City Ca 95991
(530) 755-0585

XIVV. Disposal of Bio-Hazardous Waste from Off Site Health Facilities Owned and Operated by St. Joseph Health System.

- A. Off-site facilities comply with all State, Title 22, JCAHO, and Sonoma County Health Department standards regulating bio-hazardous waste.

Off-site facilities utilize the same definition of bio-hazardous waste as the Hospital.

XVV. Pathology Department Protocol for the Disposition of Fetuses, Stillborns, Amputated Limbs, Organs and Tissue: Refer to Pathology Department Procedures

References: California Medical Waste Management Act	
Reviewed/Revised by: Russ Seymour, Director Environmental Services; Tom McHugh, Laboratory Director; Leslie Fisher, RN, Infection Control Manager; Michelle Kane, Oncology Manager	
Approvals: Infection Control Committee, CSQT, MEC, Board of Trustees	Distribution: All Hospital Departments