Introduction
In 1985, the Tacoma-Pierce County Board of Health conducted initial studies of infectious waste management and procedures in Pierce County. The outcome of the survey indicated additional oversight was needed to improve handling practices. In 1989, the Tacoma-Pierce County Health Department, City of Tacoma and Pierce County passed ordinances regulating all infectious waste generated, stored, transported or treated in the City of Tacoma, all other incorporated cities and unincorporated Pierce County. The ordinance directed the Health Department to issue permits to regulate all infectious waste generators, transporters and disposal companies in Pierce County. The program requires each facility to develop a management plan, conduct annual training on infectious waste, be inspected by Health Department staff annually and, on a random basis, complete/submit an infectious waste self-inspection questionnaire. Permit fees are charged to support this program.

Permits
In general, these ordinances require all Pierce County health care facilities such as medical offices/practices/clinics, dental offices, hospitals, nursing homes, funeral homes, medical laboratories or any other business which generates, transports, and/or treats infectious waste to obtain an infectious waste permit from the Tacoma-Pierce County Health Department. Infectious waste permits are valid for one business per site. A single business operating multiple sites in Pierce County is required to have an infectious waste permit for each physical site. If the physical address of an office changes, the permit may be transferred to the new address by notifying the Health Department. If a business changes ownership, a new infectious waste permit is required. Permits are billed annually and are not prorated at any time. Permit fees for generators are based solely on the volume of infectious waste generated at a facility, regardless of disposal method, see fee schedule.

Class 1A Generator
Less than 40 gallons/50 pounds per month

Class 1B Generator
41-100 gallons/50-110 pounds per month

Class 1C Generator
More than 100 gallons/110 pounds per month

Class II Transporter (Includes one vehicle)
Each additional vehicle extra

Class III Storage and/or Treatment Facility

Other fees:
Reinspection Charge for Infectious Waste Permit
Late Fee Charge
1 to 30 Days Late ....................................... 10% of annual permit fee
More than 30 days Late .............................. 25% of annual permit fee
Inspections
Once a permit application and fee are received, an appointment will be made to conduct a general walk-through inspection of the facility and review of their infectious waste management plan. This is primarily an educational visit and will be done at the convenience of the facility. After the initial inspection, the permit will be mailed to the facility. Subsequent inspections occur annually. These inspections will include an impromptu on-site survey to ensure proper infectious waste handling procedures are being followed and management has put into place adequate training and procedures. In addition, unscheduled inspections, based upon concerns/complaints received by the Health Department, may be conducted if warranted. Health Department staff is always available for phone consultations by calling (253) 798-6047.

Management Plan and Training requirements
Each facility is responsible for developing a management and training plan for their employees. A sample plan is provided for your information. All employees, staff, housekeeping and janitorial personnel that generate or handle infectious waste are responsible for reading, understanding and implementing the infectious waste management policies and procedures. All staff dealing with infectious waste must be provided training on the local infectious waste management plan and in-house procedures at least annually. An infectious waste coordinator is required to be assigned to implement the infectious waste procedures. This person is usually the point of contact or liaison with the Health Department. A file containing infectious waste management policies and procedures must be maintained by your infectious waste coordinator and must be available to be reviewed at your facility. Other records including autoclave logs, test data, inspection reports, transportation records, infectious waste management correspondence and spill/training logs must be retained, on site, for a minimum of three years.

Definition of Infectious Waste
Infectious waste is defined as an untreated solid waste capable of causing an infectious disease via an exposure to a pathogenic organism of sufficient virulence and dosage through a portal of entry in a susceptible host. Infectious wastes include but are not limited to: Sharps (i.e., needles with syringes, scalpel blades, glass slides, etc.); Cultures and stocks of infectious waste agents (i.e., blood specimen tubes, culture plates); Blood, blood saturated gauze or bandages; Pathological waste.

*Sharps* will be segregated and collected in single use plastic needle boxes. Sharps include all items of glass, needles blades, etc. Potential sharps such as glass blood tubes must be placed in sharps containers to eliminate breakage. Sharps containers will not be filled beyond their intended capacities (¾ full) and the containers’ lids will be tightly secured at all times. Ensure no needles stick out of the container. Ensure sharps containers are not placed within easy access of children.

*Non-sharps red bag waste* such as saturated dressings, gauze, plastic blood specimen tubes and culture plates will be segregated and collected in a trash container lined with a red plastic bag. Containers holding infectious waste must be easily cleanable and clearly labeled with the words “Infectious Waste” or with the international biohazard symbol. In the event the waste container is contaminated by infectious waste, decontamination of the container will be accomplished by application of a sanitizer (i.e., 1:10 solution of household bleach and water to the
contaminated area), then wiping the area clean with paper towels or a sponge. The person cleaning the waste container will wear latex gloves and other appropriate protective gear (i.e., nose and mouth mask, moisture resistant apron or gown, eye protection) to prevent exposure to infectious waste.

**Trace Chemotherapeutic (Chemo) wastes** must be stored separately from blood borne pathogenic waste. Trace chemo waste (sharps, vials, bags, tubing and Personal Protective Equipment containing less than 3 percent of original content) must be stored in yellow colored containers and be labeled as such. Only disposal by incineration is permitted through regulated disposal company. As with filled infectious waste containers, chemo waste will be maintained on site no longer than seven days prior to disposal or treatment.

**Pathological waste** shall be treated by incineration only, unless an alternative treatment method has been approved by the Health Department that demonstrates that the proposed method is capable of rendering pathological waste non-infectious and unrecognizable prior to disposal.

**Interim On-site Storage Prior to Disposal**

Infectious waste must be stored in an impervious leak-proof container (metal canister or plastic trash can) and can be retained on site for no longer than seven days after the primary storage container is filled. The storage area housing the container(s) provided by the transporter must be designated and identified with a biohazard sticker on each access door. The storage room floor must be made of an impermeable surface such as tile, sealed wood, linoleum, etc. (storing directly on carpeting is not acceptable). Infectious waste containers are not to be accessible to patients, the public, vectors or the elements.

**Mandatory Blood/Body Fluid Spill Kit**

Infectious waste spill kits must be kept on site and located centrally in each major area where biohazardous waste is generated or stored. Spill kits consist of the following personal protection equipment: goggles/safety glasses, face masks, moisture proof aprons, gloves, absorbent material, red bag, disinfectant, brush and dustpan. If a spill meets reporting requirements, the Health Department must be notified within 48 hours by calling (253) 798-6047. The Health Department’s definition of a reportable spill is either a liquid spill equal to or greater than 1 liter of body fluids or 32 gallons of solid infectious waste.

**Spill Clean Up Procedures**

1. Put on the appropriate personal protection equipment. Personal protective gear includes latex gloves, moisture resistant apron, eye protection and nose and mouth mask.
2. Apply absorbent to any spilled liquids and a hospital approved germicidal disinfectant to the spillage site. Pick up any solid debris and dispose of in red bag. Remove any protective gear and dispose of single use items. Sanitize reusable personal protective gear with an approved sanitizer.
3. Record spill in log and notify the Health Department within 48 hours if spill meets reporting requirements.
Approved treatment/disposal methods for infectious waste:

Onsite Treatment of Infectious Waste

1. **Autoclave** Both red bag and sharps, may be treated by autoclaving. Autoclave indicator tape will be applied to each infectious waste container before being autoclaved. After the infectious waste containers have been autoclaved and the autoclave tape indicates this fact, the waste may be disposed of as regular waste directly into the dumpster. Each treated container must be rewrapped in an opaque bag (non-red bag) prior to disposal in the normal trash. All infectious waste autoclaved will be marked with the indicator tape showing the waste has been autoclaved. Offsite spore test will be conducted at least quarterly to confirm adequate sterilization. A biological indicator will be placed in the center of a representative load at least monthly for class 1A and 1B generators. Class 1C generators and Class III Storage and/or Treatment Facilities will be tested weekly. All autoclaves will have their interior thermometers calibrated annually.

2. **Chemical Sterilization** Non-sharps infectious waste (red bag) may be treated by chemical sterilization. Saturate the infectious waste with a 1:10 solution of household bleach, let sit for at least 30 minutes prior to disposal. If any red bags are placed in the trash after autoclave or chemical treatment, they must be wrapped in an additional non-red bag prior to disposal.

3. **Plaster Encasement** Sharps may be treated by plaster encasement. While the sharps container is still empty, plaster is added to form a bottom layer. When syringes in the sharps container reach a depth of 12 inches or nightly (whichever comes first), another layer of plaster will be poured and the container shaken to fully encapsulate the needles. When the container is ¾ full, a final layer of plaster will be poured to fully encapsulate all needle points. The container will then be sealed and disposed of in the regular trash in an opaque bag.

4. **Isolyser®/SMS® Sharps Disposal System** Treat and follow manufacturer's instructions to properly encapsulate sharps.

Offsite Treatment of Infectious Waste

A regulated, infectious waste disposal company must be designated in writing to pickup and transport untreated infectious waste to a treatment facility for final disposal. Disposal receipts must be kept on site for three years. In the event the primary treatment and disposal method or transporter company becomes unavailable, an alternate transport company must be designated in writing. Once transported by an infectious waste company, untreated infectious waste must be treated by incineration, microwave or autoclaved prior to disposal in a landfill. Disposal companies permitted in Pierce County are listed below:

**Murrey's Disposal Company**
PO BOX 399
Puyallup WA 98371
(253) 922-6681

**Stericycle of Washington**
11411 NE 124th ST STE 190
Kirkland WA 98034
(800) 755-3291

**Waste Management of Washington**
8101 1st AVE S
Seattle WA 98108
(206) 505-9058