Facility Name ____________________________________________

Effective date ____________/__________/__________ Approved by ____________________________________________

Policy

All employees, staff, housekeeping, and janitorial personnel that generate or handle infectious waste are responsible for reading, understanding, and implementing the following infectious waste management policies and procedures. List infectious waste coordinator or committee members responsible for implementing the infectious waste 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.

Definition Infectious waste is untreated solid waste capable of causing infectious disease via exposure to a pathogenic organism of sufficient virulence and dosage through a portal of entry in a susceptible host.

Infectious wastes generated include the following types of wastes (refer to infectious waste definitions in the regulations for specific types):

• 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.
• Other __________________________________________________________

Procedures

The following is an explanation of the infectious waste management plan:

• Sharps will be segregated and collected in plastic needle boxes. Sharps include all items of glass, needles, blades, etc. 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. Sharps containers will not be filled over ¾ full and the containers’ lids will be tightly secured at all times.

• Sharps containers are found in the following locations: __________________________________________________________

Red bag containers will be kept at these locations: __________________________________________________________

Approximately _______ gallons of infectious waste are generated each month.

• Infectious waste containers are not to be accessible to patients, the public, vectors, or exposed to elements.

• Storage rooms and containers used for infectious waste are labeled and identified with the words “Infectious
Infectious Waste Management
Plan, Policy and Procedures

Waste” or the international biohazard symbol. Until pick-up or treatment, infectious waste will be stored in:

- If 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.

- Filled infectious waste containers will be stored on site for no more than seven (7) days before disposal or treatment.

Treatment of Infectious Waste Choose one: □ On-site Treatment □ Off-site Treatment

Onsite Treatment

**Autoclave**—Onsite treatment of infectious waste, both red bag and sharps, will be accomplished 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 as regular waste directly into the dumpster. Ensure each treated container is rewrapped in an opaque bag (non-red) before disposal in the normal trash.

- Infectious waste will be treated until the autoclave tape indicates the waste has been autoclaved.
- Offsite spore test will be conducted at least quarterly to confirm adequate sterilization.
- For Class 1A and 1B generators, place biological indicator in the center of a representative load at least monthly. Class 1C generators and III treatment facilities will be tested weekly.
- All autoclaves will have their interior thermometers calibrated annually (if applicable).

**Chemical Sterilization**—Onsite treatment of non-sharps infectious waste (red bag) may be accomplished 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 rewrapped with a non-red bag prior to disposal.

**Plaster Encasement**—Onsite treatment of sharps can be conducted by plaster encasement. Plaster is added into a sharps container when still empty 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. Once the final layer of plaster has dried, the container will be sealed and disposed of in the regular trash.

**Isolyzer®/SMS®**—Onsite treatment of sharps can be conducted by Isolyzer®/SMS® sharps disposal system. Needles are added to a sharps container filled with an Isolyzer® solution. When the container is ¾ full of needles, add water until almost full. Then add the catalyst to harden the liquid and fully encapsulate all needle points. When the container has fully hardened, the container will be sealed and disposed of in the regular trash.

Alternate Method of On-site Disposal
Infectious Waste Management Plan, Policy and Procedures

Off-site Treatment

A regulated infectious waste disposal company ☐ Murrey’s ☐ Stericycle ☐ Waste Management ☐ other__________ will pick up and transport infectious waste to a facility for treatment and final disposal.

Infectious waste will be picked up ☐ daily ☐ weekly ☐ bi-weekly ☐ monthly ☐ as required.

Final off-site treatment will be accomplished by ☐ incineration ☐ microwave ☐ autoclave ☐ other__________

In the event the designated and approved primary treatment and disposal method is unavailable, emergency backup contingency plan is to utilize either ☐ Murrey’s ☐ Stericycle ☐ Waste Management ☐ other__________

Spill Response

In the event of an infectious waste spill, cleanup personnel will find blood/body fluid spill response kits at the following location(s): ____________________________.

- Put on the appropriate personal protection equipment. Personal protective gear includes latex gloves, moisture resistant apron, eye protection, and nose and mouth mask.

- 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. Strip off any protective gear and dispose of anything that is for single use. Sanitize any personal protective gear which will be used again with an approved sanitizer.

- For spills greater than 1 liter of liquid body fluid or 32 gallons of solid infectious waste, notify the Health Department within 24 hours by calling (253) 649-1820 and record spill response activities in your spill log.

Record Keeping

A file containing the above infectious waste management policies and procedures will be maintained by our infectious waste coordinator and can be reviewed at our facility. All waste disposal and autoclave records, testing data, infectious waste management correspondence, and spill/training logs must be retained on site for a minimum of three years.
Infectious waste management training will be implemented:

- Upon institution and development of the plan.
- When new employees are hired.
- When management procedures are changed.

Continuing education will be provided at least **annually** to refresh and maintain personnel awareness of the potential hazards associated with infectious waste.

I have read and understand or have received instruction regarding the infectious waste management policies and procedures of this facility.

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