TRAINING UPDATE

Lab Location:	GEC, SGMC & WOMC	**Date Distributed:**	9/24/2019
Department:	All lab staff	**Due Date:**	10/23/2019
		Implementation:	**10/1/2019**

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:

Biohazardous Waste Management SGAH.SA07 v2

Description of change(s):

Most of the changes to the SOP are minor; t**he addition of the notes in section 5.4 is to stress the importance of the proper disposal of biohazard waste and use of items with the biohazard symbol.** There have been numerous instances of non-compliance with these in the labs.

Header: changed WAH to WOMC

Section 1 & 3: replaced Quest with laboratory

Section 5.4: added notes to step 2

Section 5.5: removed barcode labeling of container

This revised SOP will be implemented on October 1, 2019

Document your compliance with this training update by taking the quiz in the MTS system.

Non-Technical SOP

Title	**Biohazardous Waste Management**	
Prepared by	Joan Lewis	Date: 9/21/2000
Owner	Robert SanLuis, Stephanie Codina	Date: 10/9/2017

Laboratory Approval		
Print Name and Title	**Signature**	**Date**
Refer to the electronic signature page for approval and approval dates.		
Local Issue Date:	Local Effective Date:	

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1. PURPOSE

To ensure compliance with all regulations that govern disposal of hazardous biological waste produced by laboratory operations.

2. SCOPE

This procedure applies to all laboratory operations and is used by all employees whose duties include handling or disposal of biohazardous waste.

3. RESPONSIBILITY

All laboratory employees who handle biohazardous waste during the course of their duties are responsible for complying with the procedures listed in this document as well as all applicable Federal, state and local regulations.

Laboratory managers and supervisors will ensure that all employees receive appropriate training (including Bloodborne Pathogens Training) so that they are thoroughly familiar with waste handling and emergency procedures relevant to their responsibilities during normal operations and during emergencies.

4. DEFINITIONS

Biohazard waste is generally defined as any waste contaminated with potentially infectious substances or materials that may pose a threat to public health or the environment. Biohazardous waste includes medical waste, sharps, and other biohazardous substances.

Bloodborne Pathogens are pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Contaminated means the presence of visible blood or other potentially infectious materials on an item or surface.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and pipettes.

Other Potentially Infectious Material (OPIM) means (1) the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV- or HCV-containing culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV. Also included are cultures of microbes that have been isolated or grown from specimens.

Infectious Substance means a specimen or culture, isolate or other derivative of a specimen that contains a viable infectious virus, prion, or a viable microorganism, including bacteria, rickettsia, parasites, fungi, or recombinant microorganisms (hybrid or mutant), that causes or may cause disease in humans. Toxins known to be pathogenic are included in this definition. This also includes any etiologic agent specifically listed by the CDC in its regulations.

Personal Protective Equipment (PPE) is specialized clothing or equipment worn by an employee for protection against a hazard. PPE may include lab coats, face shields, gloves. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protections against a hazard are not considered to be personal protective equipment.

Regulated medical waste (RMW) is waste generated in the diagnosis, treatment, or immunization of humans or animals, or in the production or testing of biological compounds at health care facilities, such as hospitals, physicians' offices, medical research facilities, and laboratories. Includes biohazard waste, OPIM, sharps (used and unused), solid waste and infectious substances.

Sharps container means a container that is closable, puncture resistant, leak-proof on sides and bottom, and labeled in fluorescent orange or orange-red, and bearing the Biohazard legend.

Solid Waste is any material to be discarded or that is no longer fit for its intended purpose. A solid waste may be liquid, solid, semisolid or gas.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

NOTE: The use of the terms regulated medical waste, medical waste, or biohazard waste may be used interchangeably in this document.

5. PROCEDURE

5.1 Methods of identifying and collecting hazardous waste:

Refer to definitions and the Bloodborne Pathogens Exposure Control Plan for guidance on identifying hazardous waste and for hazardous waste containers.

5.2 Sharps

All material that is defined as sharps, whether contaminated or not, must be disposed of in a sharps container, which is then placed in a Department of Transportation (DOT) approved biohazardous waste container.

5.3 Spills of liquid biohazardous waste

Step	Action
1	If a spill occurs: a. Put on appropriate PPE b. Place absorbent or paper towel on the spill c. Put an appropriate EPA approved disinfectant onto the absorbent or paper towel d. Follow manufacturer's instructions for decontamination time e. Scoop up spill and absorbent material using scoops or devices. **DO NOT USE HANDS** f. Broken glassware shall be picked up using mechanical means such as a dustpan, tongs, or forceps g. Dispose in appropriate biohazardous waste or sharps container h. Wipe down all contaminated surfaces again with decontaminant i. Make certain any contaminated equipment is properly cleaned.

Step	Action
2	If an exposure occurs refer to Incident Reporting and Post Exposure Prophylaxis SOP.

5.4 Preparation for disposal

Step	Action
1	Sharps containers shall be easily accessible and located as close as is feasible, replaced routinely, and not be allowed to overfill.
2	Biohazard containers shall be prominently marked or tagged "Biohazard", bearing the universal biohazard symbol. Plastic bags shall be placed in rigid containers for transport. **Notes:** • Any item that bears a biohazard symbol or the word "biohazard" **cannot** be disposed of in regular trash. • Do not store non-biohazardous items in biohazard bags.
3	Waste must be collected in DOT approved container. If at all possible, do not handle red bags outside of the fiberboard or plastic containers. If it is necessary to transfer a red bag to another container, "pour" the closed bag from one container to another. **Notes:** • Containers should not be more than 2/3 full • Biohazard waste should never be compacted by pushing down with hands or other devices.
4	All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected, cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
5	There should be sufficient absorbent in bags of mixed hazardous waste to prevent seepage of free liquid out of the red bag and container. Double or triple bagging may be required to avoid rupture or puncture of the bag. • Liquid biohazardous waste such as blood, blood products or body fluids can be disposed of directly into a sanitary sewer if permitted by State or local regulations. • Urine tubes without mercury-containing preservatives can be discarded either through (a) uncapping and disposing into a sanitary sewer or (b) through disposal machines such as grinders or compactors. Disposal machines should be used in a manner that observes all hospital safety guidelines (e.g. the hearing conservation program). • Cups used for urine collection may be disposed of as municipal waste if the cup or specimen is not visibly contaminated with blood or OPIM and Patient Health Information has been hidden from public view.
6	Place biohazardous waste containers in a designated area that has a biohazard symbol and legend at the entrance. In addition, the sign(s) must warn employees not to enter the area unless they are duly authorized and trained on biohazardous material safety procedures.

5.5 Preparation of waste for removal

Step	Action
1	Close the red bag with a knot or with tape.
2	The container must be closed prior to removal.
3	Prior to use, reusable containers must be inspected for residue or damage that reduces the structural integrity of the container.
4	Approved containers have labels that bear the universal biohazard symbol along with the "biohazard" and include the identification number UN 3291.
5	The container cannot be overfilled. Fill the container according to volume and weight limitations. Observe weight restrictions specified by the waste disposal company.
6	Adventist Healthcare facilities are responsible for collection and disposal of all waste.

5.6 Recycling

Step	Action
1	Containers can be reused if they are not cracked or do not have holes. A solution of 10% bleach or other approved disinfectant should be used to decontaminate containers that are contaminated with blood or OPIM. If the integrity is compromised then it should be decontaminated and disposed of as solid waste.
2	Cardboard boxes may be: a. reused if there is no visible contamination with blood or OPIM b. recycled if they are not visibly contaminated c. disposed of as biohazardous waste if they are contaminated
3	Biohazard labels should be removed from any containers that are decontaminated and disposed of as solid waste.

5.7 Training

Employees must receive bloodborne pathogens training before handling biohazardous waste. If biohazardous waste is to be shipped offsite, employees must also receive DOT training.

5.8 PPE

Refer to the Bloodborne Pathogens Exposure Control Plan.

5.9 Waste Minimization Plan

Within the OSHA definition of infectious (medical) waste, not all waste generated in the laboratories should be disposed of as biohazardous waste. The USEPA requires waste minimization programs for all regulated waste, including biohazardous waste. Therefore, each site must have a biohazardous waste minimization program.

6. RELATED DOCUMENTS

- Bloodborne Pathogens Exposure Control Plan
- Incident Reporting and Post Exposure Prophylaxis

7. REFERENCES

- 29 CFR 1910.1030. OSHA Bloodborne Pathogens Standard
- 49 CFR 171 *et seq*. DOT Regulations
- 49 CFR 172.400 Subpart E – Labeling
- Centers for Disease Control, 42 CFR 72
- "Federal Toxics Program Commentary," Specialty Technical Publishers
- "Hazardous Waste Regulations: A Handbook for Laboratories", Environmental Resource Center

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
		Upload to MasterControl with local SOP# Minor changes to header / footer Section 8: add Approver column	L. Barrett	L. Loffredo
000	10/9/17	Updated owners and cover page Header: added other sites Section 3: changed training responsibility to mgmt Section 4: added biohazard & medical waste Section 5: removed non-applicable information, updated container description, added AHC collects and disposes of waste Section 6: updated SOP list Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13	L Barrett S Codina	R SanLuis
1	9/16/19	Header: changed WAH to WOMC Section 1 & 3: replaced Quest with laboratory Section 5.4: added notes to step 2 Section 5.5: removed barcode labeling of container	L Barrett S Codina	R SanLuis

9. ADDENDA AND APPENDICES

None