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| **Regulated Medical Waste - Biohazard** | **Subject: Pandemic Plan** |
| **Approved by:**  |  |
| **Effective:**  | **Revised:**  |

**POLICY:** It is the policy of this facility to dispose of regulated medical waste in accordance

with Chapter 738 of the Public Health law of 1993 and #10 NYCRR 70.

Also, in accordance with the above cited laws, it is the policy of \_\_\_\_\_\_ to receive and appropriately dispose of “sharps” (only) collected from private residences.

**Definition of Regulated Medical Waste**

1. “Regulated Medical Waste shall mean waste which is generated in the diagnosis, treatment or immunization of human beings…”
2. There are six (6) sub-categories within the general definition of regulated medical waste. Three (3) of these categories are not applicable to the Nursing Home setting. The three (3) categories that do not apply are as follows:

**1. Human Pathological Waste**

This waste includes organs, body parts and body fluids. Urine is not considered regulated medical waste, unless it is submitted as a clinical specimen for laboratory testing. However, if a patient is found to have a disease which may be transmitted through urine, then the material containing this fluid, including diapers, must be considered regulated medical waste.

Incontinence Materials (diapers, etc.) are generally not considered regulated medical waste, provided that the patient does not have an infectious disease which can be transmitted by urine. Since feces always contains microorganisms and since these microorganisms, even if potentially pathogenic, cannot be transmitted from trash containers or disposable sites; therefore, fecal contaminated materials, including diapers are not considered to be regulated waste.

**2. Human Blood & Body Parts**

“This waste shall include discarded human blood, discarded blood components, (9e.g. serum and plasma) containers with free flowing blood or blood components or discarded saturated materials containing free flowing blood or blood components and materials saturated with blood or blood products…”

**3. Sharps**

This waste includes sharps used in human patient care. Sharps include syringes with attached needles, needles and lancets. Because of the potential to break and give rise to puncture or laceration wounds, glass tubes, flasks, beakers, etc., must also be considered as sharps and be disposed of accordingly.

**Procedures for Managing Regulated Medical Waste**

1. The soiled utility room on each unit shall contain a sealed container with a leak proof and puncture resistant bag. Both the container and the door leading to the soiled utility room shall have affixed to them the “Bio-Hazard” sign.

2. Once each day, in the morning the Housekeeping Department will pick up the bags, appropriately tie them and place these bags in approved transporting boxes located in the “Infectious Waste” storage areas. This storage area is duly marked by a “Bio-Hazard” sign. This Infectious Waste storage area is to be locked at all times and only Housekeeping and Administration have keys.

Housekeeping personnel are provided with appropriate protective equipment, including gloves, aprons, etc., when handling regulated waste materials.

3. On a monthly basis, all regulated medical waste is picked up at the Home by a licensed Medical Waste Transporter.

4. The licensed Medical Waste Transporter (with whom the home maintains a written contractual agreement for services) prepares a manifest, listing the number of boxes taken. Both the name of the generator (the Home) and the name of the transporter are printed on each box. The manifest also contains name, address, and permit number of the “Disposer.”

5. Within thirty (30) days of pick-up, the facility receives via U.S. mail a copy of the manifest, signed by the Disposer. These signed manifests are to be kept by the Home for at least six (6) years.

**Internal Procedures for Collecting Regulated Medical Waste**

1. The Director of Nursing or her designee will notify the Director of Housekeeping of the need to isolate a resident.

2. Three (3) containers, each with leak proof and puncture resistant bags and Bio-hazard labels will be provided by the Housekeeping Department and Nursing personnel will place these containers in each resident’s ante-room. These containers will each be labeled as follows:

 a. Linen

 b. Personal Clothing

 c. Trash

Housekeeping personnel should not enter the isolated room unless supervised by a Registered Nurse and then only with the appropriate protective clothing and equipment.

3. Daily, these labeled bags are collected by the Housekeeping Department from the Soiled Utility Room.

 a. The **Linen** bags are stored in the Soiled Laundry Room in a secured area. These bags are picked up twice weekly by the outside laundry company and are washed in the double red bags, which are degradable.

 b. **Personal Clothing Bags** are stored in the Soiled Laundry Room until they are washed in-house, after all other laundry has been washed. Since personal clothing cannot be washed together, Laundry personnel will wear appropriate protective clothing during the sorting and handling process.

After washing this clothing, the washing machine will be disinfected with Lysol liquid or bleach.

 c. **Trash bags** are placed by Housekeeping personnel in approved transportation boxes in the Infectious Waste storage area and are handled in accordance with the guidelines from the above section “Managing Regulated Waste.”

**Procedures for Managing Sharps/Disposable Razors Generated In-House**

The primary container for discarded sharps shall be rigid, leakproof, puncture-resistant and closable, and may serve as a secondary container for purposes of transport, provided it meets the definition of a secondary container.

(e)(1) Under no circumstances shall a sharps container be filled beyond the fill line indicated on the container.

(2) Sharps containers shall be removed from patient care areas to a room or area designated for regulated medical waste storage, whenever the container has reached the fill line indicated on the container. Sharps containers shall be removed from patient care areas within thirty (30) days or upon the generation of odors or other evidence of putrification, whichever occurs first, without regard to fill level.

(f) Regulated medical waste, with the exception of sharps as provided in subdivision (e) of this section, may be held in patient care areas for a period not to exceed twenty-four (24) hours and at a clinical laboratory for a period not to exceed seventy-two (72) hours, at which time the waste shall be moved to a storage area.

(g)(1) Each storage area shall be adequate for the volume of regulated medical waste generated between scheduled waste pick-ups by a transporter, or, for facilities treating the waste on-site, the volume of waste that can be treated on-site within a twenty-four (24) hour period.

(2) Each storage area shall:

(i) display prominent signage indicating the space is used to store regulated medical waste;

(ii) be designed or equipped to prevent unauthorized access;

(iii) be designed or located to protect waste from the elements, and prevent access by vermin;

(iv) hold the waste at a temperature that prevents rapid decomposition and resultant odor generation;

(v) be appropriately ventilated; and

(vi) be of sufficient size to allow clear separation of regulated medical waste from any other waste, whenever waste other than regulated medical waste is stored in the same area.

(3) Regulated medical waste shall not be stored for a period exceeding thirty (30) days, except that a site generating under fifty (50) pounds of regulated medical waste per month and not accepting regulated medical waste for treatment from other facilities, may store waste for a period not exceeding sixty (60) days.

(h) Prior to transport off-site of the generating facility for treatment elsewhere:

(1) primary containers shall have affixed a label or imprint indicating the name and address of the generating facility; and

(2) primary containers, except as provided in (c)(2) of this section, shall be placed in a secondary container with an affixed label or imprint, indicating the name and address of the generating facility, and such container marked prominently with signage indicating that the contents are infectious or regulated medical waste; and, if applicable, with an affixed label indicating that the contents contain or are mixed with hazardous waste, and/or toxic drug waste.

* Sharps containers are located on each nursing unit and each medication cart
* Sharps containers for disposable razors are also located on each nursing unit and shower area
* Sealed Sharps containers are collected from all areas by Housekeeping personnel a minimum of monthly and as needed prior to the licensed Transporter pickup. Sealed Sharps containers are placed in approved transportation boxes and are processed in accordance with the guidelines from the above section “Managing Regulated Waste.”

**Cleaning Up Spills**

The following procedure is to be strictly implemented and adhered to in the event of an accidental spill of Regulated Waste as previously defined above.

 1. Blood Spill Kits are located on each unit and will be utilized to clean up spills of Regulated medical Waste.

 2. Additional equipment available: Mask, Goggles, Tongs (for picking up sharps), DustPan, Broom, Aprons, Germicidal Solution, and Small Sharps Container.

 3. Housekeeping/ Nursing Personnel after having used this equipment to clean a spill should place same in a leak-proof bag, appropriately tie the bag and store in the Soiled Utility room for regular Housekeeping pickup.

 4. The Housekeeping Department is responsible for cleaning up both small and large spills of Regulated Medical Waste. If Housekeeping Personnel have left the building, Nursing Personnel is responsible to clean both small and large spills.

All posted Policies and Procedures are current as of September 15, 2020 and are based on the current knowledge of COVID-19, CDC and NYS DOH guidelines, regulations, and NY Executive Orders as they exist.  The Policies and Procedures are subject to amendment in accordance with any change to regulations, guidance, and/or executive orders.