Biomedical Waste Plan

– In compliance with Chapter 64E-16, Florida Administrative Code (F.A.C.) –

Facility Name: _____

Address: _____

_____

Telephone: _____

Reviewed & Authorized for Office Use:
(This plan should be evaluated or revised if laws or facility plans change.)

Date Plan Reviewed:	Reviewed By:

Florida Department of Health – Brevard County
Environmental Health Services
2725 Judge Fran Jamieson Way, Suite A116
Viera, Florida 32940-6605
PHONE: 321/633-2100 FAX: 321/633-2163
www.BrevardEH.com

A list of registered biomedical waste transporters can be found at http://www.doh.state.fl.us/environment/community/biomedical/transporters.htm.

Table of Contents

Attachments

I. Directions for Completing the Biomedical Waste Plan

Fill in the following blanks:

Blank 1: List the items of biomedical waste that are generated in your facility

Blank 2: List the points of origin where sharps are generated in your facility. If none, enter N/A.

Blank 3: List the points of origin where non-sharps biomedical waste is generated in your facility. If none, enter N/A.

Blank 4: Enter the minimum protective clothing used when handling biomedical waste (i.e. gloves, shields, smocks, etc.)

Blank 5: Enter the name of the manufacturer of your facility's red bags. This company must be on the DOH list of compliant red bags (http://www.doh.state.fl.us/environment/community/biomedical/red_bags.htm) OR you must have results supplied by the bag manufacturer from an independent laboratory that indicate that your red bags meet the bag construction requirements of Chapter 64E-16, Florida Administrative Code. If your facility does not use red bags, enter N/A.

Blank 6: Indicate where staff can find unused, red biomedical waste bags when they need them. If your facility does not use red bags, enter N/A.

Blank 7: Indicate where the documentation for the construction standards of your facility's red bags is kept. If your facility uses red bags that are included in the DOH list of compliant red bags, or if your facility does not use red bags, enter N/A.

Blank 8: Enter the name of your facility and complete address.

Blank 9: Enter the location and method of restriction of your biomedical waste storage area. If your biomedical waste is picked up by a licensed biomedical waste transporter but you have no storage area, indicate your procedure for preparing your biomedical waste for pick-up. If you have no pick-up and no storage area, enter N/A.

Blank 10: Enter the required information about your registered biomedical waste transporter. If you do not use a transporter, enter N/A.

Blank 11: Enter the name of the employee(s) who transports the biomedical waste. If not applicable, enter N/A

Blank12: Indicate the location as to where the biomedical waste is to be transported. If not applicable, enter N/A

Blank 13: Enter the location of your satellite office. If you do not have a satellite office, enter N/A

Blank 14: Enter the facility that disposes of your biomedical waste. If not applicable, enter N/A

Blank 15: Describe the procedures your facility will follow to decontaminate a spill or leak of biomedical waste.

Blank 16: Enter the name of the chemical germicide. If not applicable, enter N/A

Blank 17: Enter site in your facility as to where your personal protective equipment and spill kit are located

Blank 18: Indicate where your biomedical waste will be stored in case of an emergency

Blank19: Enter where you keep your employee training records

Blank 20: Indicate where a copy of your biomedical waste records (based on section XVII #1) will be kept in your facility.

Blank 21: Indicate where the glass clean up kit is located. If not applicable, enter N/A

Blank 22: Enter the name of the person as to which spill incidents are reported.

Attachment A: Flow Chart of Biomedical Waste Definition

Attachment B: Spill Kit. While a specific kit is not required, the facility must maintain a procedure for decontaminating biomedical waste spills and such procedures must be addressed in the biomedical waste plan.

Attachment C: Training Outline and Attendance Record (Documentation by employees and physicians)

Attachment D: Chain of Custody for Transporting Biomedical Waste

Attachment E: Biomedical Waste 30-Day Log. Biomedical Waste Generators with an Exemption Certificate must provide documentation showing the biomedical waste generated in each 30 day period is less than 25 pounds. Documentation may be in the form of a monthly log or receipts. This log is a sample that may be used to maintain such records.

II. Purpose and Policy

To provide the proper management of handling and storage of biomedical waste in a manner that is in compliance with all Federal laws, State laws, and Chapter 64E-16, Florida Administrative Code (F.A.C.). Each biomedical waste facility shall implement a written operating plan to manage biomedical waste, in accordance with Chapter 64E-16, F.A.C. and section 381.0098, Florida Statutes (F.S.). The plan shall include the following: a description of training for personnel; procedures for segregating, labeling, packaging, transporting, storing, and treating, biomedical waste; procedures for decontaminating biomedical waste spills; and a contingency plan for emergencies. The plan shall be available for review by the department and facility personnel. **(Chapter 64E-16.003(2) F.A.C.)**

III. Objective

The objective of the biomedical waste program is to protect health care workers, environmental-service staff, waste haulers, and the general public from risks associated with potentially infectious biomedical waste.

IV. Definitions (Chapter 64E-16.002 F.A.C.)

1. **Biomedical Waste (BMW)**: Any solid or liquid waste which may present a threat to humans, including non-liquid tissue, body parts, blood, blood products, and body fluids from humans and other primates; laboratory and veterinary wastes which contain human disease-causing agents; and discarded sharps. The following are also included:
    a. Used, absorbent materials saturated with blood, blood products, body fluids, or excretions or secretions contaminated with visible blood; and absorbent materials saturated with blood or blood products that have dried.
        **Absorbent material includes items such as bandages, gauze, sponges, wound care material, and cast material.
    b. Non-absorbent, disposable devices that have been contaminated with blood, body fluids, or secretions or excretions visibly contaminated with blood, but have not been treated by an approved method.
        **Non-absorbent material includes items such as flexible tubing, disposable gloves, intact glass, and intact hard plastic.

2. **Body Fluids**: Those fluids which have the potential to harbor pathogens, such as human immunodeficiency virus and hepatitis B virus and include blood, blood products, lymph, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids. In instances where identification of the fluid cannot be made, it shall be considered to be a regulated body fluid. Body excretions such as feces and secretions such as nasal discharges, saliva, sputum, sweat, tears, urine, vomitus shall not be considered as biomedical waste unless visibly contaminated with blood.

3. **Sharps**: Objects capable of puncturing, lacerating, or otherwise penetrating the skin.
    **Sharps include items such as needles, IV spikes, lancets, razors, contaminated broken glass (slides and test tubes), and broken plastic.

4. List items of Biomedical Waste that are generated in your facility (based on the above definitions). For example: needles, blades, gauze, bandages, gloves, dental dams, speculum, urine with visible blood, etc.

   _____
   _____
   _____
   _____
   _____(1)

V. Segregation and Handling (Chapter 64E-16.004 F.A.C.)

1. Biomedical waste shall be identified and segregated from other waste at its point of origin into its proper container.
   **Point of Origin is defined as the room or area at which the BMW is generated. For example: exam rooms, lab, resident rooms, medication carts/rooms, recovery, etc.
2. All sharps shall be discarded into leak proof, puncture-resistant containers that are located at: _____(2)
3. All non-sharp BMW shall be disposed of directly into red, impermeable bags that meet the specifications in Chapter 64E-16 F.A.C.
   Red bags are located: _____(3)
4. Any employee handling BMW shall wear protective clothing (gloves, mask, or gown) consisting of: _____(4)
5. If biomedical waste is in a liquid or semi-solid form and aerosol formation is minimal, the waste may be disposed into a sanitary sewer system or into another system approved to receive such waste by the Department of Environmental Protection or DOH.

VI. Procedure for Containment (Chapter 64E-16.004(2) F.A.C.)

Filled red bags and filled sharps containers will be sealed at the point of origin. Red bags, sharps containers, and outer containers of biomedical waste, when sealed, will not be reopened in this facility. Ruptured or leaking packages of biomedical waste will be placed into a larger container without disturbing the original seal.

All packages containing biomedical waste shall be visibly marked with the international biological hazard symbol and one of the following phrases: “BIOMEDICAL WASTE”, “BIOHAZARD“, “INFECTIOUS WASTE”, or “INFECTIOUS SUBSTANCE”.

The symbol will be red, orange, or black and the background color shall contrast with that of the symbol or comply with the requirements of the Occupational Exposure to Blood-borne Pathogen Standard.

Biomedical waste red bags also must exhibit the following physical properties:

1. The international biological hazard symbol must be at least six inches in diameter on bags 19”x 14” or larger, and at least one inch in diameter on bags smaller than 19”x14”.
2. Impact resistance of 165 grams and tearing resistance of 480 grams in both the parallel and perpendicular planes with respect to the length of the bag.
3. Incidental sum concentration of lead, mercury, hexavalent chromium, and cadmium will be no greater than 100 ppm for dyes used in the coloration of red bags.

Our red bags are manufactured by_____.(5)
Our unused red bags are kept _____.(6)
Our documentation of red bag construction standards is kept_____
_____.(7)

Sharps containers will be rigid, leak-resistant and puncture-resistant, and primarily designed for the containment of sharps. The international biological hazard symbol will be at least one inch in diameter on a sharps container and the maximum incidental sum concentration of heavy metal will be the same for a red bag.

VII. Co-Mixing (Chapter 64E-16.003(1) F.A.C.)

1. Biomedical waste mixed with hazardous waste, as defined in Chapter 62-730, F.A.C. Hazardous Waste, shall be managed as hazardous waste.
2. Biomedical waste mixed with radioactive waste, as defined in Chapter 64E-16 F.A.C., shall be managed in a manner that does not violate the provisions of Chapter 64E-5, F.A.C.
3. Any solid waste, other than hazardous and radioactive, but has been mixed with biomedical waste shall be managed as biomedical waste.

VIII. Labeling (Chapter 64E-16.005 F.A.C.)

1. Biomedical waste shall be labeled prior to transport off-site at the generating facility.
2. The label shall be securely attached or permanently printed on each bag and sharps container and be clearly legible. The following information shall be included in the labeling:
    a. Facility name and address
    b. The international biological hazard symbol.
    c. The phrase “Biomedical Waste” or “Infectious Waste”.
    d. Our facilities label reads:
    _____
    _____
    _____. (8)
3. If a bag or sharps container is placed in to a larger bag prior to transport, the label for the exterior bag shall comply with VIII(2). The inner bags and inner sharps containers are exempt from VIII(2)(a).
4. The outer containers shall be labeled with the transporter’s name, address, registration number, and 24-hour phone number prior to transport. The transporter may provide labels for bags or sharps containers that are generator-specific, such as bar codes or specific container numbers.

IX. Storage of Biomedical Waste (Chapter 64E-16.004 F.A.C.)

1. Storage of biomedical waste shall not be for a period greater than 30 days. The 30 day time period shall commence when the first non-sharps item of biomedical waste is placed into a red bag or sharps container, or when a sharps container containing only sharps is sealed. Storage of biomedical waste in a place other than at the generating facility shall not exceed 30 days. The 30 day storage period shall begin on the day the waste is collected from the generator.
2. Indoor storage shall have restricted access from general traffic flow patterns and be accessible only to authorized personnel through the use of locks, signs, and/or location.

3. Outdoors storage areas and containers shall be secured from vandalism and shall be conspicuously marked with a minimum of six inch in diameter international biological hazard symbol.
4. All areas primarily used for the storage of BMW shall be constructed of smooth, easily cleanable materials that is impervious to liquids, vermin and insect free, and maintained in a sanitary condition.
5. The BMW storage area in this facility is located: _____(9)

X. Onsite Treatment Method of Biomedical Waste (Chapter 64E-16.007 F.A.C.)

1. Our facility will use the following methods to treat biomedical waste onsite at our facility (check the appropriate method):
   a. ___Incinerator
   b. ___Steam Autoclave
   c. ___Alternative Treatment Process
   d. ___Not Applicable
2. If treatment of biomedical waste occurs in the facility, all procedures must be in compliance under this section.

XI. Transport (Chapter 64E-16.008 F.A.C.)

1. If the facility is contracting with an off-site transportation company, it must be registered with the Department of Health.
2. This facility will have on file the pick-up receipts (manifests) from the transporter and made available for review. There must be receipts on file for the last three (3) years.
   a. Our registered biomedical waste transporter who removes our waste under contract is:
      Company Name:_____
      Address: _____
      _____
      Telephone: _____
      Registration Number: _____(10)

OR

   b. An employee of this facility who works under the following guidelines:
      This office will transport less than 25 pounds of our own biomedical waste, on any occasion, in our own transport vehicle. The facility is exempt from the transport registration, fee, and placarding requirements of Chapter 64E-16, F.A.C. For tracking purposes, we will maintain a log of all biomedical waste transport by any employee of this facility for the last three (3) years. The log will contain waste amounts in pounds, dates, and documentation that the waste was accepted by a permitted facility.
      Name of employee(s) who is (are) assigned:_____
      _____(11)
      The waste is transported to the following location:
      (See Attachment D) _____
      _____(12)
      A transporter permit is required if the vehicle transports 25 pounds or more and shall be registered with the Department of Health.

c. STORAGE PERMIT: Storage is defined as the holding of packaged biomedical waste for a period longer than 3 days (72 hours) at a facility or in a transport vehicle. **A storage permit is required for a facility that accepts waste from another generating facility per the above definition.**

XII. Satellite Offices** (Chapter 64E-16.011(f) F.A.C.)

We see patients 6 hours per week or less at our satellite office which is (are) located at: _____
_____
_____(13)
The biomedical waste, which is handled at the above location, is Documented on the Chain of Custody Form **(See Attachment D)** and Disposed by: _____
_____(14)

**** The weight of biomedical waste generated each month in satellite offices which operates 6 hours or less per week will be added together with the monthly weight generated in the main office.**

XIII. Procedures for Decontaminating Biomedical Waste Spills

1. Surfaces contaminated with spilled or leaked BMW shall be decontaminated as part of the cleaning process. The procedure for this facility is: **(Fill in the blanks OR see Attachment B)**.
   _____
   _____
   _____
   _____
   _____(15)
2. Liquid waste created by these chemical disinfections operations shall be disposed of into a sewage system.
3. The disinfectant utilized at this facility is: (CIRCLE a or b)
   a. **Bleach** – Disinfected/rinsed for at least three minutes with a hypochlorite solution containing at least 100 ppm free chlorine. (mix solution as needed)
   b. **Chemical germicide** (list name) _____(16) Only those registered by the Environmental Protection Agency may be used.
4. Personal protective equipment and spill kit are located _____
   _____.(17)

XIV. Contingency Plan for Emergencies

1. ___ If the DOH licensed biomedical waste transporter stated in section XI is unable to transport this facility's BMW or treat our own biomedical waste then another DOH registered biomedical waste transporter will be contacted. A list of registered biomedical waste transporters can be found at http://www.doh.state.fl.us/environment/community/biomedical/transporters.htm.

   And/Or

   ___ Our alternative plan for disposal and treatment of biomedical waste, in the event our current methods fail, even temporarily, will be to: contact Environmental Health Services.

2. In the event of a natural disaster (i.e. Hurricane) all biomedical waste will be secured and stored in _____ _____. (18)

XV. Training (Chapter 64E-16.003 F.A.C.)

1. All new personnel who will handle biomedical waste as part of their work responsibilities will be given initial training in our biomedical waste management system before their duties commence. Should our biomedical waste management procedures change, or should there be a revision to Chapter 64E-16,F.A.C., employees will be trained on the changes. All personnel whose duties involve the handling of biomedical waste will complete refresher training annually.
2. All training sessions will detail compliance with this operating plan and with Chapter 64E-16 F.A. C., and will include any of the following activities that are carried out in our facility:
    a. Identification
    b. Transport
    c. Segregation of waste
    d. Handling of BMW (on-site)
    e. Treatment of BMW
    f. Labeling of BMW
    g. Use of protective clothing
    h. Storage of BMW
    i. Procedures for decontaminating BMW spills
    j. Contingency plan for emergencies
3. The facility must provide documentation **(See Attachment C)** that employees have been properly trained. Training documentation shall be kept for 3 years. Documentation of employee training is located in: _____ _____.(19)

XVI . Facility Specifics for Biomedical Waste Binder

It will be the policy of this office and according to Chapter 64E-16 F.A.C. to maintain an accessible copy of this plan (to be revised if laws change or facility operation/information changes), including the maintenance of the following biomedical waste records:

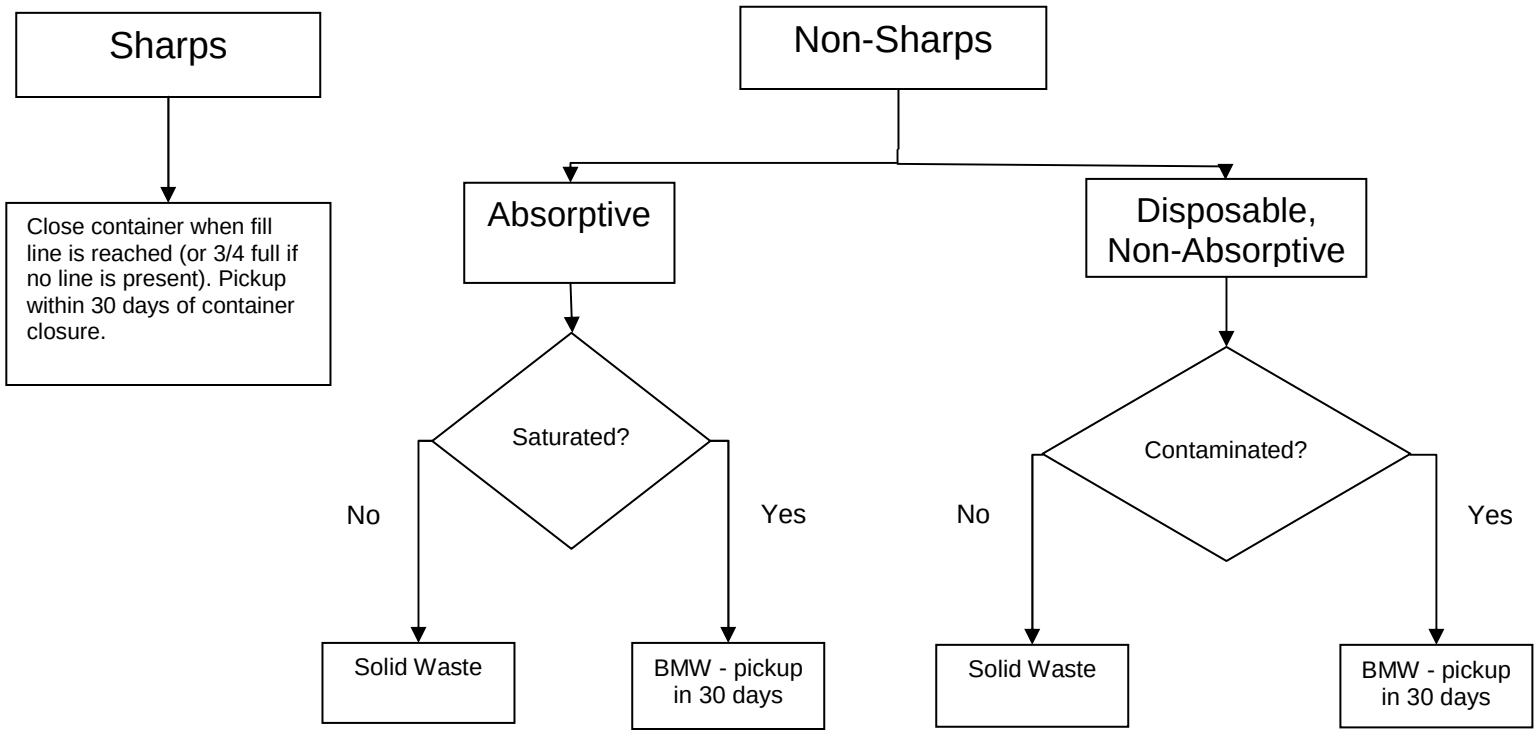
- ✓ Copy Valid Permit/Exemption Certificate (Suggested)
- ✓ Most recent copy of Chapter 64E-16, Florida Administrative Code
- ✓ Biomedical Waste Manifests (Receipts or Chain of Custody Form)
- ✓ Copies of Past Inspection Reports
- ✓ In-service/Training Records
- ✓ Red Bag Specification Letter, Chapter 64E-16.004(2)(c)1, F.A.C (or notation that red bags used are listed on the Florida Department of Health website – http://www.doh.state.fl.us/environment/community/biomedical/red_bags.htm)
- ✓ Record of Biomedical Waste Weight in Pounds Generated in Each 30-Day Period (For Biomedical Waste Generators with an Exemption Certificate Only)

XVII. Records (Chapter 64E-16.003(2)(b) F.A.C.)

1. All BMW records, which includes: Manifests, training content and documentation, purchase and return receipts for mail-in sharps containers, chain of custody for (if applicable), are kept for 3 years and shall be available for review by the Department of Health.
2. BMW records are located in _____
   _____
   _____
   _____.(20)

Attachment A

FLOW CHART OF BIOMEDICAL WASTE (BMW) DEFINITION



Attachment B

SPILL KIT

SUBJECT: Glass Breakage, Blood Clean-Up Technique

PURPOSE: To comply with Chapter 64E-16.003(2), F.A.C., - Procedure for decontaminating biomedical waste spills.

SPILL KIT CONTAINS:

Gown	Kitty Litter	Paper towels
Gloves	Whiskbroom	Dustpan
Mask		

Household Bleach/Chemical Germicide
Biomedical Waste Red Bag/Sharps Container (as applicable)

PROCEDURE:

1. Put on protective clothing and gloves.
2. Broken glass is never to be picked up with the hands. Glass should be removed using dustpan and whiskbroom only. Glass clean up will be available in the _____ _____.(21)
3. Sweep up glass using whiskbroom and dustpan.
4. Pour bleach over spill and allow to sit for several minutes.
5. Put kitty litter over the spill area and wait until absorbed.
6. Place all contaminated glass and/or sharps in the sharps container, <u>if</u> blood spill only then place contaminated waste in red bag.
7. Put on new gloves and disinfect area/wash with soap and water thoroughly.
8. Dry floor with paper towels.
9. Discard gloves and wet paper towels in the biomedical waste red bag.
10. Wash hands thoroughly.
11. Report incident to: _____(22)

Reviewed and Authorized for Office Use/Date:

_____
_____
_____
_____
_____

Attachment C

BIOMEDICAL WASTE TRAINING OUTLINE & ATTENDANCE RECORD
IN COMPLIANCE WITH 64E-16, FLORIDA ADMINISTRATIVE CODE

FACILITY NAME: _____

Date of Training: _____

Facilitator (Name & Title): _____

Training Purpose: ____ Initial _____ Annual _____ Length of Training (Time) _____ CEU's

OUTLINE OF TRAINING (Includes, but not limited to):

1. Review Contents of Chapter 64E-16, F.A.C.
2. Review Facility Biomedical Waste Plan
3. Review procedures for handling Biomedical Waste
    a. Use of PPE (gowns, gloves, coverall)
    b. Use of Engineering Controls (box, liner, sharps)
    c. Use of work Practice Controls (handling sharps mechanically)
4. Review proper sharps containment
5. Interactive Question & Answer Period
6. Other (ie. Educate home users re: proper sharps disposal)

With my signature, I agree that I have had the opportunity to read this facility's written biomedical waste plan that is in compliance with Chapter 64E-16, F.A.C. By reviewing this plan I have been trained in the above listed items.

Printed Name	Signature	Date

**** Training Records Must Be Maintained for 3 Years and available for Review D.O.H. Inspectors ****

Printed Name	Signature	Date

**** Training Records Must Be Maintained for 3 Years and available for Review D.O.H. Inspectors ****

Attachment D

CHAIN OF CUSTODY FOR TRANSPORTING BIOMEDICAL WASTE (BMW)

Location Relinquished From:	Location Receiving BMW:	Date/Time:	Weight of BMW in pounds:	Name of person handling BMW Print Name and Signature

NOTE: This form shall be completed each time facility transports BMW from one clinic to another for disposal. Maintain completed copy in the Biomedical Waste Binder for review by the DOH Environmental Health Office. This form is used for satellite office and must be kept for 3 years.

Attachment E

FACILITY NAME: _____ **LICENSE #:** _____

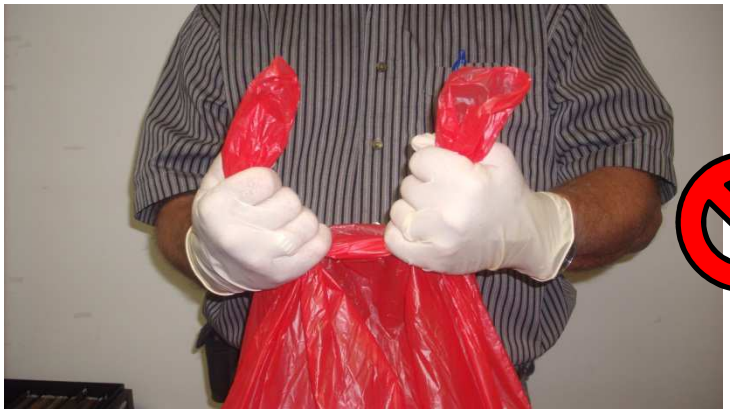
BIOMEDICAL WASTE 30-DAY LOG

Date	Weight (lbs)	Employee Initials		Date	Weight (lbs)	Employee Initials		Total Waste Generated During 30-Day Period (lbs)
			-				=	
			-				=	
			-				=	
			-				=	
			-				=	
			-				=	
			-				=	
			-				=	
			-				=	
			-				=	
			-				=	
			-				=	
			-				=	

EXAMPLE BIOMEDICAL WASTE 30-DAY LOG

Date	Weight (lbs)	Employee Initials		Date	Weight (lbs)	Employee Initials		Total Waste Generated During 30-Day Period (lbs)
10/30/2012	2.75	EXAMPLE	-	10/1/2012	0.25	EXAMPLE	=	2.5
11/29/2012	5.4	EXAMPLE	-	10/31/2012	2.75	EXAMPLE	=	2.65
			-	11/30/2012	5.4	EXAMPLE	=	

Closure procedures for Red Biohazard Bags



"**Bunny Ears**" technique – this is **not** the preferred technique for closing red biohazard bags – if the bag is turned upside down, liquids will leak out and the bag is prone to coming untied. Avoid this procedure.

"**Gooseneck**" technique – this **is** the **preferred** technique for closing red biohazard bags – if the bag is turned upside down, liquids will not leak out and the bag will remain closed. Adopt this procedure.