



SAFETY POLICIES & PROCEDURES

POLICY NAME: Management of Biohazard Infectious Waste	TEMPORARY REVIEW NUMBER:
CLASSIFICATION: Safety	SUPERSEDES: None
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AUTHORITY: AWAIR, Minnesota Statute 241.01	NEXT REVIEW: April 25, 2009
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POLICY STATEMENT: This policy is a guideline for management of campus infectious biohazard waste containers to establish the placement/storage of infectious body fluid biohazard waste materials.

PURPOSE: To provide procedures for the proper handling of biohazard waste containers. Biohazard infectious containers for both washable and disposable items will be handled properly in accordance with local state and federal requirements.

DEFINITIONS:

Lab waste – Waste cultures infectious to humans, items used to inoculate, transfer, or manipulate cultures that are infectious to humans.

Live and attenuated vaccines – (usually out-dated ones).

Medical waste – Blood, lab wastes, regulated body fluids, sharps that are not decontaminated, and soiled disposable patient paper products.

Other Potentially Infectious Material (OPIM) – includes (1) human body fluids—semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, and amniotic 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 being, living or dead; (3) HIV-containing cells or tissue cultures, organ cultures, and HIV or HBV-containing cultures medium or other solutions; and (4) blood, organs, or other tissue from experimental animals infected with HIV, HBV and HCV.

Pathological waste – Human tissues.

Regulated body fluids – Cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids that are in containers or drip freely from body fluid soaked solid waste items (i.e., dressings, etc.).

Sharps – Items that can induce subdermal skin opening or lesions; needles, scalpel blades, pipettes, and discarded glass or rigid plastic vials containing infectious agents.

PROCEDURES:

A. Safety Procedure for Employees Handling Blood and OPIM Containers

1. Campus staff that place biohazard waste materials in the biohazard waste containers must make sure the bags are closed and tied shut.
2. All sharps place in containers must first be placed inside an approved sharps container sealed and then placed inside the container.
3. All campus staff involved in the bagging and transporting of contaminated materials will wear disposable gloves and other PPE as appropriate. These employees will use PPE according to campus training and consistent with campus policies regarding PPE.

B. Biohazard Trash Containers

Containers are supplied for OPIM materials to be thrown away in the bio-medical waste container (i.e., used clean-up kits, badly soiled clothing or sharps already in a sharps container). It will then be taken to the biohazard storage areas by trained campus staff for disposal.

C. Management of Biohazard Infectious Waste Containers

1. There are four areas where biohazardous infectious waste containers are located:
 - a. Health Services, Room 6 (locked closet).
 - b. Halenbeck Hall, Room 25 (warehouse storage).
 - c. Mitchell Hall, Room B2 (second floor).
 - d. Wick Science Building, Room 282.
2. The General Maintenance Worker's (GMW's) will remove full sharps containers and install new containers in the first floor bathrooms on campus and other listed locations (see Management of Sharps Policy on Safety Website).
3. The contracted vendor supplying the infectious waste containers will sanitize each used container.

D. Safety Procedures for Health Services Personnel Handling Blood and OPIM

1. Health Services staff will perform all procedures involving blood or OPIM in such a manner as to minimize splashing, spraying, spattering, and the generation of droplets of these substances.
2. The Health Services staff involved in transport of this container will wear disposable gloves and other PPE as appropriate.
3. Staff will tie or tape the biohazard liner shut after putting on their PPE.
4. Staff will put the lid from the container on and close it.
5. The Health Services staff will inspect the outside of the container.

6. The Health Services staff will take the full or partially full container out to the storage area.
7. The Health Services staff will bring in a new empty container to replace the full container ensuring the new biohazard bag liner is in place ready for the next refill.
8. All infectious medical and lab wastes must:
 - a. Be segregated from other waste materials at point of origin (i.e., exam rooms, lab, etc.).
 - b. Be kept separate throughout collection, storage, and transportation.
9. All bags, boxes, and other containers used to collect, transport, or store infectious waste must be clearly labeled with a biohazard symbol.
10. Sharps:
 - a. Must be placed in puncture resistant containers.
 - b. Cannot be mixed with other waste materials.
 - c. Filled containers must be sealed and placed in red bagged.
11. Special Notes:
 - a. Bags in hazardous waste receptacles must be a different color than in the other waste containers. They must be marked with a biohazard symbol.
 - b. Hands must be washed after handling bags or containers.
 - c. Biohazard bags must be removed daily from rooms and placed in Room #6.
 - d. Full cartons in Room #6 must be sealed before they can be removed by ADT.
 - e. Full cartons will be picked up upon request by Health Services.
 - f. Place the following in biohazard containers: Dressings, Band-Aids, cotton balls, blue pads, and disposable patient paper products if soiled with regulated body fluids.
 - g. Swabs to obtain specimens should be placed in biohazard containers only if dripping blood.
 - h. Medical wastes will be removed by a State approved transport and disposal company.

E. Management Safety Procedure for the GMW's and Athletics Staff, Resident Hall Staff and Students Handling Blood and OPIM Container #1 (Washables, i.e., Clothing, Uniforms or Laundry Items)

1. When campus staff collects the washable biohazard items they will tie/tape the large biohazard liner bag closed to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
2. Campus staff will perform all procedures involving blood or OPIM in such a manner as to minimize splashing, spraying, spattering and the generation of droplets of these substances.
3. Campus staff involved in the bagging and transport of OPIM linen will wear disposable gloves and other PPE as appropriate.
4. All potentially infectious washable items placed in washable containers must be placed in a dissolvable biohazard bag. Once sealed, this bag is placed inside a red biohazard bag and secured.
5. All employees will place contaminated laundry in biohazard bags that do not leak and are labeled with biohazard symbol.
6. All linens soiled with potentially infectious material must be bagged at the location where they were generated.
7. If any of the washable items have the potential to puncture the biohazard bag, they must be double bagged and placed in the large infectious waste container.
8. Campus employees must take the container to the campus laundry to be washed. Only staff will remove infectious waste bags or containers.

9. A special container will be provided at campus laundry in Halenbeck Hall for uniforms or other laundry which is contaminated OPIM.
10. Once at laundry, all employees involved in the bagging, transport and laundering of contaminated linen will wear disposal gloves and other PPE as appropriate. Campus employees will use PPE according to campus training and consistent with policies regarding PPE.
11. Campus laundry staff will leave washable items in the dissolvable bags and place in washing machines. Soiled clothing and linens must be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and the employees handling the linen. Extra liner bags can be obtained from the warehouse.

REVIEW: Annually

ATTACHMENTS: None