POLICY & PROCEDURE

Title: BIOMEDICAL WASTE PLAN  
Policy Number: 604.0

Sponsored by: Infection Control Committee
Title of Originator: Manager Infection Control

Issued for:
- St. Joseph’s Hospitals
- St. Joseph’s Imaging Centers

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PURPOSE
St. Joseph’s Hospitals are committed to provide for the health and safety of its team members as well as protection of the environment.

To achieve this commitment and in compliance with the Department of Health, Chapter 64E-16, a Biomedical Waste Management Plan has been developed to include definitions, training, labeling of biomedical waste, handling of sharps, records, on-site storage, transfer and treatment.

The Biomedical Waste Management Plan is available in the Infection Prevention & Control department and electronically.

For infection to be transmitted, the following components must all be present:

1. Presence of pathogens (organisms capable of causing disease)
2. Infecting dose of pathogen
3. Virulence (strength)
4. Portal of entry
5. Susceptible host

With safe handling practices, the portal of entry is eliminated, thus eliminating disease transmission.

POLICY
A written plan for the management of biomedical waste from point of origin to disposal shall be maintained to facilitate safe handling practices at St. Joseph’s Hospitals including off site areas bringing waste to St. Joseph’s for final disposal.
PROCEDURE

I. **Responsibilities**

The Biomedical Waste Management Plan is dependent upon the teamwork efforts of all departments.

A. The Biomedical Waste work group, authorized by the Environment of Care (EOC) Committee, will oversee the total Biomedical Waste Management Plan. Duties will include but not be limited to:
   1. Developing policies and procedures related to implementation of the Biomedical Waste Management Plan.
   2. Develop an ongoing monitoring system including an annual evaluation summary.
   3. Review and make recommendations about team member suggestions and compliance concerning biomedical waste.
   4. Report recommendations, conclusions and actions to the EOC Committee.

B. The Infection Prevention and Control Manager will act as coordinator for the program.

C. The Department Manager/Nurse Manager is responsible for the implementing of the Biomedical Waste Management Plan specific to their department. The Manager will
   1. Be responsible for assessing, identifying and handling biomedical waste in the department.
   2. Be familiar with the Department of Health code requirements to assure compliance to specific job standards and biomedical waste.
   3. Assure mandatory education and training with respect for identified biomedical waste to which their team is routinely exposed in the course of employment.
   4. Identify potential BMW exposures which may be unit specific and include same in unit specific orientation.
   5. Exposure or suspected exposure: Manager or designee will immediately refer team member to Employee Health Services or Nursing Supervisor immediately for follow-up.
   6. Send a complete work related injury report to Employee Health Services.
   7. Assure that all biomedical waste is properly contained.
   8. Assure that all biomedical waste is stored, and disposed of according to hospital policy and/or applicable regulations.

D. Team Member’s Responsibilities - The team member will:
   1. Attend training and education sessions at the time of hire or job transfer, and annually thereafter.
   2. Be responsible for learning, knowing and practicing each job task related to biomedical waste management including unit/department specific issues.
   3. Use designated protective/safety equipment and clothing.
   4. Report any hazardous condition or the supervisor immediately.

E. The Education Department will be:
   1. Responsible for coordination the training program.
   2. Responsible for maintaining the computerized central record of attendance at educational offering related to training for handling of Biomedical Waste to include both new hire orientation and department specific activities as submitted by the departments.

II. **Definitions – 64E-16.002**

A. **Biomedical waste** is defined as an solid waste or liquid waste which may present a threat to humans. This definition includes:
1. Non-liquid human tissue and body parts.
2. Laboratory waste which contains human disease causing agents (live or attenuated) which is defined as Infectious Waste including vaccines (defined as Regulated Waste).
3. Blood products (includes whole blood, serum plasma or blood components) and body fluids from humans and other primates.
4. Discarded sharps (objects capable of puncturing, lacerating or otherwise penetrating the skin).
5. Used absorbent managers (soaked to capacity) with blood or body fluids, secretions or excretions contaminated with visible blood and absorbent materials saturated with blood or blood products that have dried.
6. Non-absorbent disposable devices that have been contaminated with blood, body fluids or secretion/excretions visibly contaminated with blood, but have not been treated by an approved method.

B. A biomedical waste generator is defined as a facility or person who produces or generated biomedical waste and includes hospitals, skilled nursing facilities, clinics, HMO, physician office and laboratories.

C. Body fluids are defined as fluids which have the potential to harbor pathogens such as HIV, Hepatitis B Virus and include:
   1. Blood, blood products
   2. Lymph
   3. Semen
   4. Vaginal secretions
   5. Cerebral spinal fluid (CSF)
   6. Synovial fluid
   7. Pleural fluid
   8. Peritoneal fluid
   9. Pericardial fluid
   10. Amniotic fluid

   In instances where identification of the fluid cannot be made, it shall be considered to be regulated body fluid.

   Not included are secretions and excretions such as (UNLESS VISIBLY CONTAMINATED WITH BLOOD):
   1. Feces
   2. Nasal discharges
   3. Saliva
   4. Sputum
   5. Sweat
   6. Tears
   7. Urine
   8. Emesis

D. Other related definitions may be found in Appendix 1.

III. **Facility Policies and Procedures** – 64E-16.003
   A. **Written Plan**
      1. A written plan to identify and handle biomedical waste will be established and updated when regulations, facility policies or procedures change.
B. Training

1. A mandatory team member training program will be provided for:
   a. New team members involved in handling biomedical waste.
      i. General orientation prior to commencement of duties related to biomedical waste handling.
      ii. Unit specific
   b. Current team members involved in handling of biomedical waste on an annual basis.

2. Documentation of education will be maintained in the team member’s personnel file in the unit/department for at least 3 consecutive years as well as documentation in the Education Department.

C. Identification

1. Biomedical waste shall be identified and segregated from other solid waste at the point of origin within the facility.

2. If waste becomes mixed then:
   a. Any biomedical waste which is mixed with hazardous waste defined in Chapter 62-730 FAC Hazardous Waste shall be managed as hazardous waste.
   b. Any biomedical waste which is mixed with radioactive waste shall be managed in a manner that does not violate provisions of Chapter 64E-16 FAC after the radioactive component has decayed in storage as provided in Chapter 10D-91 FAC or is otherwise not regulated under Chapter 10D-91 FAC packaging requirements shall be followed unless Chapter 64E-162 FAC are more restrictive.
   c. Any other solid waste, which is neither hazardous nor radioactive, mixed with biomedical waste, shall be managed as untreated biomedical waste in accordance with applicable requirements of this chapter.
   d. All surfaces contaminated with spilled or leaked biomedical waste shall be decontaminated as part of the cleaning process.

IV. Storage and Containment- 64E-16.004

A. Storage

1. Storage of biomedical waste shall not exceed 30 days. The 30 day 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.

2. Indoor storage areas (Janitors rooms, soiled utility rooms) shall have restricted access, be located away from pedestrian traffic, be vermin and insect free, and shall be maintained in a sanitary condition. They shall be constructed of smooth, easily cleanable materials that are impervious to liquids.

3. Outdoor storage areas shall, in addition to the above criteria, be conspicuously marked with the international biological hazard symbol as described in paragraph 64E-16.004(2)(a), FAC, and shall be secured against vandalism and unauthorized entry. The international hazard symbol on an outdoor storage area shall be a minimum of six inches in diameter. Location at SJH is near the extruder; SJHN location is at the loading dock. SJWH location is near employee parking entrance.

B. Containment

1. Packages of biomedical waste shall remain sealed until treatment. Ruptured or leaking packages of biomedical waste shall be placed into larger packaging without disturbing the original seal.

2. All packages containing biomedical waste shall be visibly identifiable with the international biological hazard symbol and one of the following phrases:
BIOMEDICAL WASTE, BIOHAZARDOUS WASTE, BIOHAZARD, INFECTIOUS WASTE, or INFECTIOUS SUBSTANCE. The symbol shall be fluorescent red, orange and the background color shall contrast with that of the symbol.

3. Bags
   a. Biomedical waste, except sharps, shall be packaged and sealed at the point of origin in impermeable, red plastic bags. The international biological hazard symbol shall 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” x 14”.

   Each plastic bag shall meet the following physical properties:
   i. 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. Impact resistance shall be determined using ASTM D-1709-91, and tearing resistance shall be determined using ASTM D-1922-89.
   ii. Incidental sum concentrations of lead, mercury, hexavalent chromium and cadmium shall be no greater than 100 ppm for dyes used in the coloration of bags.

4. Sharps Containers
   a. Sharps shall be discarded at the point of origin into single use containers. Needles and scalpel blade shall not be placed directly into double-walled corrugated containers. Sharps containers must be sealed when full. A sharps container is considered full when materials placed into it reach the designated fill line or ¾ full.
   b. Permanently mounted sharps container holders shall bear the phrase and the international biological hazard symbol described in paragraph 64E-16.004(2)(a) FAC, if this information on the sharps container is concealed by the sharps container holder.
   c. The international biological hazard symbol shall be at least one inch in diameter on sharps containers.

5. Outer Containers
   a. All containers shall be rigid, leak-resistant and puncture-resistant. Reusable outer containers shall be constructed of smooth, easily cleanable materials and shall be decontaminated after each use. (Environmental Service Department).

6. The international biological hazard symbol shall be at least six inches in diameter on outer containers 19” x 14” or larger, and at least one inch in diameter on outer containers less than 19” x 14”.

V. Labeling – 64E-16.005
   A. Biomedical waste bags and sharps containers shall be labeled with the generator’s name and address unless treatment occurs at the generating facility.
      1. St. Joseph’s Women’s Hospital 3030 West Dr. Martin Luther King Jr. Blvd, Tampa, FL 33607.
      2. St. Joseph’s Hospital-North 4211 Van Dyke Rd., Lutz, FL 33558
         a. If a bag or sharps container is placed into a large bag prior to transport, the label for the exterior bag shall comply with paragraph 64E-16.005(1) FAC. Inner bags and inner sharps containers are exempt from the labeling requirements of paragraph 64E-16.005(1) FAC.
         b. Outer containers shall be labeled with the transporter’s name, address, registration number and 24 hour telephone number prior to transport.

VI. Generator Requirements – 64E-16.006
   A. No compacting of biomedical waste will occur.
VII. **Treatment** – 64E-16.007

A. Biomedical waste shall be treated by extrusion. Treatment shall occur within the normal operation times to process the waste.

B. Biomedical waste may be disposed into a sanitary sewer system, if it is in a liquid or semi-solid form and aerosol formation is minimal.

C. Body tissues that have been histologically fixed are considered treated biomedical waste. Tissues prepared by frozen sectioning only are not considered treated.

VIII. **Biomedical Waste Transport** – 64E-16.008

A. No registered transporter may knowingly accept biomedical waste for transport unless it has been properly segregated, packaged, and labeled.

B. Each registered transporter shall provide the generator with a receipt of pick-up.

C. During transport, no registered transporter shall compact biomedical waste or allow it to leak into the environment.

D. Transfer of biomedical waste from one transport vehicle to another is not allowed unless the transfer occurs at a permitted storage or treatment facility, except as provided in paragraph 64E-17.0073(10)(a)FAC.

E. Any registered transporter who unknowingly fails to comply with subsections (3) or (4) of this section because such biomedical waste has not been properly segregated or separated from other solid wastes by the generating facility is not guilty of a violation under this rule.

F. No registered transporter shall knowingly deliver biomedical waste for storage or treatment to a facility which does not have a valid permit issued by the department.

G. All transport vehicles containing biomedical waste shall be visibly identified with the business name, registration number, a 24 hour telephone number, and placards showing the phrase and the international biological hazard symbol as described in paragraph 64E-16.004(2)(a). The symbol shall be at least six inches in diameter.

H. All transport vehicles containing biomedical waste shall be fully enclosed and secured when unattended.

I. Registered transporters shall notify the department within one working day by telephone and shall submit a follow-up report to the department within 10 days, in writing, if there is an accident that results in a spill of biomedical waste.

J. In case of an emergency situation, including mechanical failure, the following is allowed:
   1. If the emergency occurs during transport, biomedical waste may be transferred to another transport vehicle, including a rental vehicle, without being at a storage or treatment facility.
   2. If a rental vehicle is used, the department shall be notified of its use on the first working day after the emergency. A copy of the written authorization from the rental agency stating awareness of the intended use of the vehicle shall be submitted to the department within seven days.
   3. Biomedical waste shall be removed and transported to a permitted storage or treatment facility within 24 hours of the emergency.
   4. Before return to the rental agency, the vehicle shall be decontaminated.
IX. **Registration of Biomedical Waste Transporters** – 64E-16.009

A. Biomedical waste transporters shall be registered with the department. Biomedical waste generators transporting less than 25 pounds of their own biomedical waste, in their own transport vehicle, on any single occasion, are exempt from transporter registration fee, and placarding requirements of this chapter.

B. Each owner or operator of a transport vehicle shall submit to the department a completed application for registration on form DH 4106.

C. Biomedical waste transporter registrations shall expire on September 30 each year. Renewal applications will not be considered complete without the submission of an annual report on form DH 4109. Biomedical waste transporters with valid registrations, on the effective date of this chapter, will renew their registration by September 30 following the expiration date of their existing registration.

D. Registered transporters shall notify the department in writing within 30 days of any changes made to their registration form currently on file with the department.

E. Any registered biomedical waste transporter is subject to having their biomedical waste transporter registration denied, suspended, or revoked, pursuant to Section 381.0098, FS, and in accordance with the procedural requirements of Section 120.60, FS, upon a finding by the department that the transporter:
   1. Has submitted false or inaccurate information in the application or annual report.
   2. Has violated the provisions of any statute or rule which the department is authorized to enforce.
   3. Has refused to allow inspection of records or equipment by department personnel.

X. **Inspections** – 64E-16.010

A. Department team members shall inspect registered transport vehicles, permitted generators, storage, and treatment facilities at least once a year. Those facilities exempted from the registration and fee requirements under subsection 381.0098(4), shall be inspected at least once every three years. Reinspections may be conducted when a facility is found to be in non-compliance with this chapter. Results of each inspection shall be recorded on a form provided by the department.

XI. **Permits** – 64E-16.011

A. All biomedical waste facilities shall obtain a permit from the department annually.
   1. A biomedical waste generator, who produces or treats less than 25 pounds of biomedical waste in each 30 day period, shall be exempt from all permit and fee requirements of this chapter.
   2. Biomedical waste treatment facilities which were constructed prior to December 31, 1995, shall meet the requirements of this chapter at the time of renewal of their existing permit.
   3. Permits shall not be transferable from one person to another. In the event of an address or name change, an amended application for permit shall be submitted to the department. A permitted generator may work at a branch office for no more than six hours in any seven day period without applying for an additional permit. These generators must notify the local county health department biomedical waste coordinator of the existence and operating hours of the branch office.
      a. In the event of a change of ownership of the facility or a newly constructed facility, an application for an initial permit shall be submitted to the department within 30 days of the commencement of business.
      b. When a facility is leased by the owner to a second party for operation, the second party shall apply to the department for an initial permit within 30
days of the commencement of business. The second party shall be held responsible for the operation and maintenance of the facility.

c. Permits shall expire on September 30 each year. The permit, or a copy thereof, shall be maintained within the facility and shall be made available for review by department personnel.

B. Persons engaging in a sharps collection program with single or multiple facility locations may operate under a single permit provided:
   1. The sharps collection program is open to the general public,
   2. A list identifying the location of each facility is attached to the application, and
   3. Each facility meets the applicable permit requirements.

XII. Fees – 64E-16.012
   A. When the facility will be in operation six (6) months or less before the annual renewal date, the annual fee shall be prorated on a quarterly basis. State-owned and operated biomedical waste facilities are exempt from the permit fee.

   B. Fee schedule: All permits expire as of September 30th
      1. General Permit
      2. Treatment Permit
      3. Storage Permit
      4. Transporter Registration (one vehicle). Additional vehicle requires additional charge

      No fee or combination of fees shall exceed the maximum amount established by the statute.

XIII. Enforcement and Penalties – 64E-16.013
   A. According to section 381.0025, FS, any person who generates, transfers, treats, stores, transports or disposes of biomedical waste in violation of this chapter; or who interferes with, hinders, or opposes any team member of the department in the discharge of his duties, or who impersonates an team member of the department is chargeable with a misdemeanor of the second degree, punishable as provided in sections 775.082 and 775.083, FS.

   B. For violation of any provision of Chapter 64E-16, FAC, the department shall deny, suspend or revoke any biomedical waste permit or impose an administrative fine of up to $2500 per day for each violation of this chapter or pursue other enforcement action authorized by law. In determining the type and degree of enforcement action necessary, the department shall take into consideration the following:
      1. The gravity of the violation, including the probability that death or serious physical harm to any person may result or has resulted, the severity of the provisions of the applicable statutes or rules were violated.
      2. Actions taken by the owner or operator to correct violations
      3. Any previous violations.

   C. No permit shall be suspended under this section for a period of more than 12 months. Should the current permit expire during the suspension period, the biomedical waste facility may apply for renewal at the end of the suspension period.

XIV. Departmental Procedures and generation of biomedical waste locations:
   A. Cardiac Cath Labs- Non-Invasive Labs (SJH 2nd & 4th Fl.) (SJHN & SJHS 2nd Fl.)
      1. Trash and sealed suction canisters from cardiac cath procedures will be considered biomedical waste, red bagged, and placed in the storage area for transport by Environmental Services.
2. Filled needle/sharps containers will be removed by the Environmental Services or Department team member closed and placed in the janitor's room for transport to the incinerator extruder. Replacement liners are obtained from available department inventory.

B. **Central Processing - Decontamination Area (SJH Ground floor, SDS, SJWH 1st floor., SJHN & SJHS 1st Floor)**
   1. Trash generated from this area is red bagged, tied securely, and picked up by the Environmental Services on a regular basis.

C. **Children’s Hospital Clinic - (MAB 3 and Cancer Institute 1st Fl.)**
   1. Closed, sealed red bags will be picked up by Environmental Services, Monday-Friday.
   2. Filled, sealed sharps liners will be transported by Environmental Services.

D. **Emergency Center (Including First Care) (SJH, SJHN & SJHS)**
   1. Trash, sealed suction canisters and filled, closed sharps containers from Emergency Department procedures will be considered biomedical waste. Red bagged trash and suction canisters will be placed in the biomedical waste transport vehicle for pick-up by Environmental Services for transport to the storage area.

E. **Employee Health Services** *(located on McDill Ave, behind St. Joseph’s Women’s Hospital, SJHN1st floor POB & SJHS 1st floor MOB)*
   1. Employee Health Services personnel will notify Environmental Services for pick-up of closed, filled needle/sharps containers on an as needed basis.

F. **Endoscopy** *(SJH 1st Fl., Same day Surgery, SJHN & SJHS 2nd Fl.)*
   1. Trash, sealed suction canisters and filled sharps containers from endoscopic procedures will be considered biomedical waste, red bagged, and placed in the storage area.

G. **Environmental Service Department (SJH main)**
   The Environmental Service Department is responsible for:
   1. Segregation of bagged trash in the extruder area.
   2. Cleaning of transportation vehicles/carts and their designated holding area for biomedical waste.
   3. Institution of backup Contingency Plan if the extruder is "down" more than 24 hours.
   4. Documentation through manifests and logs.
   5. Provide all locations with appropriate transport labels on outer transport containers.

H. **Education Classroom (Education Department) (4th Fl. SJH & SJHS skills lab)**
   1. Filled needle disposal containers and sealed red bags are placed in the janitor's room and picked up by Environmental Services.

I. **Environmental Services**
   Environmental Services at all St Joseph’s Hospitals are responsible for the pickup and transportation of all biomedical waste from all designated inside accumulation areas/soiled utility rooms to the holding/storage area outside. To include:
   1. All needle/sharps containers and biomedical waste containers throughout the hospital will be shall be closed and picked up on a regular schedule.
   2. Responsibilities:
      a. **SCHEDULE:** All biomedical waste will be picked up from the designated accumulation areas on a routine schedule and as needed.
b. TRANSPORT: All biomedical waste will be stored in approved transport vehicles in the accumulation areas for transport. These vehicles will be transported to:
   i. MAIN/WOMENS/CHILDRENS: to St. Joseph’s Hospital extruder
   ii. SJHS: Receiving DOCK Biomedical waste roll off.
c. SECURITY: The storage area or roll off will be locked at all times when unsupervised.
d. MAINTENANCE OF STORAGE AREA: SJHS and SJHN- The storage area will be cleaned with an approved germicide cleaners if contamination occurs. (At MAIN this is a Environmental Service responsibility)

3. Environmental Services SJHN and SJHS is responsible for:
a. Provide all locations with appropriate transport labels on outer transport containers.
b. Segregation of bagged trash in the receiving DOCK area.
c. Cleaning of transportation vehicles/carts and their designated holding area for biomedical waste.
d. Institution of backup Contingency Plan if there is a service interruption from PROMED.
e. Documentation through manifests and logs.

4. Biomedical waste pick-up locations from St. Joseph’s Hospitals:
a. Laboratory- the Pathology Department, Microbiology, Hematology, Chemistry I and II, and Accession.
b. SPD/Central Processing decontamination area.
c. Surgical Services (OR/CVOR/LDR OR/IR/ENDO/ PREOP/PACU/RECOVERY)
d. EVS/Janitor’s/accumulation soiled utility rooms/from all Nursing Units:
   i. SJH- Floors 1st through 8th, North Wing, Cancer Institute and Critical Care Tower (patient care floors 1st through 5th floors)
   ii. SJCH- 1st & 2nd floors E building, 2 & 3rd floors F building
   iii. SJWH- LDR 1st floor, 2nd through 5th floors
   iv. SJHN- LDR 2nd floor, 3rd floor
   v. SJHS- LDR 2nd floor, 3rd and 4th floors
   vi. Imaging Services
   vii. Employee Health
   viii. Pre-Procedure Testing (PPT)
   ix. Florida Blood Services Bank Laboratory (SJH basement, SJHN 2nd Fl.)
   x. Emergency Departments
   xi. Wound & Hyperbaric Center (SJH- MAB 2nd Fl.)

J. Imaging Services (Nuclear Medicine/Radiology/ultrasound/MRI/CT)
   1. Trash and closed, sealed suction canisters will be red bagged and considered biomedical waste. The red bags will be sealed and picked up by environmental services.
   2. Closed, filled needle/sharps containers will be treated as radioactive waste unless radioactivity has returned to base level (Nuclear Medicine).
   3. Closed, sealed needle/sharps containers will be picked up by Environmental Services.
   4. Transducer condoms will be disposed of in red bags (SJWH, SJHN, & SJHS).

K. Laboratory (including satellites SJHN, SJHS & SJWH pathology)
   1. Microbiological plates, media tubes and blood tubes are placed in approved double walled corrugated containers. Containers shall be rigid, leak-resistant, puncture resistant, and tear resistant under normal conditions of handling. The following
phrase shall be used in conjunction with the international biohazardous symbol: "Biohazardous Waste". These containers must be labeled with the international symbol which shall be at least six inches in diameter. Filled sealed sharps containers are transported to the designated holding area for pick up by Environmental Services.

2. Pathology waste is placed in impervious red bags at the work site. The bags are securely tied and collected for transport to the designated holding area by Environmental Service.

3. Liquid or semi-solid biohazardous waste including blood samples, excretions, and secretions can be safely poured down a utility sink (not used for handwashing) for disposal into the sanitary sewer or may be disposed of in the incinerator. Sinks will be sanitized daily with a hospital approved germicide.

4. Pathology: All placentas, ribbons, and all disposable items used in the grossing area are to be discarded as biomedical waste. All specimens are placed in a double walled box lined with a red bag liner and appropriately labeled. Fetuses less than 20 weeks gestation may be handled as biomedical waste.

L. Labor and Delivery (SJWH, SJHN & SJHS)
   1. All items with blood, amniotic or body fluid will be red bagged.
   2. All placentas not going to pathology will be placed into the red bag along with all disposable items and materials used with the delivery.
   3. Discontinued units of blood and the tubing will be red bagged.
   4. All cord specimens will be placed in the red bag used at delivery - or - if sent to Cardiopulmonary for blood gas analysis, will be placed into the rigid specimen container.
   5. Used sharps shall be placed only into the designated sharps container and these containers handled according to policy. These containers must be properly sealed by Nursing/Environmental Services before removing them from the work area.

M. Neuroscience Institute
   1. Biomedical waste trash is bagged, sealed and placed in the janitor's room.
   2. Filled needle/sharps containers are sealed and removed by Environmental Services and transported to the extruder.

N. Nursing
   1. Biomedical waste from patient rooms will be bagged in the room, and tied securely to prevent leakage. These bags are placed in the designated storage area.
   2. Trash containers at each bedside in the hemodialysis unit will be lined with a designated red plastic bag. At the completion of each treatment, trash will be tied securely to prevent leakage and placed in the hemodialysis soiled utility room for transport.
   3. Transport carts are located in the designated storage areas (ie: soiled utility room/janitor’s room) each red bag will be securely tied to prevent leakage, placed in transport containers and picked up by Environmental Services for transport.
   4. Wall mounted sharps containers will be checked daily by the Environmental Services and/or Department team members and replaced from unit stock if filled. Closed, filled needle/sharps containers are picked up on a regular schedule.
   5. St. Joseph’s Women’s Hospital Nursing Units and SJHN/SJHS L&D and Mom/Baby unit - Red bags will be used in the bathroom of all patients. All biomedical waste containers will be labeled with the biomedical symbol and will be disinfected when visibly soiled.
O. Pharmacy- All Campuses
   1. Filled, sealed sharps containers will be picked up as needed by Environmental Services.

P. Rehabilitation Services
   1. Filled, sealed sharps containers will be picked up as needed by Environmental Services.

Q. Respiratory Care Services
   1. Biomedical waste generated at the patient's bedside or blood gas labs is bagged at the point of use.
   2. Filled, closed needle/sharps containers are picked up by Environmental Services on an as needed basis from the Blood Gas Labs: St. Joseph’s Hospital- main SJH 3rd floor, ED, critical care tower 2nd, 3rd & 5th, SJCH- PICU
   3. Cardiopulmonary Blood Gas Labs: St. Joseph's Women's Hospital- NICU (2nd and 3rd Floors), Labor & Delivery, St. Joseph’s Hospital-North ED, ICU.
   4. RT will dispose of closed needle/sharps containers on an as needed basis from the ICU POC room and the Emergency Room POC counter at SJHS.
   5. All cord specimens will be discarded in red bags.

R. Surgical Suites/Anesthesia
   1. Items that have come in contact with the patient or the surgical field, will be considered contaminated, and appropriately discarded in sealed red trash bags.
   2. Contaminated used suction canisters will be red bagged and placed in the soiled utility room for pick up by the Environmental Services.
   3. Blood and blood products and their tubing must be red bagged.
   4. In Cesarean Sections, the segment of the umbilical cord removed from the infant will be disposed of in the red bag along with the infants contaminated disposable waste.

XV. On-Site Transfer
   A. Packages of biomedical waste shall remain intact until treatment or disposal.
   B. There shall be neither recycling efforts nor intentional removal of waste from its packaging prior to the waste being treated or disposed.
   C. Packages of biomedical waste shall be handled and transferred in a manner that does not impair the integrity of the packaging.
   D. Trash chutes shall NOT be used to transfer biomedical waste.
   E. Packages of biomedical waste shall not be compacted or subjected to mechanical stress which will compromise the integrity of the package during transfer.
   F. Surfaces contaminated with spilled or leaked biomedical waste shall be cleaned with a solution of industrial strength detergent to remove visible soil and shall be disinfected with hospital approved germicide registered by the Environmental Protection Agency as hospital disinfectants and are effective against HIV and HBV (OSHA Standards) when used at recommended dilutions.
   G. Liquid waste created by these chemical disinfection operations shall be disposed of into a sewer system.
H. Persons loading or unloading bags of biomedical waste from transfer vehicles shall wear impermeable gloves.

I. Appropriate segregated carts shall be utilized for transport of biomedical waste by the Facilities or Environmental Services team members. These carts shall meet the requirement of being labeled with the biohazard waste symbol.

J. Transport carts used for transfer of biomedical waste will be cleaned prior to re-use. The designated holding area will be disinfected daily. Disinfection can be accomplished by:
   1. Chemical germicides that is registered by the EPA as a hospital disinfectant and is effective against bloodborne pathogens (HIV and HBV) when used at recommended dilutions and directions.

XVI. Biohazardous Waste - Other Sources
   A. Community Health (Wellness on Wheels)
      1. Closed, filled sharps containers will be picked up as needed.

   B. TAMPA Care, Children’s Specialty Clinics
      1. Biomedical waste generated will be bagged, sealed and transported to the hospital in a private vehicle by the team member. This biomedical waste will be handled at the Habana ED entrance by EVS.

   C. Diagnostic Center - Sites (St. Joseph’s Hospital, Westchase, Carrollwood, SJHN)
      1. Biomedical waste will be handled as outlined in the St. Joseph's Hospital’s Biomedical Waste Management Plan (Sections I-XIII).
      2. Onsite centers, closed, filled sharps containers and sealed red bags are picked up by St. Joseph’s Hospital Environmental Services team members on a regular schedule (MLK Boulevard only).
      3. Offsite centers BMW pick up is through a contract service company.

   D. Florida Blood Service
      1. Lab
         a. Liquid biomedical waste is collected in impervious collection bottles, placed in red bags, sealed and picked up by Environmental Services for transport. Sinks will be sanitized daily with an EPA hospital grade germicide.
         b. Sealed red bags and blood tubes in sharps containers are transported by EVS to the extruder.

   E. Home Health Services
      1. Biomedical waste generated in the patient's home will be bagged, sealed and transported back to the hospital in private vehicles by the team member. This biomedical waste will be handled through the security department at SJH ED Habana entrance.

   F. Home User Program
      1. Home users (individuals) will deliver used sharps in an appropriate sharps container to in cooperation with the Hillsborough County Home Users Program.
      2. Drop off is located at SJH, SJHN and SJHS Emergency Department entrance. SJH Security Department.
      3. Replacement sharps container provided at no charge.
      4. Containers will be accepted Monday-Friday, 8:00am-4:30pm.

   G. MOB (Medical Office Building SJWH)- Closed, filled sharps containers & sealed red bags will be picked up by Environmental Services during routine cleaning schedule.
H. POD 2 (Physician Office Building SJHN) - Closed filled sharps containers & sealed red bags will be picked up by an outside contact company.

I. Off-Site Generators
   1. Biomedical waste will be handled as outlined in St. Joseph's Hospital Biomedical Waste Management Plan.
   2. Biomedical waste will be transported to St. Joseph's Hospital main campus from SJWH, SJHN, SJHS, Behavior Health, Homecare and BayCare Team Care-Tampa as outlined in the State of Florida, Department of Health, Biomedical Waste, 1997.
      a. St. Joseph's Women's Hospital and Behavior Health pick up is - seven days per week and as needed.
      b. Bay Care Team Care- Tampa pick up as needed
   3. St. Joseph’s biomedical waste transport shall be registered and operated as outlined in Chapter 64E-16, Florida Administrative Code.

XVII. Contingency Plan
   A. Extrusion Down
      1. A back up contract will be available in the event our Extrusion equipment is not operational for a period of more than 24 hours.
      2. Notify Environmental Services Manager and Infection Control Manager/Biomedical Waste Coordinator, and all users according to notification roster (see Appendix II).
      3. All properly labeled red bags/sharps containers will be placed in a rigid reusable container (Roll-off) for transport.
      4. Temporary storage at St. Joseph's Hospital shall be in storage area adjacent to the old incinerator and at St. Joseph's Women's designated storage area.
      5. All containers must be labeled with the appropriate facility name and address prior to off-site transport.
Appendix I

Biomedical Waste

Florida Administrative Code

Chapter 64E-16

Effective Date June 3, 1997

Glossary of Terms

1. **Biomedical waste** is any solid waste of liquid waste which may present a threat of infection to humans. This includes, but is not limited to:
   A. Non-liquid human tissue and body parts.
   B. Laboratory waste which contains human disease causing agents.
   C. Discarded sharps.
   D. Human blood, blood products and body fluids.
   E. Used, absorbent materials saturated with blood, body fluids, or excretions contaminated with blood and absorbent materials saturated with blood or blood products that have dried.
   F. Non-absorbent disposable devices that have been contaminated with blood, body fluids of blood contaminated secretions or excretions and have not been sterilized or disinfected by an approved method.

2. A biomedical waste generator is defined as a facility or person who produces or generates biomedical waste. This includes, but is not limited to:
   A. Hospitals
   B. Skilled nursing or convalescent hospitals
   C. Intermediate care facilities
   D. Clinics
   E. Dialysis clinics
   F. Blood bank
   G. Dental Offices
   H. Surgical clinics
   I. Medical buildings
   J. Health maintenance organizations
   K. Home health agencies
   L. Physician’s offices
   M. Laboratories
   N. Veterinary clinics
   O. Funeral homes whom do not practice embalming

3. **Body fluids** are defined as fluids which have the potential to harbor pathogens such as HIV, HBV and include lymph, semen, vaginal secretions, CSF, synovial, pleural, peritoneal, pericardial and amniotic fluid. Fluids **not** includes are *(UNLESS visibly contaminated with blood)*
   A. Feces
   B. Nasal discharges
   C. Saliva
   D. Sputum
   E. Sweat
   F. Tears
   G. Urine
   H. Vomitus
4. **Contaminated** – soiled by any biomedical waste.

5. **Decontamination** is the process of removing pathogenic microorganisms from objects or surfaces, thereby rendering them safe for handling.

6. **Department** refers to the Department of Health of its representative county health department.

7. **Disinfection** is the process that results in a minimum of log 6 kill against the vegetative organisms.

8. **Facility** – all contiguous land, structures and other appurtenances which are owned, operated, and licensed as a single entity which may consist of several generating, treatment, or storage units.

9. **Hazardous waste** includes specific materials address in Chapter 62-730, FAC.

10. **Home user** is an individual who generates biomedical waste as a result of self-care or care by family members or other non-healthcare provider.

11. **Outer container** – any rigid type container used to enclose packages of biomedical.

12. **Person** is any individual, partnership, corporation, association or public body engaged in the generation, storage, transport or treatment of biomedical waste.

13. **Point of origin** is defined as the room or area where the biomedical waste is generated.

14. **Puncture resistant** - able to withstand puncture from contained sharps during normal usage and handling.

15. **Restricted** - the use of any measure such as a lock, sign or location, to prevent unauthorized entry.

16. **Sealed** mean free from openings that allow passage of fluid.

17. **Sharps** – objects capable of puncturing, lacerating or otherwise penetrating the skin.

18. **Treatment** is any process, including those utilizing steam, chemicals, microwave shredding, or incineration which changes the character or composition of biomedical waste to render it non-infectious by disinfection or sterilization.

19. **Transfer** – the movement of biomedical waste within the facility.

20. **Transport** – the movement of biomedical waste from a facility.