



Operating Procedure

Effective Date August 1, 2016	Number 740.2
Amended	Operating Level Department
Supersedes Operating Procedure 740.2 (8/1/13)	
Authority COV §10.1-1400 et seq.	
ACA/PREA Standards 4-4358	
Office of Primary Responsibility Health Services Unit	

Subject
INFECTIOUS WASTE MANAGEMENT AND DISPOSAL

Incarcerated Offender Access
Yes No

Public Access Yes No
Attachments Yes No

I. PURPOSE

This operating procedure establishes guidelines for Regulated Medical Waste management to protect the health and safety of staff and offenders in Department of Corrections facilities.

II. COMPLIANCE

This operating procedure applies to all facilities operated by the Department of Corrections (DOC). Practices and procedures shall comply with applicable State and Federal laws and regulations, Board of Corrections policies and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

III. DEFINITIONS

Anatomical Waste - A solid waste that is human tissue organs, body parts, fetuses, placentas, effluences, or similar material from animals exposed to human pathogens for the purposes of testing or experimentation

Free Liquid - Liquids, which readily separate from the solid portion of a waste under ambient temperature and pressure

Generator - Any person, by site location, whose act or process produces regulated medical waste

Sharps - Needles, scalpels, knives, syringes with attached needles, Pasteur pipettes, and similar items having a point or sharp edge, or that are likely to break during transportation and result in a point or sharp edge

Spill - Any accidental or un-permitted spilling, leaking, pumping, pouring, emitting, or dumping of wastes or materials that, when spilled become wastes

Storage - The holding, including during transportation, of waste, at the end of which the waste is treated, disposed, or stored elsewhere. Note: Storage does not begin until the regulated medical waste container is sealed; DOC facilities should not store regulated medical waste in excess of seven days.

Training - Formal instruction, supplementing an employee's existing job knowledge, designed to protect human health and the environment via attendance and successful completion of a course of instruction in waste management procedures, including contingency plan implementation, relevant to those operations connected with the employees' position at the facility

Waste Generation - The act or process of producing a waste

Waste Management - The systematic control of the generation, collection, source separation, storage, transportation, processing, treatment, recovery, and disposal of wastes

IV. PROCEDURE

A. A solid waste is a regulated medical waste if it meets either of the following two criteria: (9VAC20-120-140)

1. Any solid waste, as defined in this chapter is a regulated medical waste if it is suspected by the health care professional in charge of being capable of producing an infectious disease in humans.
 - a. A solid waste shall be considered to be capable of producing an infectious disease if it has been or is likely to have been contaminated by an organism likely to be pathogenic to healthy humans, such organism is not routinely and freely available in the community, and if such organism has a significant probability of being present in sufficient quantities and with sufficient virulence to transmit disease.
 - b. If the exact cause of a patient's illness is unknown, but the health care professional in charge suspects a contagious disease is the cause, the likelihood of pathogen transmission shall be assessed based on the pathogen suspected of being the cause of the illness.
2. Any solid waste that is not exempted or excluded from regulation is a regulated medical waste if it is listed below: (9VAC20-120-150)
 - a. Cultures and stock of microorganisms and biologicals - Discarded cultures, stocks, specimens, vaccines, and associated items likely to have been contaminated by them are regulated medical wastes if they are likely to contain organisms likely to be pathogenic to healthy humans. Discarded etiologic agents are regulated medical waste. Wastes from the production of biologicals and antibiotics likely to have been contaminated by organisms likely to be pathogenic to healthy humans are regulated medical wastes.
 - b. Human blood and human body fluids - Wastes consisting of human blood or human body fluids or items contaminated with human blood or human body fluids. This does not include urine or fecal material unless visibly contaminated with blood.
 - c. Tissues and other anatomical wastes - All human anatomical wastes and all wastes that are human tissues, organs, or body parts are regulated medical waste.
 - d. Sharps - Sharps likely to be contaminated with organisms that are pathogenic to healthy humans, and all needles, syringes with attached needles, suture needles, and scalpels are regulated medical wastes. This includes sharps generated through veterinary practice.
 - e. Animal carcasses, body parts, bedding and related wastes - When animals are intentionally infected with organisms likely to be pathogenic to healthy humans for the purposes of research, in vivo testing, production of biological materials, or any other reason; the animal carcasses, body parts, bedding material, and all other wastes likely to have been contaminated are regulated medical wastes when discarded, disposed of, or placed in accumulated storage.
 - f. Any residue or contaminated soil, water, or other debris resulting from the cleanup of a spill of any regulated medical waste.
 - g. Any solid waste contaminated by or mixed with regulated medical waste.
- B. Certain materials may be partially or totally excluded from these regulations because they are not solid waste, not regulated medical waste, or are materials the Virginia Waste Management Board excludes from regulation. (9VAC20-120-130)
 1. The following materials are not solid wastes for the purposes of this part:
 - a. Domestic sewage, including wastes that are not stored and are disposed of in a sanitary sewer system (with or without grinding)
 - b. Any mixture of domestic sewage and other wastes that pass through a sewer system to a wastewater treatment works permitted by the State Water Control Board or the State Department of Health
 - c. Human remains under the control of a licensed physician or dentist, when the remains are being used or examined for medical purposes and are not solid wastes
 - d. Human remains properly interred in a cemetery or in preparation by a licensed funeral director or embalmer for such interment or cremation
 - e. Dead or diseased animals subject to regulation by the Virginia Department of Agriculture and

Consumer Services

2. The following solid wastes are not regulated medical wastes:
 - a. Meat or other food items being discarded because of spoilage or contamination, and not included in 9VAC20-120-150
 - b. Garbage, trash, and sanitary waste from septic tanks and sewage holding tanks that has been generated at any of the following locations: single or multiple residences, hotels, motels, bunkhouses, ranger stations, crew quarters, campground, picnic grounds and day-use recreation areas, except for regulated medical waste resulting from the provision of professional health care services on the premises, provided that all medical sharps discarded at those locations are placed in an opaque container with a high degree of puncture resistance and labeled "do not recycle, medical sharps" or otherwise managed in accordance with a local "safe sharps" program before being mixed with other wastes or disposed.
 - c. Used products for personal hygiene, such as diapers, facial tissues, and sanitary napkins, underpads, and adult incontinence products, unless a health care professional has determined these items to be regulated medical wastes in accordance with 9VAC20-120-140
 - d. The following discarded items, when they are empty: urine collection bags and tubing, suction canisters and tubing, IV solution bags and tubing, colostomy bags, ileostomy bags, urostomy bags, plastic fluid containers, enteral feeding containers and tubing, hemovacs, and urine specimen cups, unless the items are subject to regulation under 16VAC25-90-1910.1030 (29 CFR 1910.1030) or comparable state or federal standard.
 - e. The following discarded items: urinary catheters, suction catheters, plastic cannula, IV spikes, nasogastric tubes, oxygen tubing and cannula, ventilator tubing, enema bags and tubing, enema bottles, thermometer probe covers, irrigating feeding syringes, and bedpans/urinals, unless the items are subject to regulation under 16VAC25-90-1910.1030 (29 CFR 1910.1030) or comparable state or federal standard.
 - f. Items such as bandages, gauze, cotton swabs, or other similar absorbent materials unless at any time following use they are saturated or would release human blood or human body fluids in a liquid or semi-liquid state if compressed. Items that contain or that are caked with dried human blood or human body fluids and are capable of releasing these materials during handling are regulated medical waste. An item would be considered caked if it could release flakes or particles when handled.
- C. All staff and offenders likely to generate, handle, or be involved in spill containment and clean-up of regulated medical waste should receive training appropriate to those duties.
- D. Disposal of Regulated Medical Waste
 1. No DOC facility treats medical waste on site, therefore, contracts will be secured from private vendors to transport and properly dispose of regulated medical waste. (4-4358)
 2. The vendor should provide proper containers (meeting the standards approved by the Department of Environmental Quality) for the collection and transport of regulated medical waste.
 3. The generator of the regulated medical waste is responsible for packaging and labeling waste.
 4. Contaminated sharps shall be placed directly in specially designed containers that shall be secured and unavailable to offender access at all times. Containers are closed before becoming filled to the top. Containers are taped for closure prior to being placed in the medical waste container.
 5. Once the waste is collected (sharps containers and other waste) and placed in the double bags, the bags should be sealed in accordance with the vendor's instructions
 6. Gloves should be used to prevent personal contamination whenever medical waste containers are sealed, handled, or moved.
 7. Labeling the container is the responsibility of the generator. A label shall be securely attached to

and/or printed on the container. The label may be a tag securely affixed to the package. Indelible ink shall be used to complete the information on the label. The label and the information provided on the label must be clearly legible. The following information shall be included:

- a. The name, address, and business telephone number of the generator.
 - b. "Regulated Medical Waste" in large print
 - c. The Biological Hazard Symbol
 - d. The date of generation (date container was filled and sealed).
8. Once the regulated medical waste is generated (the container has been sealed for transport), it can only be held at the facility for a seven day period (fifteen days if refrigerated) before requiring transport.
9. Facilities that manage regulated medical waste may consult with the Institution's Safety Officer/ Specialist or Regional Environmental Specialist as needed for guidance in proper handling of regulated medical waste.

E. Spill Containment and Cleanup

1. All regulated medical waste management facilities are required to keep a spill containment and cleanup kit within the vicinity of any area where regulated medical wastes are managed, and the location of the kit shall provide for rapid and efficient cleanup of spills anywhere within the area. The kit shall consist of at least the following items:
 - a. Material designed to adsorb spilled liquids. The amount of absorbent material shall be that having a capacity, as rated by the manufacturer, of one gallon of liquid for every cubic foot of regulated medical waste that is normally managed in the area for which the kit is provided or 10 gallons, whichever is less.
 - b. One gallon of hospital grade disinfectant effective against mycobacteria in a sprayer capable of dispersing its charge in a mist and in a stream at a distance
 - c. Enough red plastic bags to enclose 150% of the maximum load accumulated or transported (up to a maximum of 500 bags), that meet the applicable requirement. These bags shall be large enough to over pack any box or other container normally used for regulated medical waste managed by the facility.
 - d. Appropriate Personal Protective Equipment
2. Following a spill of regulated medical waste or its discovery, the following procedures shall be followed:
 - a. Take appropriate precautions to ensure personnel are not exposed to any contaminants by wearing appropriate personal protective equipment.
 - b. Repackage spilled waste in accordance with the packaging requirements.
 - c. Have the contract vendor transport and dispose of any regulated medical waste.
 - d. Clean and disinfect any areas having been contacted by regulated medical wastes. Materials used to decontaminate the area will be disinfectants effective against mycobacteria.
 - e. Take necessary steps to replenish containment and cleanup kit.
- F. The following regulated medical waste records are to be maintained for a period of at least three years.
 1. Contract for transport and disposal of regulated medical waste
 2. Copies of the manifests of regulated medical waste pick-ups and confirming proper disposal
 3. A log listing specific employee or offender training
 4. Incident Reports in accordance with Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*, should be completed for incidents involving spills of 32 gallons or more of regulated medical waste or one quart of regulated medical waste consisting of free liquid.

V. REFERENCES

Commonwealth of Virginia Regulated Medical Waste Management Regulations 9VAC20-120
Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*

VI. FORM CITATIONS

None

VII. REVIEW DATE

The office of primary responsibility shall review this operating procedure annually and re-write it no later than three years from the effective date.

Signature Copy on File

6/16/16

N. H. Scott, Deputy Director of Administration

Date