

Biomedical Waste Plan

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

Facility Name: _____

Address: _____

Telephone: _____



Reviewed & Authorized for Office Use:

Physician or Office Manager

(Print Name): _____

Signature: _____

Yearly

Date of Review: _____

Indian River County Health Department

Environmental Health Office

1900 27th Street

Vero Beach, FL 32960

Website: www.doh.state.fl.us

Phone: (772) 794-7440

Fax: (772) 794-7447

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I. Directions for Completing the Biomedical Waste Plan

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 (list can be obtained from your DOH biomedical waste coordinator) 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

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, 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

Blank14: 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 the 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 will be kept in your facility.

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

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

Attachment A: Glass breakage, blood clean-up technique

Attachment B: Biomedical waste transporter list

Attachment C: Training outline and documentation by employees and physicians.

Attachment D: Chain of custody receipt for biomedical waste transporting

II. Purpose

This facility will handle and store biomedical waste in compliance with all Federal laws, State laws, and Chapter 64E-16 Florida Administrative Code (FAC). Each biomedical waste facility shall implement a written operating plan to manage biomedical waste, in accordance with Chapter 64E-16, FAC and section 381.0098, Florida Statutes. The plan shall be available for review by the department and facility personnel. **(64E-16.003(2))**

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 (64E-16.002)

1. **Biomedical Waste (BMW):** Any solid or liquid that may present a threat of infection to humans. The term includes, but is not limited to, non-liquid human tissue and body parts, discarded sharps, human blood, human blood products, laboratory waste which contain human disease-causing agents, and body fluids. The following are also included:
 - a. Used absorbent materials saturated with blood, body fluids, or excretions or secretions contaminated with blood and absorbent materials saturated with blood or blood products that have dried. Absorbent material includes items such as bandages, gauze and sponges.
 - b. Non-absorbent disposable devices that have been contaminated with blood, body fluids, or blood-contaminated secretions or excretions and have not been sterilized or disinfected by an approved method.
2. **Body Fluids:** those fluids which have the potential to harbor pathogens such as human immunodeficiency virus and hepatitis B virus and include lymph, semen, vaginal secretions, cerebrospinal synovial, pleural, pericardial amniotic fluids. Body excretions such as nasal discharges, saliva, sweat, tears, urine, vomitus shall not be treated as BMW unless visibly contaminated with blood.
3. **Sharps:** Objects capable of puncturing, lacerating, or otherwise penetrating the skin.
4. Items considered Biomedical Waste, based on the above definitions, are: (Give details of each definition above, not the word (for example "Sharps"))

(1)

V. Segregation and Handling (64E-16.004)

1. Biomedical waste is 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.
2. All sharps shall be discarded into leak proof, puncture-resistant containers located: _____.(2)
3. All non-sharp BMW shall be disposed of directly into red, impermeable bags that meet the specifications in Chapter 64E-16 of the Florida Administrative Code. Red bags are located: _____.(3)
4. Any employee handling BMW shall wear minimum protective clothing, which consists of a minimum 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 (64E-16.004(2))

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 will be visibly marked with the international biological hazard symbol and one of the following phrases: "BIOMEDICAL WASTE", "BIOHAZARD", "INFECTIOUS WASTE", or "INFECTIOUS SUBSTANCES". The symbol will be red, orange, or black and the background color will contrast with that of the symbol, or comply with the requirements of the Blood-borne Pathogen Standard. Biomedical waste red bags also must exhibit the following physical properties:

2. 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".
3. 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.
4. 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.

This facility uses: **CIRCLE ONE:**

Reusable Biomedical Waste Containers (Hard Plastic)

OR

Corrugated Cardboard Boxes issued by the registered transporter.

VII. Co-Mixing (64E-16.003)

1. All BMW which is mixed with hazardous waste shall be managed as Hazardous waste.
2. All BMW, which is mixed with radioactive waste shall be managed as radioactive waste.
3. All solid waste, other than hazardous and radioactive, mixed with biomedical waste shall be managed as BMW.

VIII. Labeling (64E-16.005)

1. Biomedical waste bags and sharps containers shall be labeled as required by Chapter 64E-16, Florida Administrative Code.
2. BMW shall be labeled prior to transport off-site at the generating facility. 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: **(Your facility address)**

_____ . (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 paragraph 2. The inner bags and inner sharps containers are exempt from paragraph 2a.
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.
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".

IX. Storage of BMW (64E-16.004)

1. All onsite storage of sealed BMW shall be in a designated area away from general traffic flow patterns and be accessible only to authorized personnel through the use of locks, signs, and/or location.
2. Storage of BMW shall not be for a period greater than 30 days. The 30 day time period shall commence when the first non-sharps item of BMW is placed into a red bag or sharps container, or when a sharps container containing only sharps is sealed.
3. 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.
4. 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.
5. The BMW storage area in this facility is located: _____.(9)

X. Onsite Treatment Method of BMW (64E-16.007)

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 BMW occurs in the facility, all procedures must be in compliance under section 64E-16.007.

XI. Transport (64E-16.008)

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 provided to us by that company for the last three (3) years. Transport for our facility is performed by:
 - a. A registered biomedical waste transporter who removes our waste under contract.

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, dates, and documentation that the waste was accepted by a permitted facility. Name of employee(s) who is (are) assigned transport duty: _____

_____ (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 (64E-16.011)**

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 amount of biomedical waste generated each month in satellite offices which operates 6 hours or less per week will be added together with the monthly amount 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: **(see attachment A)**.

_____.(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. **(See attachment B)**.

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 the Biomedical Waste Coordinator (Stacy Shields or Lauren Broom) at the Indian River County Health Department at (772) 794-7440.

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

XV. Training (64E-16.003)

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, of the Florida Administrative Code, to maintain an accessible copy of this plan, including the maintenance of the following biomedical waste records:

- ✓ Valid Permit/Exemption Letter
- ✓ Valid Storage and/or Transporter Permit (if applicable)
- ✓ Most recent copy of Chapter 64E-16, of the Florida Administrative Code
- ✓ Annually updated Biomedical Waste Plan
- ✓ Contract of DEP Registered Biomedical Waste Handler
- ✓ 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(2c1)), F.A.C
- ✓ Transport Container Specification Letter (Optional)

XVII. Records (64E-16.003 (2b))

1. All BMW records, which includes: Manifests, training 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

SUBJECT: Glass Breakage, Blood Clean-Up Technique

PURPOSE: To prevent the contamination of any employee by infectious disease with the careless handling of broken glass possibly contaminated with waste.

SPILL KIT CONTAINS: (A kit must be on hand in facility)

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, if 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:

Biomedical Waste Transporters List

The Companies listed below are a few of the closer/ more frequently used waste transport companies in our county. This Department does not recommend one over the other. The list is to assist you in waste disposal service. There are many other companies in Florida. Please call our office @ (772) 794-7440 or visit our website at <http://www.doh.state.fl.us/environment/community/biomedical/transporters.htm> for additional information.

**Healthcare Waste Solutions of Florida, LLC Miami
305-599-9300**

Biotech. Medical Waste Transfer, Inc. 321-254-1351

Jancy Pet Burial/Transport Zellwood 407-884-7336

Medical Disposal Systems/Transport Orlando 407-862-5399

Sharps Compliance Inc. Houston, Texas 800-772-5657

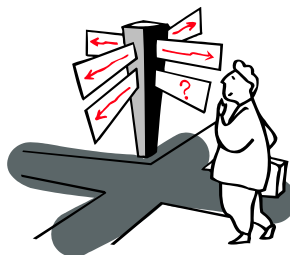
Stericycle, Inc. Apopka 407-467-9635

Stericycle, Inc. Miami 305-698-5510

Twin Oaks Pet Cemetery Okeechobee 863-467-6377

STAT Medical Disposal, Inc. Vero Beach 772-778-2729

BioMedical Transporters, Inc. St. Cloud 1-877-888-6044



Florida Agencies of Interest

Department of Health ~ Bureau of Facility Programs

PH~ 1- (850) - 245 - 4444

Website ~ www.doh.state.fl.us

Monitors: Overall Biomedical Waste Program

Indian River County Health Department Division of Environmental Health (IRCHD)

PH ~ (772) 794 - 7440

Website ~ www.doh.state.fl.us

Monitors: County Biomedical Waste Facilities

Department of Environmental Protection (DEP)

Website ~ www.dep.state.fl.us

Monitors: Pharmaceuticals

U. S. Department of Transportation (DOT)

PH ~ 1- 800 - 467 - 4922

E-Mail ~ TRAINING@rspa.dot.gov

Monitors: Liquids in BMW red bags

U.S. Department of Labor

Occupational Safety & Health Administration (OSHA)

Website ~ www.osha.gov/comp-links.html

Monitors: Bloodborne Pathogens

Centers for Disease Control and Prevention (CDC)

Website ~ www.cdc.gov