



KERN HEALTH SYSTEMS

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POLICY AND PROCEDURES					
SUBJECT: Management of Biohazards Waste				POLICY #: 2.21-P	
DEPARTMENT: Health Services – Quality Improvement					
Effective Date: 2010/10	Review/Revised Date: <i>03/17/2017</i>	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

Douglas A. Hayward

 Douglas A. Hayward
 Chief Executive Officer

Date *3/17/17*

 Chief Medical Officer
Deborah L. Munro

 Administrative Director of Health Services

Date _____
 Date *3/9/17*

POLICY:

BioHazardous waste is defined in Section 25117.5 and 117635 of the California Health and Safety Code. Kern Health Systems (KHS) contract providers will identify these materials and implement a biohazardous waste management program at their facilities that will meet the KHS standards and the Department of Health Care Services (DHCS) facility site review requirements.

DEFINITIONS:

<p>Biohazardous waste: Laboratory waste; pathologic specimens including human tissues, blood elements, excreta, equipment, disposable materials, and secretions which are suspected of contamination with infectious agents; and any other waste or material which has been contaminated, or may reasonably be expected to be contaminated with infectious agents contagious to humans.</p> <p>Infectious agent: A type of micro-organism, parasitic intestinal worm, or virus which causes, or significantly contributes to the cause of, increased morbidity or mortality of human beings.</p> <p>Sharp: Any device having acute edges. Corners, edges, or protuberances capable of cutting or piercing.</p>

PROCEDURES:

1.0 HANDLING WASTE

1.1 Recommended Methods for the Handling and Processing of Biohazardous Waste

Biohazardous waste generated from medical offices should be separated at point of origin, placed in approved disposable red plastic bags, stored separately from other waste, and handled using Universal Precautions. Red bags must be readily available. KHS suggests the placement of a few red bags in each exam room or labeled biohazardous waste containers.

The maximum storage time is seven days and only in an area secure from unauthorized personnel, in containers which are rigid, leak proof, possess tight fitting covers, and are labeled "Biohazardous" with the international biohazard symbol. The storage area must be labeled "Biohazardous".

1.2 Needle/Syringe Assemblies and Sharps

Needles and other sharps must be placed in a leak proof container which is rigid, puncture resistant, and tightly lidded. After the container is filled, it should be sealed (taped) and disposed of with other biohazardous waste, as above.

1.3 Anatomical Remains

Recognizable human (including fetal) anatomical remains must be incinerated or interred.¹

2.0 STORAGE AND CONTAINMENT

Biohazardous waste should be stored in an approved container.²

2.1 General Storage

Biohazardous waste should be segregated from other waste at the point of origin. Biohazardous waste must be contained in red bags. Sharps containers or red bags containing biohazardous waste must be placed in rigid disposable or reusable containers for storage, handling, or transport.

2.2 Maximum Storage Time

The maximum storage time is seven days or less above a temperature of 0 degrees centigrade (32 degrees Fahrenheit) or ninety days or less below 0 degrees centigrade. For providers who generate less than 20 pounds of biohazardous waste per month, maximum storage time is 30 days or less above a temperature of 0 degrees centigrade.³

2.3 Storage Enclosures

Storage enclosures should be secured to deny access to unauthorized persons. Warning signs with the following inscription legible from at least 25 feet should be posted:

CAUTION – BIOHAZARDOUS WASTE STORAGE AREA
UNAUTHORIZED PERSONS KEEP OUT

CUIDADO – ZONA DE PELIGRO BIOLÓGICO
PROHIBIDA LA ENTRADA A PERSONAS NO AUTHORIZADAS

2.4 Storage Containers

2.4.1 Red Bag Storage

Bags must be red and labeled “Biohazard” with the international biohazard symbol. Red bags must pass the 165 gram dropped dart impact resistance test and be certified by the manufacturer.

2.4.2 Sharps

Containers must be leak proof, rigid, puncture resistant and tightly lidded or taped closed, labeled “Biohazard” with the international biohazard symbol. Needles and syringes must be processed to preclude reuse by placing immediately in sharps container and not recapping or manipulating needles in any way.

2.4.3.1 Containers

Containers must be leak proof, in good repair with tight-fitting covers. Containers may be any color. Container (lid and sides) must be labeled “Biohazardous” with the international biohazard symbol. Reusable containers must be washed and decontaminated each time they are emptied unless they have been completely protected from contamination. For further instructions on approved decontamination methods, see California Health and Safety Code §118295.

3.0 DISPOSAL

It is the policy of KHS to require all contract provider sites that generate biomedical waste to maintain a contract with a registered Biohazardous Waste Hauler. Facilities that generate less than 20 pounds of medical waste per week may apply for a Limited Quantity Hauler Exemption⁴.

Kern County waste haulers include the following:

Stericycle Waste Systems
9188 Glenoaks Blvd #300
Sun Valley, CA 91353
(866) 783-7422

Clean Harbors
5756 Alba
Los Angeles, CA 90058
(800) 444-4244

3.1 Methods of Disposal

3.1.1 On-Site

Biohazardous waste may be disposed of on-site by using the following methods:

- A. Incineration at a permitted medical waste treatment facility in a controlled-air multichamber incinerator or other method of incineration approved by DHCS which provided complete combustion of the waste into carbonized or mineralized ash.⁵
- B. Autoclave with operating procedure approved by the Health Officer

- C. Other sterilization technique approved by the State Department of Health Care Services
- D. Discharge into approved sewer system (liquids and semi-liquids only)

Recognizable human anatomical remains must be incinerated or interred.

3.1.2 Off-Site

Biohazardous waste must be transported by a registered hazardous waste hauler. Biohazardous waste can be delivered for disposal or unloaded only at an appropriate hazardous waste facility.

4.0 FACILITY SITE REVIEW

Every contract primary care provider receives from KHS regular and random monitoring of site biohazardous waste management standards.

5.0 BIOHAZARDOUS MANAGEMENT DEFICIENCIES

Providers are required to correct identified deficiencies or receive disciplinary action as defined by *KHS Policy and Procedure #2.04 - Provider Disciplinary Action*.

6.0 PROVIDER EDUCATION

KHS Provider Relations staff train contract PCPs on the appropriate management of biohazardous waste during Provider Orientations. Participation in Provider Orientations is documented.

7.0 EDUCATION, INTERVENTION, AND PREVENTION PROGRAM

Contracted providers will implement an education, intervention, and prevention program for handling and labeling of biohazardous waste by their staff/personnel. Training occurs prior to initial exposure to potentially infections and/or biohazardous materials. Personnel must know where to locate information/resources on site and how to use the information. Evidence of training may include in-services, new staff orientation, external training courses, educational curriculum and participation lists, etc. Training must be documented and the documentation must contain the employee's name, job titles, training date(s), type of training, contents of training session, and names/qualifications of trainers. Records must be kept for three (3) years. Evidence of training must be verifiable. Review and re-training sessions occur at least annually.

REFERENCE:

Revision 2017-03: Policy reviewed by Quality Improvement Supervisor. No revisions necessary at this time. Review requested by Compliance Department. **Revision 2013-08:** Policy reviewed by Director of Quality Improvement, Health Education and Disease Management. No revision need, titles updated. **Revision 2010-05:** Reviewed by KHS Director of Quality Improvement, Health Education and Disease Management. **Revision 2005-08:** Revised to describe the process for educating Providers and staff about biohazardous waste management. **Revision 2002-08:** Revised per DHS Comment 09/19/01.

¹ (Section 7054.4 of the California Health and Safety Code)

² California Health and Safety Code §118275 - 118320

³ California Health and Safety Code §118280(b). Requested by DHS 9/19/01 comment.

⁴ California Health and Safety Code §118030

⁵ California Health and Safety Code §§11825 - 118245