

CMHC INFECTION CONTROL MANUAL	Effective Date: 08/11/16	NUMBER: B-14.25
	Replaces 08/13/15	
	Formulated:1997	Page 1 of 5
SPECIAL (MEDICAL) WASTE MANAGEMENT		

POLICY: Special waste generated on each Texas Department of Criminal Justice (TDCJ) unit will be handled according to the requirements of law and good infection control practices.

DEFINITIONS

- I. Regulated medical waste is any waste that is generated in the course of patient care activities (including self-care such as self catheterization). It does not include waste associated with administrative activities or in non-patient care activities such as feeding patients. Waste generated in non-patient care areas, such as housing, recreation, industry, etc., is not considered regulated medical waste unless it is generated while providing medical care in those areas or if it is a body fluid spill requiring use of a spill kit.
- II. Special Medical Waste is a subset of Regulated Medical Waste and includes the following:
 - A. All free-flowing waste: human blood; serum; plasma; other blood components; and other potentially infectious materials; including disposable items saturated with blood or body fluids.
 - B. Disposable items caked with blood that could be released when handled.
 - C. Microbiological waste including discarded cultures, used culture plates or transport media culturettes, swabs used to obtain culture specimens and discarded vaccines (but not empty vaccine vials).
 - D. Human tissue removed through surgery, labor and delivery, biopsy or autopsy.
 - E. Sharps, including contaminated sharps and uncontaminated hypodermic needles when disposed.
- III. Saturated means thoroughly wet such that liquid or fluid flows freely from an item or surface with or without compression.
- IV. Other Potentially Infectious Materials (OPIM) means body fluids as defined in Health Services Policy B-14.5. It does not include urine or feces unless they are contaminated with visible blood.
- V. Urinary catheters and colostomy bags are not considered special medical waste unless they are visibly contaminated with blood or OPIM.
- VI. Generally, items that are stained with blood or OPIM but are not saturated (such as a gauze pad used when drawing blood) are not considered special medical waste.

CMHC INFECTION CONTROL MANUAL	Effective Date: 08/11/16	NUMBER: B-14.25 Page 2 of 5
	Replaces 08/13/15	
	Formulated:1997	
SPECIAL (MEDICAL) WASTE MANAGEMENT		

- VII.** Non-regulated waste that is contaminated with blood or OPIM, such as bedsheets from offender housing or a mattress can be washed or cleaned and disinfected. If the item is unserviceable after cleaning, it can be discarded in regular trash.

PROCEDURES

I. HANDLING OF REGULATED MEDICAL WASTE

- A. All regulated medical waste must be kept separate from non-regulated waste. If non-regulated waste is mixed with regulated medical waste it must be handled as regulated medical waste.
- B. Regulated medical waste must be considered potentially contaminated and handled in a manner consistent with good infection control practices, such as having a covered trash container and/or regular (at least once per day) collection and bagging of the trash.
- C. Waste from isolation rooms should be bagged and sealed before being removed from the isolation room.
- D. Regulated medical waste may be disposed of in an ordinary landfill with non-regulated waste. If regulated medical waste is mixed with special medical waste it must be disposed of as special medical waste.
- E. If regulated medical waste (containing no special medical waste) is disposed of in a landfill in a recognizable biohazard container, a label stating that the waste within the container is not a special waste from health care related facilities must be affixed to the container. No label is required if it is not in a biohazard container.

II. HANDLING OF SPECIAL MEDICAL WASTE

- A. **Boxes** labeled "Caution, Contains Medical Waste Which May be Biohazardous" and with Bio-hazard symbol are to be used for the procedures described below. They are to be securely taped at all edges with two inch tape before being transported.
- B. **Other solid or semi-solid waste** should be deposited into a covered receptacle lined with a plastic bag. When the bag is full or at the end of each day, whichever is earlier, it must be closed securely and placed in a red bio-hazard bag.

CMHC INFECTION CONTROL MANUAL	Effective Date: 08/11/16	NUMBER: B-14.25 Page 3 of 5
	Replaces 08/13/15	
	Formulated:1997	
SPECIAL (MEDICAL) WASTE MANAGEMENT		

- C. **Bagged material** should then be placed in a labeled box and sealed. More than one bag may be placed inside the box if space is available. With the exception of sharp containers, special waste must not be allowed to collect in waste receptacles for longer than 24 hours.
- D. **Covered receptacles** which contain special waste will be identified with a biohazard label located at least on the lid (other labels may be located on the side to ensure identification).

These receptacles must be **cleaned** whenever visibly contaminated or on a monthly basis with a phenol-type product which meets EPA requirements. Receptacles will be inspected for contamination at the time they are emptied.

- E. Sharps, needles and syringes will be placed in **sharps containers**. When a sharps container is about 80% full, it is sealed and placed into a lined, labeled box which then is also sealed. *Under no circumstances* will sharps be placed in a non-puncture resistant container.
- F. Broken glassware which may be contaminated must be placed in a sharps container. Unit health administrators are responsible for providing sharps containers when needed for this purpose.
- G. Liquid waste (blood, OPIM, urine, feces, etc.) should be discharged into the sanitary sewer.

III. STORAGE AND TRANSPORTATION OF SPECIAL MEDICAL WASTE

- A. The **unit health administrator** is responsible for designating and training employee(s) to assure that special waste is properly sealed and stored at the unit and subsequently transported appropriately from the unit. Training will be provided prior to assignment and in accordance with agency policy. Training records are to be maintained.
- B. The unit health administrator is responsible for:
 - 1. **Unit-specific addendum** to include the following:
 - a. Assignments of persons responsible for packaging special waste

CMHC INFECTION CONTROL MANUAL	Effective Date: 08/11/16	NUMBER: B-14.25 Page 4 of 5
	Replaces 08/13/15	
	Formulated:1997	
SPECIAL (MEDICAL) WASTE MANAGEMENT		

- b. Specification of the exact place(s) waste is to be stored which affords protection from theft, vandalism, inadvertent human or animal exposure, rain, water, and wind. The waste shall be managed so as not to provide a breeding place or food for insects or rodents, and not to generate noxious odors.
 - c. Designation of days and time waste is to be collected.
 - d. Limiting access to authorized personnel only.
 - 2. Waste being properly packaged and collected.
 - 3. Records that reflect actual date of pick-up which will be retained for three (3) years.
- C. The Manager of Correctional Managed Care Medical Courier Services (UTMB) or Unit Health Administrator (Texas Tech) is responsible for:
 - 1. Designating and training employee(s) to ensure that special waste is properly packaged and transported in accordance with agency guidelines. Training records will be maintained.
 - 2. Ensuring that regional storage facilities are rodent free, air conditioned, and designated exclusively for that purpose and that access is limited to authorized personnel only.
 - 3. Establishing a schedule for unit collection.
 - 4. Maintaining collection records which will be retained for three (3) years.

IV. CONTINGENCY PLANS

- A. **Repackaging and clean-up** of leaks or spills **within a unit** will be coordinated by the unit health administrator and implemented by trained personnel (Attachment A). Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using a mechanical means such as a brush and dust pan, tongs, or forceps. Mechanical devices used to pick up glass must be decontaminated with hypochlorite solution (bleach).

CMHC INFECTION CONTROL MANUAL	Effective Date: 08/11/16	NUMBER: B-14.25 Page 5 of 5
	Replaces 08/13/15	
	Formulated:1997	
SPECIAL (MEDICAL) WASTE MANAGEMENT		

- B. **Repackaging and clean-up** of leaks or spills **outside of unit** or during transport from unit to regional storage areas will be coordinated by the Manager of Correctional Managed Care Medical Courier Services (UTMB) or Unit Health Administrator (Texas Tech) and implemented by trained personnel following guidelines in Attachments B - D.
- C. Items listed in Attachment B, with instructions found in Attachments B - D, will be placed in each transport vehicle.
- D. Designated **transport vehicles** must have a non-porous interior. If they become contaminated will be cleaned appropriately with hypochlorite solution (bleach) and may be steam cleaned. Coordination will be the responsibility of the Manager of Correctional Managed Care Medical Courier Services (UTMB) or Unit Health Administrator (Texas Tech).

Reference:

1. Texas Administrative Code, Title 25, §1.131 - §1.137
2. Texas Administrative Code, Title 30, §330.1001 - §330.1010

Policy #B14.25

ATTACHMENT A

UNIT CLEAN-UP KIT (SPILL KIT)

1. Obtain a Clean-up Kit* and follow instructions for use on box.
2. Open the box and remove supplies.
3. Open large clear plastic bag, and large red plastic bag. Set them next to each other.
4. Put on one pair of gloves.
5. Use paper towels or other absorbent material to absorb as much of the fluid as possible, then place paper towels in the large clear bag.
6. Pour mixed disinfectant solution onto spill area. Throw away empty bottle in the large, clear bag.
7. Use rags to clean area. Place used rags in the large, *clear* plastic bag.
8. Tie off *clear* plastic bag and place inside *red* plastic bag.
9. Remove gloves and place in *red* plastic bag.
10. Tie off *red* plastic bag. Put on second pair of gloves and dispose of trash bag properly in a cardboard box contaminated waste receptacle. Remove gloves and dispose of them in contaminated waste receptacle.
11. Wash hands.
12. Pick up an additional clean-up kit from the medical department.

DO NOT PLACE LINEN OR NON-DISPOSABLE ARTICLES IN THE RED PLASTIC BAG.

***Clean-up Kit Contents:**

- Rags (4)
- Gloves (2 pair)
- Paper towels (15)
- Red plastic bag (1)
- Disinfectant (1 bottle)
- Large clear plastic bag (1)

*This kit is designed for small to moderate spills. For large areas use hypochlorite solution.

Policy #B-14.25

ATTACHMENT B

Each courier vehicle will be equipped, at a minimum, with the following items:

A. TRANSPORT SPILL KIT

Heavy Duty Gloves (5 pair)
Gowns (5 each)
Large Rags
Goggles (5 pair)
Absorbent material (Ex. Red Z)
Hypochlorite solution (1 gallon)
Special Waste (red) bags (10 each)
Large puncture-resistant container
Antimicrobial Hand Wipes

B. SPECIAL WASTE BOXES

C. SHOVEL

D. TRAFFIC CONES (5 each)

E. BARRIER TAPE (2 rolls)

F. TAPE (3 rolls)

G. WHISK BROOM

Policy #B-14.25

ATTACHMENT C

In the event of an accident involving the special waste vehicle or trailer the following procedures will be followed:

1. The responsible employee, (i.e., courier or first arriving employee), will immediately secure the area by placing traffic cones and barrier tape around the spill.
2. The responsible employee will then request assistance in notifying the Manager of Correctional Managed Care Medical Courier Services (UTMB) or Unit Health Administrator (Texas Tech) who will notify the TDCJ Regional Director's Office and Emergency Action Center. Facts regarding the spill will be relayed and additional assistance requested if required. The responsible employee will also notify the local law enforcement agency.
3. Following the arrival of law enforcement representatives, approval will be requested to begin clean-up procedures. Once approval is received, each employee at the scene of the spill will put on the required protective items from the spill kit.
4. Gather transport spill kit, which contains protective equipment and clean-up supplies, boxes, bags, and tape for repackaging.
5. Assemble cardboard boxes as needed and line with two (2) red plastic bags. Put on gloves and gown (if necessary).
6. All **non-liquid spillage**, except syringes and needles will be picked up either by hand or with a shovel and placed in the assembled boxes. An absorbent material (eg, Red Z) will be sprinkled onto any **liquid spillage**. Following gel action of absorbent material, place material in box with shovel. Whisk material from floor of transport vehicle into shovel, if necessary, and place in box.
7. If shovel has been used, pour hypochlorite solution on shovel to decontaminate. Place hypochlorite bottle in box.
8. Tie off red bags. Remove gloves and drop in lined box. Use antimicrobial hand wipe and drop in box. Seal box on all edges.
9. Once the spill has been repackaged, containers will be transported to the appropriate storage area. The method of transfer will be coordinated by the Manager of Correctional Managed Care Medical Courier Services (UTMB) or Unit Health Administrator (Texas Tech) and TDCJ Regional Director.
10. After waste has been transported to regional storage building, the responsible employee(s) will complete all required accident/incident reports through the Personnel/Safety Officer at the assigned unit.

Policy #B-14.25

ATTACHMENT D

If spill occurs inside transport vehicle only:

1. Report to Manager of Correctional Managed Care Medical Courier Services (UTMB) or Unit Health Administrator (Texas Tech).
2. Gather transport spill kit, which contains protective equipment and clean-up supplies, boxes, bags and tape for repackaging.
3. Assemble cardboard boxes as needed and line with two (2) red plastic bags.
4. Put on gloves and gown (if necessary).
5. Sprinkle absorbent material (eg, Red Z) to absorb as much liquid as possible.
6. Following gel action of absorbent material (eg, Red Z), place material in lined box using shovel or gloved hands whichever is best for the situation. Whisk any remaining material into shovel and place in box.
7. Repackage leaking box and contents by placing in newly assembled box.
8. Clean vehicle and shovel, if used, with hypochlorite solution.
9. Tie off red bags. Remove gloves and drop in lined box. Use antimicrobial hand wipe and drop in box.
10. Seal box with tape on all edges. Proceed to deliver and unload boxes to regional storage building.
11. Vehicle may be steam cleaned.

If breakdown occurs:

1. Report to Manager of Correctional Managed Care Medical Courier Services (UTMB) or Unit Health Administrator (Texas Tech).
2. Stay with vehicle as long as waste remains in vehicle.
3. Transfer waste items to second vehicle when it arrives.
4. Proceed to deliver waste to regional storage building.

References:

Title 30, Texas Administrative Code, Chapter 330, Subchapter Y: Medical Waste Management

Occupational Exposure to Bloodborne Pathogens, Department of Labor, Occupational Safety and Health Administration, 29 CFR Part 1910.1030