

| | | |
|---|------------------------|--|
| SECTION | Approval date: | |
| Infection Control | Approved by: | |
| POLICY AND PROCEDURE | Effective date: | |
| Blood-Borne Pathogens and Biohazardous Waste Management | Revision date: | |

POLICY:

The site will follow the OSHA Blood Borne Pathogens Standard and California Waste Management Act according to 8 CCR §5193 (Cal OSHA Health Care Worker Needle-stick Prevention Act, 1999); H&S Code, §§117600-118360 (CA Medical Waste Management Act, 1997); 29 CFR §1910, 1030.

PROCEDURE:

- I. Blood and Other Potential Infectious Materials (OPIM)
 - A. OPIM are all human body fluids, any unfixed tissue or organ (other than intact skin) from a human (living or dead), and HIV or HBV-containing blood, cells, tissue, organs, cultures, medium, or solutions. Containers for blood and OPIM are closable, leak proof, and labeled and/or color-coded. Double bagging is required only if leakage is possible.
- II. Personal Protective Equipment (PPE)
 - A. PPE is specialized clothing and/or equipment for protection against blood borne pathogen hazards, and does not include general work clothes (e.g., uniforms, cloth lab coats) that permit liquid to soak through.
 - B. PPE is available for staff use on site, and includes,
 - Water repelling gloves
 - Clothing barrier (e.g., gown, sheets)
 - Face/eye protection (e.g., goggles, face shield)
 - Respiratory infection protection (e.g., mask)
 - C. Other necessary PPE are available specific to the practice and types of procedures performed on site. General work clothes are appropriate only if blood/OPIM does not penetrate through employee's work clothes, undergarments, skin, eyes, mouth, or other mucous membranes under NORMAL conditions of use.
 - D. The storage of PPE should be adequate to protect the PPE from contamination, loss, damage, water or sunlight. Proper storage often requires a dry and clean place that is not subject to temperature extremes.

III. Labels

- A. A warning label is affixed to red-bagged regulated wastes, sharps containers, refrigerators/freezers containing blood or OPIM, containers used to store or transport blood or OPIM, and contaminated laundry or equipment for storage or transporting. The international "BIOHAZARDOUS WASTE" label, (fluorescent orange or red-orange with contrasting lettering/symbols) is an integral part of the container or affixed to container. Sharps containers are labeled with words "Sharps Waste" or with the international biohazard symbol and the word "BIOHAZARD". Individual containers of blood or OPIM are exempted from warning labels if placed inside a labeled secondary container for storage, transport, or disposal. Alternative marking or color coding may be used to label contaminated laundry or specimen containers if the alternative marking permits employees on site to recognize that container requires compliance with Universal Precautions. If the contaminated laundry or specimen leaves the site, an international "Biohazardous Waste" warning label and/or red color-coding is used.

IV. Needle-Stick Safety

Contaminated sharps are discarded immediately. Sharps containers are located close to the immediate area where sharps are used, and are inaccessible to unauthorized persons. Sharps are not bent, removed from a syringe, or recapped. Needleless systems, sharps with engineered sharps injury protection (ESIP), and non-needle sharps are used unless exemptions have been approved by Cal/OSHA (8CCR, §5193). Security of portable containers in patient care areas is maintained at all times. Any device capable of cutting or piercing (e.g., syringes, hypodermic needles, needleless devices, blades, broken glass, slides, vials) are placed in a closable, puncture-resistant, labeled, leak-proof container. If these requirements are met, containers made of various materials (e.g., cardboard, plastic) are acceptable. Containers are not overfilled past manufacturer's designated fill line, or more than three-quarters ($\frac{3}{4}$) full. Supply of containers on hand is adequate to ensure routine change-out when filled.

V. Sharps Injury Documentation

Site has a method in place to document sharps injuries. Date, time, description of exposure incident, sharp type/brand, follow-up care is documented within 14 days of injury incident (see attached Sharps injury Report form).

VI. Contaminated Laundry

Site has a laundry service contract or a washer and dryer on site to launder contaminated laundry (soiled with blood/OPIM or containing contaminated sharps). Manufacturer's guidelines are followed to decontaminate and launder reusable protective clothing. Laundry requirements are "not applicable" if only disposable PPE is used on site.

VII. Regulated Waste Storage

- A. Regulated waste is contained separately from other wastes (e.g., contaminated wastes) at the point of origin in the producing facility, placed in red biohazardous bags with Biohazard label, and stored in a closed container that is not accessible to unauthorized persons. If stored outside of the office, a lock secures the entry door, gate or receptacle lid, and posted warning sign(s) in English and Spanish are visible for a distance of 25-feet. The sign wording states, **“CAUTION – BIOHAZARDOUS WASTE STORAGE AREA – UNAUTHORIZED PERSONS KEEP OUT”** and/or **“CUIDADO – ZONA DE RESIDUOS-BIOLOGICOS PELIGROSOS – PROHIBIDA LA ENTRADA A PERSONAS NO AUTORIZADAS”**. Signs prior to the passage of the Medical Waste Act, Infectious Waste, are permitted for the “life” of the sign.
- B. Regulated wastes include:
 - Biohazardous wastes, e.g., laboratory wastes, human specimens/tissue, blood/contaminated materials “known” to be infected with highly communicable diseases for humans and/or that require isolation, and
 - Medical wastes, e.g., liquid/semi-liquid blood or OPIM, items caked with dry blood or OPIM and capable or releasing materials during handling, and contaminated sharps (Health and Safety Code, Chapter 6.1, CA Medical Waste Management Act).

VIII. Medical Waste Disposal

The method of medical waste disposal is as follows (check the method that applies):

- Medical waste are hauled to a permitted offsite medical waste treatment facility, to a transfer station, or to another registered generator for consolidation.

A limited-quantity exemption is not required for Small Quantity Generator (SQG - up to 35.2 pounds). For Large Quantity Generator (LQG - more than 35.2 pounds), hauling is done by a registered hazardous waste transporter or by a person with an approved limited-quantity hauling exemption granted by the CA DHS Waste Management Division. The limited-quantity hauling exemption is valid for a period of one year and is renewed annually. When hauling medical wastes, the LQG transporter carries the exemption form in the transporting vehicle. For both SQG and LQG, a medical waste tracking document is maintained that includes name of person transporting, number of waste containers, type of medical wastes, and date of transportation. Tracking document is kept a minimum of 3 years for LQG and 2 years for SQG.

- The medical building or hospital collects the medical waste from the clinic suite to a central accumulation area in the medical/hospital building where their contracted registered hauler picks up and hauls the waste for disposal.

- Other: _____

NOTE: Contaminated waste including materials soiled with blood or other body fluids/secretions that do not have the potential to be transmitted and infect others (e.g., dirty diapers, old bandages, etc.) are not within the scope of regulated waste. Contaminated waste items need not be disposed as regulated waste in labeled red bags but can be discarded as solid waste in regular trash receptacle.

ATTACHMENTS:

- [Sharps Injury Report Form](#) (resource)
- Medical Waste Tracking Log (sample)
- [OSHA Fact Sheet - Protecting Yourself When Handling Contaminated Sharps](#)

Cleaning Spills of Blood and Body Substances

- Wear protective gloves and use appropriate PPE (e.g., use forceps to pick up any sharps and discard in sharps container)
- If the spill contains large amounts of blood or body fluids (e.g., >10 mL), clean the visible matter with disposable absorbent material and discard in appropriate containers for biohazardous waste
- Decontaminate the area using an EPA-registered disinfectant with specific label claims for bloodborne pathogens (e.g., HIV, HBV, HCV) or a freshly diluted bleach-based product (preferably EPA-registered), in accordance with manufacturer's instructions, and allow the surface to dry
- If a bleach-based product is used:
 - Use a 1:100 dilution to decontaminate nonporous surfaces
 - If the spill involves large amounts of blood or body fluids, use a 1:10 dilution for first application of germicide *before cleaning*, then followed by cleaning and subsequent decontamination with 1:100 dilution application

Post-Exposure Evaluation and Management

Employers are required to establish exposure control plans that include post-exposure follow up for their employees and to comply with incident reporting requirements mandated by the 1992 OSHA bloodborne pathogen standard. Access to clinicians who can provide post-exposure care should be available during all working hours, including nights and weekends. HBIG, hepatitis B vaccine, and antiretroviral agents for HIV post-exposure prophylaxis (PEP) should be available for timely administration, either by providing access on site or by creating linkages with other facilities or providers to make them available off-site (CDC, 2001).

The following are recommendation by the Centers for Disease Control (DHHS, 2003) for immediate activity after exposure.

Provide immediate care to the exposure site.

- Wash wounds and skin with soap and water.
- Flush mucous membranes with water.
- Irrigate eyes with clean water, saline or sterile irrigants.

No scientific evidence shows that using antiseptics or squeezing the wound will reduce the risk of transmission of a bloodborne pathogen. Using a caustic agent such as bleach is not recommended.

Report the exposure to the government agency responsible for managing exposures. Reporting is necessary because PEP treatment may be recommended.

Spill Kit: Spray bottle with 10% bleach and water (1:10 solution). Label bottle with contents. Change bleach solution every 24 hours.

Zip Log Bag:

- 1 face mask
- 1 pair of goggles
- 1 pair of gloves
- 1 protective gown
- 1 copy of protocol

DECONTAMINATION PROCEDURES BLOOD/BODY FLUID SPILLS

"Decontamination" means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal. Decontamination includes procedures regulated by Health and Safety Code Section 118275.

Policy: To ensure the appropriate cleaning disinfecting of equipment and the patient care area to prevent the spread of infections.

Procedures:

1. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials as soon as possible.
2. OSHA requires that work surfaces be cleaned with an "appropriate disinfectant." Appropriate disinfectants include a diluted bleach solution and EPA-registered antimicrobial products such as tuberculocides (List B), sterilants (List A), products registered against HIV/HBV (List E), and [Sterilants/ High Level Disinfectants](#) for equipment sterilization.
 - Fresh solutions of diluted household bleach made up every 24 hours are also considered appropriate for disinfection of environmental surfaces and for decontamination of sites. Contact time for bleach is generally considered to be the time it takes the product to air dry.
3. Employees must wear gloves when hand contact with blood, mucous membranes, OPIM, or non-intact skin is anticipated, and when performing vascular access procedures, or when handling contaminated items or surfaces [\[29 CFR 1910.1030\(d\)\(3\)\(ix\)\]](#).
4. Immediately clean-up of blood/body fluid spills as soon as possible after the spill occurs.
5. If the spill contains broken glass or other objects, these should be removed and discarded without contact with the hands. Use a device such as dustpan and broom to pick up sharp objects. Rigid sheets of cardboard may be used to handle such objects and discarded with the objects into an appropriate biohazard container.
6. Disinfect the spill site using an appropriate intermediate to high-level hospital disinfectant, such as a 10% dilution of household bleach. Flood the spill site or wipe down the spill site with disposable towels soaked in disinfectant to make the site. The disinfectant should be allowed to remain on the spill site for the period of time recommended by the manufacturer.
7. Wash hands as soon as possible after contamination and after removing gloves
8. If you get blood on you:
 - Wash it off as soon as possible with soap and water
 - Immediately flush your eyes with running water at a sink or eyewash station
 - Report the incident to your supervisor
 - Wear protective gloves
 - Disinfectant:
 - Solution of ¼ cup bleach per gallon of water
 - Commercially purchased disinfectant

CA Code of Regulations, Title 8, Sec. 5193

[http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051#1910.1030\(d\)\(4\)\(ii\)](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051#1910.1030(d)(4)(ii))