

NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES (NNAMHS)
POLICY AND PROCEDURE

SUBJECT: HAZARDOUS WASTE HANDLING AND DISPOSAL

NUMBER: NN-IC-15

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APPROVAL _____, Agency Director

I. PURPOSE

To ensure that all hazardous waste generated at NNAMHS is properly and safely managed.
To provide education and definitions of hazardous materials and guidelines for the disposal,
handling and transporting of contaminated sharps.

II. POLICY

NNAMHS shall provide a safe method for the collection, handling and disposal of hazardous
and infectious waste that is compatible with local requirements. NNAMHS provides on-going
education regarding hazardous materials and waste handling and disposal.

III. REFERENCES

NNAMHS Policy NN-IC-07 Standard (Universal) Precautions

NNAMHS Policy NN-EC-15 Hazard Communication, Hazardous Materials and
Material Safety Data Sheets

NNAMHS Policy NN-IC-19 Post-Exposure Evaluation and Follow up

NNAMHS Policy NN-HR-27 Training and Role Proficiency

NNAMHS All Hazards Disaster and Recovery Plan

Washoe County District Health Department Regulations governing Solid Waste Management,
Infectious Waste Section, 080.005 to 080.150

IV. DEFINITIONS

1. Hazardous Materials: Any materials listed on the hazardous materials list published by the Federal Environmental Protection Agency (EPA) and meet the following categories.
 - a. Ignitable: flash point of less than 60 degrees C (144 degrees F).
 - b. Corrosive: pH is less than 2.0 or greater than 12.5 or corrodes steel at a rate of 6.35 mm or more per year.
 - c. Reactive: material is unstable; capable of detonating; readily undergoes violent changes; reacts violently with water or forms potentially explosive mixtures with water.
 - d. Toxic: may be lethal when exposed to skin or by gas or vapor.
2. Exposure or Exposed: An individual is subjected to a hazardous chemical through any route (inhalation, ingestion, skin contact or absorption, etc.) and includes potential (e.g. accidental or possible) exposure.
3. Hazard Warning: Any words, pictures, symbols, or combination appearing on a label or other appropriate form of warning which convey the hazards of the chemical(s) in the containers.
4. Hazardous Chemicals: Any chemical that is a physical or health hazard.
5. Health Hazard: A chemical for which there is evidence that acute or chronic health effects may occur in exposed employees.
6. Material Safety and Data Sheet (MSDS): Written or printed material containing pertinent information concerning a hazardous chemical.
7. Infectious Wastes:
 - a. Blood: Human blood, bodily fluids, human blood components, and products made from human blood.
 - b. Disposable equipment and instruments must be isolated if the equipment is from the rooms of consumers who are suspected to have or have been diagnosed as having communicable disease.
 - c. Laboratory wastes, including pathological specimens (i.e., all tissues, specimens of blood elements, excreta and secretions obtained from consumers).

- d. Contaminated Sharps: any contaminated object that can penetrate the skin including but not limited to needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
 - e. Waste materials derived or in part from:
 - i. Cultures and stocks of infectious agents and associated biological.
 - ii. Pathological wastes.
 - iii. Contaminated animal carcasses or body parts.
 - iv. Contaminated sharps.
 - v. Human blood or blood products.
 - vi. Contaminated by-product waste such as dressings, bedding, swabs, pads, gloves, and invasive disposable equipment.
 - f. Soiled diapers without blood are not regulated waste and do not need to be disposed of in biohazard labeled red bags.
8. Institutional solid waste: Solid waste originating from public or private educational, health care, correctional, or research facilities.
9. Decontamination: 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.

V. PROCEDURE

- A. All infectious waste generated at NNAMHS, EXCEPT for SHARPS, shall be placed in disposable, red plastic bags which are capable of being closed, impervious to moisture and have a strength sufficient to prevent ripping, tearing, or bursting under normal conditions of usage, handling, storage, and transport.
- 1. These bags are clearly labeled with the universal biohazard symbol or the word Biohazard. These biohazard bags meet the standards of the Washoe County District Health Department. The bags must be securely tied prior to disposal in order to prevent leakage or spills. The bags must be placed in the appropriate container provided by the designated disposal company for transport and disposal of infectious waste.

- B. Infectious waste is stored in the following location: Building 25, in the exit sally port posted with a Warning sign between Room 52 and Room 401.
1. This location affords protection from animals, weather and the public; this area does not provide a breeding place or a food source for insects or rodents, and is totally separated from non-infectious waste storage.
 2. The containment storage area is clearly marked with the appropriate warning signs, which are posted on the outside of the exterior door and the outside of the door entering the hallway.
 - a. The securely tied bags containing infectious waste products, other than SHARPS, are placed in a container specifically designated to store infectious waste and have been approved by the Health Department for use by the designated disposal company.
 - b. The infectious waste products are not to be retained or stored at NNAMHS for more than seven (7) days once the containers are filled and sealed.
 - c. Disposal Services: NNAMHS contracts with a disposal service approved by Washoe County District Health Department to transport, handle and dispose of infectious waste material.
 - d. Infectious waste generated in Building 25 is stored in the soiled linen rooms until it is transferred to the storage/disposal area.
- C. Soiled diapers without blood are not placed in the regular garbage. They are placed in the plastic lined diaper disposal receptacle in the utility room on the unit.
- D. Sharps: Description and Handling
1. All contaminated sharps are to be placed in a closed, leak-proof, rigid, puncture-resistant container specifically manufactured for that purpose.
 2. The sharps containers must be clearly marked with the universal biohazard symbol.
 3. Containers must be tightly sealed and remain upright to prevent spillage and rupture.
 4. The SHARPS containers are placed in the designated workstation area for collection of sharps. They cannot be kept longer than seven (7) days in the work area once the SHARPS container is filled and sealed.
 5. Needles, syringes and lancets shall not be re-capped, bent, or broken before depositing into SHARPS containers. Any personnel utilizing sharps in a consumer care area must carry a SHARPS container with them.

6. Any sharps, whether contaminated or not, must be placed in the SHARPS container for disposal.
7. Once the SHARPS container is filled and sealed, it is to be brought by nursing personnel to the designated disposal storage room in Bldg. 25 for final disposition.
8. Replacement SHARPS containers are picked up by nursing staff by the case from laboratory personnel.

NOTE: Standard precautions and guidelines will be followed in handling of sharps.

E. Transportation of SHARPS Containers

1. The full and sealed SHARPS containers are to be stored in the designated area in Bldg.25 until the disposal company picks it up.
2. Laboratory personnel shall call the designated disposal company whenever necessary for the final transport and disposition of the generated infectious waste.

F. Training of Employees Working with Infectious Waste

1. NNAMHS provides education and training programs at the time of new employee orientation and annually thereafter.
2. Additional training is provided when changes are made.
3. Materials presented are appropriate to the educational level, literacy and language of the employee.
4. The training is prepared and presented by an individual who is knowledgeable about the subject matter.
5. At a minimum, the training program will contain:
 - a. An accessible copy of the OSHA standard re: Toxic and Hazardous Substances.
 - b. A general explanation of epidemiology of bloodborne diseases.
 - c. A review of policy NN-IC-19 Post-Exposure Evaluation and Follow-up.
 - d. How to recognize activities that may involve exposure to potentially infectious materials.
 - e. Explanation of personal protective equipment.
 - f. Overview of Hepatitis B vaccination (completed by Employee Health)
 - g. Explanation of signs and labels and color-coding for hazardous waste.
 - h. The proper precautions in selecting, handling, storing, using, and disposing of hazardous materials and waste for those personnel who manage and/or come into contact with hazardous materials and waste.

- i. The proper emergency procedures during a hazardous material and waste spill, or exposure for those personnel who manage or come in contact with hazardous materials and waste.
- j. The health hazards associated with mishandling hazardous materials and waste within their departments or services for personnel who manage or come into contact with hazardous materials and waste.
- k. The organization's processes for reporting hazardous materials and waste incidents, including spills or exposures.
- l. The location and purpose of Material Safety Data Sheets (MSDS).

G. Competency Training

1. All personnel who manage or come into contact with hazardous materials and waste demonstrate competency in the following:
 - a. Ability to choose the proper procedures and precautions for selecting, handling, storing, using, and disposing of hazardous materials and wastes.
 - b. Skills in using the proper emergency procedures during a hazardous materials and waste spill or exposure.
 - c. Knowledge of the health hazards associated with mishandling hazardous materials and waste in their departments.
 - d. Knowledge of NNAMHS processes for reporting hazardous materials and waste spills or exposures.

H. Procedure for Cleaning Biohazard Spills

1. The pre-boxed cleanup kit located in each building and unit are to be used to clean biohazard spills.
2. Eye washes are available in the following locations:
 - a. Laboratory, Dini-Townsend Hospital (Bldg. 25)
 - b. Outpatient Services Center (Bldg. 5), Medication Room
 - c. Medical Clinic, Dini-Townsend Hospital
 - d. Acute Unit Medication Room, Dini-Townsend Hospital
 - e. Rapid Stabilization Unit Medication Room, Dini-Townsend Hospital
3. In addition to the pre-boxed kits, a freshly prepared 10% solution of bleach or an Infection Control Committee approved cleaning product shall be prepared to use in the cleanup of any spills should they occur.

4. The Infection Control Officer, nurse supervisor, or housekeeping personnel are also available to assist in cleanup of any infectious or biohazard waste spills should they occur.
 5. The first person to discover or witness a spill must initiate the spill cleanup procedure. This individual must notify their supervisor of the spill. The supervisor will assist in assuring the spillage is controlled.
 6. Identification of the chemical or spill should be determined, if possible before cleanup of any hazardous spill.
 7. The established procedure provided in the MSDS for any clean-up of hazardous or chemical spill is to be followed.
 8. Adequate ventilation is to be ensured if there is no fire present.
 9. If necessary, evacuate consumers and staff from the area using the evacuation plan in the NNAMHS All Hazards Disaster and Recovery Plan.
 10. Gloves and personal protective gear must be worn while cleaning any spill of blood or bodily fluid.
 11. Spills should be removed with a disposable towel:
On hard floors, use the mop bucket with approved product. If the spill is on carpet, blot with the approved product.
 12. Biohazard waste generated by the cleanup of the spill will be discarded in an approved biohazard waste container. All cleanup materials are placed in a red bag before transport.
 13. Housekeeping will be notified of all spills that occur.
- I. Performance Standards
1. All procedures and plans related to Hazardous Waste Handling and Disposal are monitored by the Environment of Care, Safety, and Infection Control Committees.
 2. Incidents related to Hazardous Waste and Spills is reported during these meetings, and the response is reviewed to determine full compliance with the clean-up and disposal.