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Owner:	Alicia Oliver
Policy Area:	Integrated Health Care
References:	

MEDICAL WASTE MANAGEMENT PROCEDURES

PROCEDURE PURPOSE

To provide guidelines for medical waste management. The purpose is to protect the workers who manage the wastes from point of spill to disposal.

EXPECTED OUTCOME

The safe disposal of biomedical waste such as cleaning blood spill and used syringes.

PROCEDURE

1. Basic Principles: Despite the limited risk, Behavioral Health services should have protocols in place for dealing with blood and body substance spills. The basic principles of blood and body fluid/substance spills management are:
 - a. Standard precautions apply, including use of personal protective equipment (PPE), such as gloves, plastic apron, and protective eye wear, as applicable.
 - b. If the spill splashes onto a person use decontamination steps - copious amounts of water from a bathroom sink, removal of exposed clothing, and seek immediate medical attention, if applicable.
 - c. Spills should be cleared up before the area is cleaned as the addition of cleaning liquids to spills increases the size of the spill and should be avoided.
 - d. The use of aerosol cleaners for spilled material should be avoided as they spread the spill.
2. Basic Biohazard Spill Clean Up Equipment - Medical wastes require careful disposal and containment before disposal.
 - a. Biohazard Waste Bags
 1. A single, leak-resistant biohazard bag is usually adequate for containment of regulated medical wastes, provided the bag is sturdy and the waste can be discarded without contaminating the bag's exterior. The contamination or puncturing of the bag requires placement into a second biohazard bag.
 2. All bags should be securely closed for disposal. Puncture-resistant containers located at the point of use (e.g., sharps containers) are used as containment for discarded slides or tubes with small amounts of blood, scalpel blades, needles and syringes, and unused sterile sharps.
 3. To prevent needlestick injuries, needles and other contaminated sharps should not be

recapped, purposefully bent, or broken by hand. CDC has published general guidelines for handling sharps.

- b. Spills Kit: To help manage spills in areas where cleaning materials may not be readily available, a disposable 'spills kit' could be used, containing a large (10 L) reusable plastic container or bucket with fitted lid, containing the following items:
 1. Appropriate leak-proof bags and containers for disposal of waste material.
 2. A designated, sturdy scraper and pan for spills (similar to a 'pooper scooper').
 3. About five sachets of a granular formulation containing 10,000 ppm available chlorine or equivalent (each sachet should contain sufficient granules to cover a 10-cm diameter spill).
 4. Disposable rubber gloves suitable for cleaning (vinyl gloves are not recommended for handling blood).
 5. Eye protection (disposable or reusable).
 6. A plastic apron.
 7. A respiratory protection device, for protection against inhalation of powder from the disinfectant granules or aerosols (which may be generated from high-risk spills during the cleaning process).
 8. Single-use items in the spills kit should be replaced after each use of the spills kit.
 9. With all spill management protocols, it is essential that the affected area is left clean and dry.
 - c. Other Equipment: Standard cleaning equipment, including a mop, cleaning bucket and cleaning agents, should be readily available for spills management. It should also be stored in an area known to all. This is particularly important in clinical areas.
3. Management of Spills of Biohazardous Waste (Blood, Feces, and Urine):
- a. Blood and body fluid/substance spills should be dealt with as soon as possible.
 - b. PPE should be used for all cleaning procedures, and disposed of or sent for cleaning after use. Hands should be washed and dried after cleaning.
 - c. Care should be taken to thoroughly clean and dry areas where there is any possibility of bare skin contact with the surface (for example, on a toilet seat).
 - d. Where a spill occurs on a carpet, shampoo as soon as possible. Do not use disinfectant. Steam cleaning may be used instead.
 - e. *Wash hands thoroughly after cleaning is completed.*
4. Cleaning spots or small spills:
- a. Spots or drops of blood or other small spills (up to 10 cm) can easily be managed by wiping the area immediately with paper towels, and then cleaning with warm water and detergent, followed by rinsing and drying the area.
 - b. Dry the area, as wet areas attract contaminants.
 - c. A hospital-grade disinfectant can be used on the spill area after cleaning.
5. Cleaning large spills:
- a. Where large spills (more than 10 cm) have occurred in a 'wet' area, such as a bathroom or toilet area, the spill should be carefully washed off into the sewerage system using copious amounts of water and the area flushed with warm water and detergent.

- b. Large blood spills that have occurred in 'dry' areas (such as lobby areas) should be contained and aerosols should be avoided.
 - c. Granular formulations that produce high available chlorine concentrations can contain the spilled material.
 - 1. A scraper and pan should be used to remove the absorbed material.
 - d. The area of the spill should then be cleaned with a mop, and bucket of warm water and detergent.
 - e. Dry the area, as wet areas attract contaminants.
 - f. The bucket and mop should be thoroughly cleaned after use and stored dry. The mop head should be changed in the event of cleaning body fluids or excretions.
6. DWIHN provides Emergency Procedures guidance which is posted in the commons (i.e. on wall near elevator).
7. References:
- a. [CDC Medical Waste](#)
 - b. [Managing spills of blood and body fluids and substances](#)
 - c. [OSHA – Blood Borne Pathogens and Needlestick Prevention](#)

PROCEDURE MONITORING & STEPS

Who monitors this procedure:	Name/Title of person
Department:	
Frequency of monitoring:	
Reporting provided to:	
Comments: Attach to the Infection Control Policy	

Attachments

No Attachments

Approval Signatures

Approver	Date
Dana Lasenby: Chief Clinical Officer	04/2020
Alicia Oliver	02/2020