



SCHOOL WELLNESS PROGRAM ESSENTIAL ELEMENTS: POLICY & PROCEDURES FOR WASTE MANAGEMENT

THIS DOCUMENT IS TO BE USED AS A GUIDANCE TOOL IN DEVELOPING WASTE MANAGEMENT POLICIES AND PROCEDURES FOR SCHOOL WELLNESS PROGRAMS

Purpose: Decrease the potential exposure to hazardous waste by appropriate management and disposal of all waste materials that are generated during patient care in the SWP.

Policy: Medical waste generated will be properly and safely handled, stored and disposed of in accordance with all applicable state and federal regulations*.

Description of Types of Waste Produced in the SWP: Examples: Lab waste, live/attenuated vaccines, blood, sharps, urine.

Procedures:

1. Bloodborne Pathogen Training for SWP clinical staff that includes the risks involved with exposure to body fluids and proper management of disposing medical waste.
 - A record of Bloodborne Pathogen Training will be available on site.
2. When handling potentially infectious fluids that include blood, feces, urine, respiratory secretions and vomit all SWP clinical staff will follow **MIOSHA Standard 1209** that includes the following:
 - Circumstances to use or replace disposable latex or non-allergenic gloves.
 - Use of appropriate personal protective equipment (masks and eye protection) if splashes, sprays, spatters, droplets, or aerosols of blood or other potentially infectious material may be generated and if there is likelihood for eye, nose or mouth contamination.

- Disposal of contaminated items that includes how dressings will be bagged and discarded. Specify color coding and labeling as required by R325.7004 (biohazard symbol or the words "medical waste" in letters not less than 1 inch high).
 - Length of time medical waste can be stored on the premises (no more than 90 days)
 - Use of disposable items to handle body fluids whenever possible. If handling vomitus or feces, use a second barrier (i.e. plastic bag) in addition to gloves.
 - Bloody fluids, e.g. bloody urine, may be discarded by carefully pouring it into the sanitary sewer (masks and eye protection should be used to prevent eye, nose or mouth contamination).
3. Proper disposal and transportation of unused, expired needles and sharps including associated parts that have a liquid regardless of their use (e.g. demonstration, patient use, or never used) that includes:
- Assurance the container is compatible with the waste.
 - Use of a puncture, spill, and leak-proof container.
 - "Universal Pharmaceutical and Medical Waste" labeling.
 - Marking with a biohazard symbol.
 - Dated with a date when sharps were first added to the container.
 - Keeping closed unless adding or removing waste.
 - Containing only compatible materials (no aerosols, nitroglycerine etc.)
 - Meeting U.S. DOT packaging regulations.
 - Securing from weather, fire, physical damage, vandals. Sharp containers should be kept out of high traffic areas and easy reach from clients.
 - Never overfilling the container. When the container is $\frac{3}{4}$ full or when 90 days have passed a process for disposal is clearly identified that includes treatment or destruction at a licensed medical waste facility.
 - Used needles will not be recapped, purposefully bent or broken by hand, removed from disposable syringes or otherwise manipulated by hand.
 - Safer sharp devices will be used whenever commercially available.
 - Maintaining records of disposal process.
 - Identifying who is responsible for monitoring and changing biohazard red boxes.
 - Identifying who is responsible for biohazard red box pick up and transportation.
4. Proper disposal and transportation of used Epinephrine Auto-injectors and other used needles/sharps including associated parts regardless of their use (demonstration, patient use) includes:
- Assuring the container is compatible with the waste.
 - Spill, leak, and puncture-proof.
 - Marked with the biohazard symbol.
 - Dated with the date when medical waste is first added to the container.

- Contains only medical waste.
 - Managed to meet U.S. DOT packaging regulations.
 - Secured from weather, fire, physical damage and vandals. Keep the sharp containers out of high traffic areas and easy reach from clients.
 - Never overfilling the container. When the container is $\frac{3}{4}$ full or when 90 days have passed a process for disposal is clearly identified that includes treatment or destruction at a licensed medical waste facility.
 - Specimens of blood or other potentially infectious material shall be placed in a closable leak-proof container during collection, handling, processing, storing, transporting or shipping. A second leak-proof container shall be placed on the outside of the first container and closed if contamination of the outside container is likely. All containers shall be labeled or color-coded in accordance with MIOSHA regulations.
 - Maintaining records of disposal process.
 - Identifying who is responsible for monitoring and changing biohazard red boxes.
 - Identifying who is responsible for biohazard red box pick up and transportation.
5. Work surfaces shall be cleaned and appropriately decontaminated with an appropriate disinfectant in the following instances:
 - After completion of procedures.
 - When surfaces are overly contaminated.
 - Immediately when blood or other potentially infectious material is spilled.
 6. Sharp containers need to be mounted on a wall or at eye level during use and out of traffic areas. Sharps containers are dated with expiration date and changed every 90 days per OSHA requirements.
 7. Work surfaces shall be cleaned and appropriately decontaminated with an appropriate disinfectant.
 8. Food and drink shall not be stored in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or other potentially infectious material is present or in other areas of possible contamination.
 9. Safety Data Sheets (SDS) are posted and observed as accessible along with posted medical waste license.
 10. Presence of a spill kit and location of the spill kit.
 11. All contaminated items will be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.
 12. The medical waste removal process is described and site specific.
 13. An up-to-date *Certificate of Registration as a Medical Waste Producing Facility* will be posted.

*There should be a specific policy and procedure for employee exposure to bloodborne pathogens.

Reference:

Department of Licensing and Regulatory Affairs. Occupational Standards. MIOSHA Standard 1209 Part 554 Bloodborne Infectious Diseases. Retrieved from:

https://www.michigan.gov/documents/CIS_WSH_part554_35632_7.pdf