

**Standing Operating Procedures (SOP) for Medical Waste Management Program**

<b>TITLE:</b>	<b>MEDICAL WASTE MANAGEMENT PROGRAM</b>
<b>RELATED BO:</b>	<b>5090.9</b>
<b>PURPOSE:</b>	This SOP provides guidelines for the management of medical waste (MW) at medical and dental facilities aboard MCB, Camp Lejeune and MCAS, New River. Naval Hospital, Camp Lejeune (NHCL) provides overall coordination of the Medical Waste program at the Installation. EMD, I&E provides oversight of the program. This SOP, inserted in the unit level SOP, will fulfill the requirements for having a MW SOP in place. This SOP should be placed in unit's environmental SOP as well as the medical/dental facilities SOP.
<b>APPLICABILITY:</b>	<p>Medical Waste is the general category of solid waste which is generated in the diagnosis, treatment, or immunization of human beings or animals. Regulated MW is defined as blood &amp; body fluids in individual containers in volumes greater than 20 milliliters (ml), microbiological waste and pathological waste that has not been treated. While sharps &amp; containers of &lt; 20 ml blood &amp; body fluids are not regulated, they still must meet packaging requirements established for regulated MW.</p> <p>This SOP has been developed to ensure all NHCL facilities, outlying hospital and dental clinics, and Regimental/Battalion Aid Stations (RAS/BAS) comply with the standards set forth through the references.</p>
<b>RESPONSIBILITY:</b>	All personnel who manage medical waste.
<b>PROCEDURE:</b>	<p>1. <b><u>Obtain MW Site Authorizations.</u></b> The Naval Hospital validates the need for regulated MW accumulation or storage areas prior to authorization issuance as well as reauthorizes/validates the need on a yearly basis. Sites will comply with the management and operation requirements stated in this SOP.</p> <p>Establishment of new or temporary accumulation area or storage areas will require prior approval as follows:</p> <ol style="list-style-type: none"> <li>a. The initial recommendation for designating a new accumulation area or storage area will be made by the NHCL (based on volume generated).</li> <li>b. Proposals for accumulation or storage areas aboard MCB, Camp Lejeune, will be submitted by NHCL to EMD. In turn, EMD will issue Site Authorization Certificates annually.</li> <li>c. Access to sites/areas will be limited to properly trained personnel to the maximum extent practicable</li> <li>d. Authorized sites will be identified by posting the current Authorization Letter at the designated site. Ensure that only the authorized amount and waste is being stored in the site.</li> </ol>

**PROCEDURE:**

(CONT)

e. Current Authorized MW Sites are:

- (1) Naval Hospital Camp Lejeune
- (2) Hadnot Point Dental Annex (Building 65)
- (3) Building 15
- (4) Osborne Dental Clinic
- (5) Medical Clinics at: French Creek, Courthouse Bay, Camp Johnson, Camp Geiger, MCASNR
- (6) Henderson Family Practice Clinic
- (7) Vet Clinic at TT2

f. All Authorized sites are REQUIRED to accept all properly sealed and labeled MW. No MW can be turned away, no matter the unit turning in the MW. If the MW is not properly sealed or labeled, it can be turned away. Large volumes of MW would require delivery directly to the Naval Hospital [POC – NH Facilities 450-4905, ext 3710].

2. **Requirements for Authorized MW Sites.** All Authorized MW sites are required to meet the following standards:

a. Post current MW Site Authorization at designated area.

b. Post the following required signage at each entrance to the site.

(1) BIOHAZARD – The universal biohazard symbol and the word “BIOHAZARD” will be clearly visible on the outside of the storage area.

(2) AUTHORIZED PERSONNEL ONLY– Only authorized personnel will have access to areas used to store regulated MW.

c. Develop & post a current site specific Unit Level Contingency Plan (ULCP) at the site. A written contingency plan will be published; all personnel who handle MW will be thoroughly familiar with its content (may be included in the unit’s SOP). The plan should address procedures for handling MW and actions required in the event of a spill. At a minimum, the ULCP will contain the following:

(1) List of points of contact, and phone numbers of the ECC, ECO, and those local unit personnel authorized to partake in the response.

(2) Arrangements with local authorities.

(3) Immediate actions which trained personnel will take upon finding any type of medical waste hazard. This will include actions to give the alarm by either voice command or mechanical device. These actions will be strictly defensive (1<sup>st</sup> Responder Operations) in nature and commensurate with the personal protective equipment available at the time of the incident.

(4) All materials used for clean-up should be listed in the ULCP. Leaks and spills should be cleaned up using absorbent disposable materials and hospital-approved disinfectants. Personnel must use appropriate protective apparel, such as gloves, gowns, masks, goggles, etc to prevent exposure to infectious waste when cleaning up spills.

d. Authorized Medical Waste sites must be kept clean, vermin & insect free, and sufficiently ventilated to prevent nuisance odors. Existing floor drains must discharge directly to an approved sanitary sewer system.

e. A logbook must be used to document MW turn-ins/pickups.

(1) Outlying Authorized MW Sites - In order to ensure that MW storage does not exceed the 7-day requirement (unrefrigerated), the unit should maintain a log documenting when a container is placed in storage, when it is picked up and by whom.

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<p><b>PROCEDURE:</b> (CONT)</p>	<p>f. A logbook must be used to document MW turn-ins/pickups.</p> <p>(1) Outlying Authorized MW Sites - In order to ensure that MW storage does not exceed the 7-day requirement (unrefrigerated), the unit should maintain a log documenting when a container is placed in storage, when it is picked up and by whom.</p> <p>(2) Naval Hospital MW Consolidation Site - Upon receipt of MW from outlying areas, NH personnel will track MW using the NH MW Tracking Logbook. Information in this logbook will include Date Received, Unit Received From, and Initials of the Transporter and Who Received It.</p> <p>3. <b><u>Handling/Packaging Medical Waste.</u></b> All regulated MW will be stored in a manner that prevents leakage and maintains the integrity of the packaging.</p> <p>a. Regulated Medical Waste.</p> <p>(1) Regulated MW will be placed in an approved orange or red bag for disposal. Approved bags are identified with the black "BIOHAZARD" symbol. No other bags are to be utilized. If at any time the bag shows signs of leakage, it is to be placed into a second bag, and if necessary, a third bag.</p> <p>(2) When a biohazard bag is <math>\frac{3}{4}</math> of the way full, it is to be sealed by J-taping the top of the bag.</p> <p>(3) The biohazard bag is to be labeled as follows: Unit Name; Date Sealed; Unit Phone Number.</p> <p>(4) The word "Infectious Waste" must appear on the outside of the biohazard bag. If it does not appear there, it must be written in.</p> <p>(5) Regulated MW must be moved/transported to an authorized MW Site immediately for storage.</p> <p>b. Sharps.</p> <p>(1) Sharps are defined as needles, syringes with attached needles, capillary tubes, slides and cover slips, &amp; scalpel blades. Sharps are to be placed into rigid, puncture-resistant sharps containers immediately after use.</p> <p>(2) When a sharps container is <math>\frac{3}{4}</math> full, it is to be taped shut to prevent accidental spillage or protrusion of the contained sharps.</p> <p>(3) The container is to be labeled with the following information: Unit Name; Date Sealed; Unit Phone Number.</p> <p>(4) The word "Medical Waste" or "Infectious Waste" must appear on the outside of the biohazard bag. If it does not appear there, it must be written in.</p> <p>(5) Regulated MW must be moved/transported to an authorized MW Site immediately for storage.</p> <p>c. Non-Regulated MW (i.e. blood and body fluids in individual containers of 20 mL or less) will be packaged, prior to off-site transportation, in accordance with requirements 3a listed above.</p>
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<p><b>PROCEDURE:</b> (cont)</p>	<p>4. <b><u>Transporting MW</u></b></p> <p>a. Transporters will not accept MW that is not properly packaged.</p> <p>b. Only government vehicles will be used to transport MW – POVs are not authorized. MW cannot be transported in the personnel compartment of the vehicle. While transporting regulated MW, vehicles are prohibited from transporting any material other than solid waste &amp; supplies related to the handling of MW.</p> <p>c. A copy of the written ULCP must be kept in the transport vehicle. The driver should be thoroughly familiar with its content.</p> <p>d. To avoid having to disinfect the transport vehicle with a bleach and water solution (1 part bleach and 10 parts water), it is recommended that the MW be placed in a leak-proof container that can hold the waste &amp; prevent spillage/leaks. The container must be labeled "BIOHAZARD" on all sides.</p> <p>e. Regulated MW generated at sites other than authorized MW sites must be transported immediately to an authorized site. Regulated MW generated or stored at authorized MW sites must be picked up by NHCL personnel &amp; delivered to the refrigerated MW Consolidation site at NHCL within 7 calendar days.</p> <p>f. NHCL personnel performing MW pickups should maintain a log with the following information: Date/Location of Pickup/Amount Picked Up (i.e. Weight, Volume, # Containers)/Disposition.</p> <p>5. <b><u>Processing/Disposal of MW at NHCL</u></b></p> <p>a. Refrigeration at the NHCL MW site will be kept at an ambient temperature between 35 and 45 °F. Access will be restricted to this area.</p> <p>b. Processing of MW for off-site disposal will be in accordance with NHCL internal procedures.</p> <p>c. A contractor handles the disposal of medical waste. Bi-weekly, a civilian contractor comes to NHCL &amp; picks up all MW ready for disposal.</p> <p>d. Records will be maintained for each shipment of regulated MW and will include the following information: Amount of MW shipped by number of packages (piece count); Date shipped off-site; Name of transporter; Name and address of ultimate treatment, storage, or disposal facility.</p> <p>6. <b><u>Spill Reporting and Response Requirements</u></b></p> <p>a. If a MW spill occurs within the workspace, procedures outlined in the unit ULCP should be followed. Cleanup, in accordance with OSHA standards, should be conducted by trained personnel only.</p> <p>b. If a MW spill occurs while transporting MW, the ULCP located in the transport vehicle should be followed.</p>
<p><b>REGULATORY CITATION:</b></p>	<ul style="list-style-type: none"> <li>• 15A NCAC 13B.1200</li> <li>• 15 NCAC 13A</li> <li>• BO 6530.6A</li> <li>• NAVHOSPCAMLEJINST 6280.1G</li> </ul>

<p><b>TRAINING:</b></p>	<p>All EMD Training must be requested through unit ECO -&gt; MSC ECC -&gt; EMD</p> <ul style="list-style-type: none"> <li>• <u>EM 101 – HM/HW Initial Training</u> - Required for all MW Handlers, Site Managers</li> <li>• <u>EM 102 – HM/HW Initial Training</u> - Required annually for all MW Handlers, Site Managers who have received EM101</li> </ul> <p>[EM 101 &amp; 102 training must scheduled through the unit ECO and command ECC]</p> <ul style="list-style-type: none"> <li>• <u>Blood-borne Pathogen</u> – Employees assigned to tasks where exposure may occur will receive blood-borne pathogen training upon initial assignment &amp; annually thereafter.</li> </ul>
<p><b>DEFINITIONS:</b></p>	<p><u>Blood &amp; Body Fluids</u> – Liquid blood, serum, plasma, other blood products, emulsified human tissue, spinal fluids &amp; pleural &amp; peritoneal fluids</p> <p><u>Microbiological Waste</u> – Cultures &amp; stocks of infectious agents, including but not limited to specimens from medical, pathological, pharmaceutical &amp; research</p> <p><u>Pathological Waste</u> – Human tissues, organs &amp; body parts. Carcasses &amp; body parts of all animals that were known to have been exposed to pathogens that are potentially dangerous to humans</p>
<p><b>NOTES:</b></p>	<p><u>BLOOD SPILL CLEANING PROCEDURE:</u></p> <ol style="list-style-type: none"> <li>1. Blood or body fluids spill should be promptly cleaned <u>by trained medical personnel</u> with designated disinfectant, such as LPH, Wexcide solution, Sani-Cloth HB or 1:10 Bleach solution.</li> <li>2. Wear gloves &amp; other personnel protective equipment (PPE) as needed.</li> <li>3. The body fluid spill should be wiped using absorbent material (paper towels or blue pads).</li> <li>4. Apply cleaning solution, use friction to loosen debris. Rinse with clear water. Thoroughly cover area with disinfectant or bleach solution, leaving solution on area for a 10-minute contact time.</li> <li>5. In the event of a large spill, use a mop for clean-up. Decontaminate the mop in bleach solution of one quarter cup of bleach per gallon of water for 10 minutes. Rinse mop in water.</li> <li>6. The recommended expiration time of Wexcide solution in spray bottles is 30 days. Bleach 1:10 solution is to be mixed as needed.</li> <li>7. Within the hospital, Housekeeping staff can perform emergent blood or body fluid spill cleanup.</li> </ol>