

Johns Hopkins Safety Manual	<i>Policy Number</i>	HSE 805H
<i>Subject:</i> Medical Waste Disposal (JHH)	<i>Last Review Date</i>	9/28/11
	<i>Page</i>	1 of 4

POLICY

It is the policy of Johns Hopkins that all waste generated in the Hospital be properly and safely segregated and disposed of in accordance with all applicable Federal and State regulations. This policy applies to Medical Waste (also referred to as “Red Bag Waste,” “Bio-Medical Waste,” “Bio-Hazardous Waste,” “Infectious Waste,” “Regulated Medical Waste,” and “Special Medical Waste”) that is generated in patient care areas in the Hospital. For such wastes that may be generated in laboratories within the Hospital or in other Divisions of the Johns Hopkins Institutions (School of Medicine, Public Health, Homewood, etc), please refer to HSE Policy 805. This policy does not apply to radioactive materials (See HSE Policy 908: Radioactive Material Disposal) or those materials meeting the definition of hazardous chemicals (See HSE Policy 703: Management of Hazardous Chemicals and HSE 031: Handling of Hazardous Drugs).

DEFINITIONS

Under Maryland regulations, medical waste is officially referred to as Special Medical Waste (SMW). There are two separate Maryland regulations that apply to SMW, COMAR 10.06.06 Communicable Disease Prevention -- Handling, Treatment, and Disposal of Special Medical Waste under the Department of Health and Mental Hygiene (DHMH) and COMAR 26.13.11 Special Medical Wastes which falls under the Department of the Environment (MDE). The definitions in each regulation are virtually the same; we will reference the DHMH version which defines SMW as:

- (a) Liquid or semi-liquid blood or another potentially infectious material (OPIM);
- (b) A contaminated article that releases liquid or semi-liquid blood or OPIM if compressed;
- (c) An article that contains dried blood or OPIM and is capable of releasing the blood or OPIM during handling;
- (d) Pathological and microbiological waste containing blood or OPIM;
- (e) Contaminated sharps; and
- (f) Anatomical material.

Other potentially infectious material (OPIM) is defined as:

- (a) The following human body fluids:
 - (i) Amniotic fluid;
 - (ii) A body fluid that is visibly contaminated with blood;
 - (iii) A body fluid that cannot be readily identified;
 - (iv) Cerebrospinal fluid;
 - (v) Pericardial fluid;
 - (vi) Peritoneal fluid;
 - (vii) Pleural fluid;
 - (viii) Saliva only when dental procedures are performed;
 - (ix) Semen;
 - (x) Synovial fluid; and
 - (xi) Vaginal secretions;
- (b) A tissue or organ from a living or dead human, not including intact skin, that has not been preserved by a chemical additive or preservative;

Johns Hopkins Safety Manual	<i>Policy Number</i>	HSE 805H
<i>Subject:</i> Medical Waste Disposal (JHH)	<i>Last Review Date</i>	9/28/11
	<i>Page</i>	2 of 4

- (c) The following human immunodeficiency virus, hepatitis B virus, or hepatitis C virus related items:
- (i) HIV containing cell, tissue, or organ cultures;
 - (ii) HIV, Hepatitis B, or Hepatitis C containing media or other solutions; and
 - (iii) Blood, organs, or other tissues; and
- (d) Microbiological laboratory waste.

Although not listed in the Maryland regulations, breast milk, when discarded, should be considered OPIM and disposed of appropriately.

Please note that the mere presence of blood or OPIM on an article does not make it Medical Waste. An article must be contaminated with blood or OPIM and be capable of releasing it during handling. If you are unsure about whether an article is so contaminated that it will release blood or OPIM during handling, be conservative and dispose of it as Medical Waste.

MEDICAL WASTE DISPOSAL:

Articles or materials meeting the definition of Medical Waste as enumerated above shall be disposed of in red bags (or in red bag lined biohazard boxes). Do not overfill or compress the contents of the bag. When full, the bag must be sealed securely enough to prevent any leakage of contaminated items during handling.

SHARPS DISPOSAL:

Definition/ Guidelines:

Sharps are any material that can puncture or cut human skin or a red trash bag (such as syringes with needles, needles alone, small glass objects, scalpel blades, Pasteur pipettes and razor blades). ALL sharps, other than those in their original, intact packaging, are considered to be Medical Waste and must be discarded into an approved sharps container. Needles and other sharps are never to be discarded directly into a red bag, red bag-lined biohazard box or into other waste streams with one exception. Drug delivery devices such as syringes or IV bags with attached needles that were used for administering chemotherapy agents or other hazardous drugs, can be directly discarded into yellow ChemoMax containers, provide they contain only trace amounts of the material in the syringe or IV bag. See HSE Policy 031: Handling of Hazardous Drugs and the Waste Segregation Chart at the end of this policy for further information.

All needles and sharps must be discarded directly into approved sharps disposal containers. An approved sharps container shall be placed in all patient rooms (except psychiatric and certain pediatric rooms), medication rooms, soiled utility areas, and all other areas where sharps are utilized. Containers for the disposal of sharps shall be limited to those approved by the Clinical Products Value Analysis Committee. All sharps containers must be appropriately sealed prior to disposal to prevent spillage.

Guidelines for the safe handling of sharps:

1. Sharps are never to be discarded directly into the regular trash.
2. Needles are not to be clipped or bent.
3. Needles are not to be recapped by a “two-handed method”.
4. The user shall be responsible for proper sharps disposal. Sharps shall not be left on furniture, equipment, or counter tops.
5. Sharps should never be carried in pockets. Needles used at a distance from a disposal container shall be transported safely to the disposal area by using a puncture-resistant basin or similar container.
6. Disposal containers shall not be overfilled. Filled containers shall be properly sealed and disposed of in receptacles lined with a red bag.
7. Sharps disposal containers are puncture resistant, not puncture proof. Filled containers are to be handled with caution; sharps may penetrate under certain conditions.

Johns Hopkins Safety Manual	<i>Policy Number</i>	HSE 805H
<i>Subject:</i>	<i>Last Review Date</i>	9/28/11
Medical Waste Disposal (JHH)	<i>Page</i>	3 of 4

Guidelines for utilization of approved sharps containers:

1. Syringe units with needles permanently attached, needles alone, and all other sharps are discarded directly into the container.
2. The container should be placed in all areas where sharps are utilized.
3. The lid on the container is to be left off until the container is ready for disposal. Do not close after each use. When sharps reach maximum fill level designated on container, secure lid over opening by screwing cap until tight.
4. Sharps used at a distance from the disposal container are to be carried safely to the disposal container by use of a puncture-resistant basin or other similar container.

Guidelines for disposal of sharps containers:

For containers other than the Biosystems re-usable ones.

1. Sharps containers are to be inspected prior to use to avoid overfilling or injury.
2. Filled containers are closed as appropriate and replaced.
3. All filled containers, other than those used for the disposal of sharps contaminated with radioactive materials, are considered to be infectious waste and should, after being properly capped or closed, be placed in receptacles lined with red bags. Containers used for the disposal of "hot" sharps must be disposed of as radioactive waste.
4. Handle with caution. Sharps containers are puncture resistant, not puncture proof.

Utilization of Approved Sharps Containers (other than Biosystems):

Six-Quart or Ten-Quart Plastic Container: JHH PPM # 3269

1. The lid on the six-quart and ten-quart container shall be left open until the container is ready for disposal. Do not close after each use. When sharps reach maximum fill level designated on container, secure lid over opening by screwing cap until tight.
2. Secured sharps containers shall be discarded as medical waste in red bags or approved red bag-lined Biohazard boxes

Sage Sharps Container for use in areas accessed by patient and visitors:

JHH PPM# 24387 (3 gallon), , PPM#46039 (4 gallon), # 24386 (5 quart)

1. Insert sharps horizontally and lift tray to assure complete disposal.
2. When the lid indicates FULL, lock by depressing top two tabs.
3. Discard as medical waste in red bags.

5 oz. Phlebotomy Container: JHH PPM# 20400

1. Needles are unscrewed directly into the container.
2. Once the needle has been removed, syringes and needle caps may be discarded directly into the red bag receptacle designated for medical waste.

Other Approved Sharps Containers

1. PPM# 4768 1 quart
2. PPM# 1975 2 gallon
3. PPM# 6134 18 gallon Sage floor model
4. PPM# 3704 8 gallon Sage floor model
5. PPM#25115 3 gallon Sage red rotor top

Needlesticks and Exposure to Biohazards

All needles and exposures to sharps must be reported immediately by calling the Needlestick Hotline 5-STIX (955-7849) for the East Baltimore Campus. Employees on the Bayview campus can either call 5-STIX or Bayview Employee Health at 0-0477 (for BBP exposures only). An incident report must be filed. Specific details concerning

Johns Hopkins Safety Manual	<i>Policy Number</i>	HSE 805H
<i>Subject:</i> Medical Waste Disposal (JHH)	<i>Last Review Date</i>	9/28/11
	<i>Page</i>	4 of 4

the type of sharp and the actual occurrence should be listed to identify practices or types of equipment which may need to be modified.

Problems involving a particular type of sharp or procedure, which may cause exposures to blood-borne pathogens, should be brought to the attention of Health, Safety and Environment (5-5918).

REFERENCES

Code of Maryland Regulations 10.06.06: Communicable Disease Prevention - Handling, Treatment and Disposal of Special Medical Waste

Code of Maryland Regulations 26.13.11: Special Medical Wastes

29 CFR 1910.1030 OSHA Bloodborne Pathogen Standard

Johns Hopkins Safety Manual: Bloodborne Pathogens Exposure Control Program, HSE 501

Johns Hopkins Safety Manual: Occupational Injury Management, HSE 005

RESPONSIBILITIES

All Patient Care Staff	Properly segregate and dispose of all materials.
Departmental Management	Enforce this policy.
Clinical Products Value Analysis Committee	Approve variety of sharps containers available.
Health, Safety and Environment	Monitor compliance with policy during environmental surveys. Provide direction regarding handling and disposal of medical waste. Investigate Bloodborne Pathogen exposures.
Materials Management	Maintain supply of approved sharps containers, red bags, and other waste containers.

REVIEW CYCLE

Annually