NSU Florida

Policy Title:	NSU Health Care Center Biomedical Waste Operating Plan
Policy Area	Environmental Health and Safety
Responsible Executive:	Beth Welmaker, Executive Director for Environmental Health and Safety
Responsible Officer:	Fred Wilson, Environmental Health and Safety Program Manager
Original Effective Date:	1 October 2013
Last Revision Date:	1 March 2021
Last Review Date:	21 August 2025
Next Review Date:	Annual
Upload Date:	

Applicable to: NSU Health Care Center Biomedical Waste Permit No: 06-64-01729

I. Policy Statement

The purpose of this Biomedical Waste Operating Plan is to provide guidance and describe the requirements for proper management of biomedical waste in NSU facilities. The guidelines for management of biomedical waste are found in Chapter 64E-16, Florida Administrative Code (F.A.C.), and in section 381.0098, Florida Statutes.

NSU generates the following items of sharps and non-sharps biomedical waste at the following locations:

II. SCOPE AND EXEMPTION

This Operating Plan is institution-wide and applies to all Health Care Personnel, employees, and students at NSU handling biomedical waste at any of the locations identified within this Operating Plan.

If biomedical waste is in a liquid or semi-sold form and aerosol formation is minimal, the waste may be disposed into a sanitary sewer system or into another system approved to receive such waste by the Department of Environmental Protection or the Florida Department of Health.

III. DEFINITIONS

A. **Biomedical Waste:** Any solid or liquid waste which may present a threat of infection to humans including non-liquid tissue, body parts, blood, blood products, and body fluids from humans and other primates; laboratory and veterinary wastes which contain human disease-causing agents; and discarded sharps. The term also includes used, absorbent materials saturated with blood,

blood products, body fluids, or excretions or secretions contaminated with visible blood; absorbent materials saturated with blood or blood products that have dried; and non-absorbent, disposable devices that have been contaminated with blood, body fluids or, secretions or excretions visibly contaminated with blood, but have not been treated by an approved method.

B. **Biomedical Waste Generator:** A facility or person that produces biomedical waste. The term includes hospitals, skilled nursing or convalescent hospitals, intermediate care facilities, clinics, dialysis clinics, dental offices, surgical clinics, medical buildings, physicians' offices, laboratories, and veterinary clinics.

C. **Body Fluids:** Those fluids which have the potential to harbor pathogens, such as human immunodeficiency virus and hepatitis B virus and include blood, blood products, lymph, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids. In instances where identification of the fluid cannot be made, it shall be considered a regulated body fluid. Body excretions such as feces and secretions such as nasal discharges, saliva, sputum, sweat, tears, urine, and vomitus shall not be considered biomedical waste unless visibly contaminated with blood.

D. **Contaminated:** Soiled by any biomedical waste.

E. **Decontamination:** The process of removing pathogenic microorganisms from objects or surfaces, thereby rendering them safe for handling.

F. **Leak-Resistant:** Prevents liquid from escaping to the environment in the upright position.

G. **Outer Container:** Any rigid-type container used to enclose packages of biomedical waste.

H. **Packages:** Any material that completely envelops biomedical waste including red bags, sharps containers, and outer containers.

I. **Puncture Resistant:** Able to withstand punctures from sharps during normal use and handling.

J. **Restricted:** The use of any measure such as a lock, sign, or location, to prevent unauthorized entry.

K. **Saturated:** Soaked to capacity.

L. **Sealed:** Free from openings that allow the passage of liquid.

M. **Sharps:** Objects capable of puncturing, lacerating, or otherwise penetrating the skin or a bag.

N. **Sharps Container:** A rigid, leak and puncture-resistant container, designed primarily for the containment of sharps.

O. **Storage:** The holding of packaged biomedical waste for a period longer than three days at a facility or in a transport vehicle.

P. **Transfer:** The movement of biomedical waste within a facility.

Q. **Transport:** The movement of biomedical waste away from a facility.

R. **Treatment:** Any process, including steam, chemicals, microwave shredding, or incineration, which changes the character or composition of biomedical waste to render it noninfectious by disinfection or sterilization.

IV. POLICY

Nova Southeastern University (NSU) is committed to protecting the health of students, faculty, staff, visitors, and the surrounding community by ensuring the proper management of biomedical waste in accordance with all applicable local, state, and federal regulations, including those established by the Florida Department of Health (FDOH) under Chapter 64E-16, Florida Administrative Code.

V. POLICY PROCEDURES

A. Containment

Red bags for containment of biomedical waste must comply with the required physical properties. NSU uses the following red bag manufacturers: MEDLINE and BERRY Plastics Corporation.

NSU's documentation of red bag construction standards are kept EHS. NSU personnel can readily access red bags in Appendix B

Sharps will be placed into sharps containers at the point of origin. Filled red bags and filled sharps containers will be sealed at the point of origin. Red bags, sharps containers, and outer containers of biomedical waste, when sealed, will not be reopened in any NSU facility. Ruptured or leaking packages of biomedical waste will be placed into a larger container without disturbing the original seal by personnel trained on this Operating Plan.

B. Labeling

All sealed biomedical waste red bags and sharps containers will be labeled with the NSU facility's name and address prior to offsite transport. If a sealed red bag

or sharps container is placed into a larger red bag prior to transport, NSU's facility name and address will be placed on the exterior bag.
Outer containers must be labeled with the transporter's name, address, registration number, and 24-hour phone number.

Warning labels shall be affixed to the outside of containers holding regulated medical waste, refrigerators, and freezers containing blood and other potentially infectious materials; and secondary containers used to store or transport blood or other potentially infectious materials. Equipment that is used to analyze, process or contain blood or OPIM should be labeled with a biohazard label.

The labels must be affixed to the lid and all lateral sides of a secondary container so as to be visible from all angles. Labels shall have the international biohazard symbol. The labels shall be fluorescent orange or red with lettering or symbols in a contrasting color and contain the word "BIOHAZARD". The labels shall either be an integral part of the container or shall be tightly affixed to the container by adhesive to prevent their loss or removal. Red bags or red containers may be substituted for labels.

The Office of Environmental Health and Safety is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated medical waste or contaminated equipment is brought into the facility. Employees are to notify the Office of Environmental Health and Safety, if they discover regulated medical waste containers, refrigerators containing blood or other potentially infectious materials, contaminated equipment, etc., without proper labels.

C. Storage

When sealed, red bags, sharps containers, and outer containers will be stored in areas that are restricted through the use of locks, signs, or location. The 30-day storage time period will commence when the first non-sharps item of biomedical waste is placed into a red bag or sharps container, or when a sharps container that contains only sharps is sealed.

Indoor biomedical waste storage areas at NSU are constructed of smooth, easily cleanable materials that are impervious to liquids. These areas are regularly maintained in a sanitary condition by NSU personnel. In addition, these storage areas are kept vermin and insect free.

NSU has a roll-off container located at the Physical Plant loading dock area conspicuously marked with a six-inch international biological hazard symbol and is secured against vandalism and unauthorized entry.
When sealed, NSU's biomedical waste will be stored and restricted through the use of locks, signs, or location.

D. Transportation

NSU negotiates for the transport of biomedical waste only with Florida Department of Health-registered companies. NSU uses the following registered biomedical waste transporter for regional offsite shipments:

48-64-03022
Daniels Sharpsmart Inc
10705 Rocket Boulevard 111,
Orlando, FL 32824 7423

NSU uses the following registered biomedical waste transport for local offsite shipments:

48-64-03022
Daniels Sharpsmart Inc
10705 Rocket Boulevard 111,
Orlando, FL 32824 7423

13-64-07268
Stericycle Inc.
6375 NW 84 Avenue
Miami, FL 33166 7217

NSU maintains on file the waste pick-up receipts provided by the transporters for a minimum of three years. NSU offsite locations will maintain, on file, the waste pick-up receipts provided by the transporters for a minimum of three years.

E. Procedure for Decontaminating Biomedical Waste Spills

The following procedures for decontaminating biomedical waste spills will be practiced by NSU personnel trained in this biomedical waste operating plan. All spills of and surfaces contaminated with biomedical wastes shall be decontaminated immediately upon discovery. All contaminated materials should be treated as biomedical waste and be disposed of in biomedical waste containers. Surfaces should be wet wiped with a disinfectant solution and allowed to air dry to ensure sufficient contact time. Upon discovery of a spill or leak:

1. Secure the area and call Campus Security, if necessary. If the spill situation appears to be larger than what the available spill kit supplies, have Security secure the area and request assistance from the Office of Environmental Health and Safety.
2. Put on gloves and if wet mop clean-up is required wear safety goggles.
3. Disinfect the spill by using a quaternary ammonium disinfectant, a freshly prepared 1:10 dilution of bleach to water for small spills. Use disinfecting absorbent beads, such as “Vital 1” for large spills.

4. Areas with floor drains may be mopped and rinsed to the sewer. Areas without floor drains may be wet mopped with detergent/water followed by a wet mop rinsed with disinfectant water. Carpeted areas may be wet vacuumed with detergent/water followed by a disinfectant/water rinse.
5. If disinfecting absorbent beads are used, the solidified waste will be placed in a “biohazard red bag” marked with the standard biohazard symbol.
6. Any regulated medical waste associated with the spill such as a blood-soaked towel, will be placed in a “biohazard red bag” marked with the standard biohazard symbol.
7. After the clean-up, all surfaces will be treated with disinfectant such as a freshly prepared 1:10 dilution of bleach to water, or quaternary ammonium, and the surface area allowed to air dry.
8. Gloves worn during the clean-up process that are contaminated are to be placed in a “biohazard red bag” marked with the standard biohazard symbol.
9. Immediately after completing the cleanup, disinfecting the area, and the removal of gloves, the employee will thoroughly wash their hands and any exposed skin surfaces with a disinfectant soap.
10. The Office of Environmental Health and Safety shall be notified to remove any “biohazard red bag” waste generated by the spill in public areas.
11. The area shall not be left unattended until cleaned, disinfected, and cleared of any “biohazard red bag” waste.
12. In clinic areas or laboratories, biological spills will be cleaned up immediately, and all biohazard waste stored in the appropriate storage areas until the scheduled pick-up.
13.

Requests for assistance or reports of spills should be directed to the following locations: EHS@nova.edu

F. Contingency Plan

If neither of NSU’s registered biomedical waste transporters can transport the biomedical waste off-site. Then the following registered biomedical waste transporter will be contacted:
Healthcare Environmental Services, LLC
8496 NW 61 Street
Miami, FL 33166
Phone: (305) 436-0422

G. Location of Documentation

For easy access by all of our staff, a copy of this biomedical waste operating plan and a copy of Chapter 64E-16, F.A.C., is kept in the following locations:

- NSU Health Clinic Departments
- NSU MSI, K-12 Nurses Station
- NSU Labs

- NSU Regional Campus
- NSU EHS web page
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As a result of generating less than 25 pounds per month of biomedical waste campus-wide, a copy of NSU's Biomedical Waste Generator Permit Exemption is maintained in the Office of Environmental Health and Safety for all applicable NSU facilities.

Copies of NSU's Biomedical Waste Management Records, including disposal documentation, will be maintained in the Office of Environmental Health and Safety for a minimum of three years. In sites without waste manifests, transportation logs are maintained.

VI. ENFORCEMENT

All employees having roles or responsibilities covered under this policy are expected to be thoroughly familiar with the policy and its procedures and obligations as they pertain to the employee's role. Failure to comply with this policy may result in disciplinary action pursuant to all applicable university policies and procedures.

A. Training

NSU conducts biomedical waste training as required by this paragraph for personnel on campus who generate, manage and treat biomedical waste. Personnel either received on-site training detailing compliance with this plan or reviewed the plan and received general Biomedical Waste Training. The on-site training sessions detail compliance with this operating plan and with Chapter 64E-16, F.A.C. and include all of the following activities that are carried out at NSU:

- Contingency Plan for Emergency Transport;
- Definition and Identification of Biomedical Waste;
- Labeling;
- Procedure for Containment;
- Procedure for Decontaminating Biomedical Waste Spills;
- Segregation;
- Storage;
- Transport; and
- Treatment Method.

B. Training Records 64E-16.003(2)(b), F.A.C.

NSU maintains records of personnel training. These records are centralized in the Environmental Health & Safety Department and with the POC (Point of Contact) within the department. Training records are kept for participants in all training sessions for a minimum of three (3) years and will be available for review by the Florida Department of Health (FDOH). A blank training attendance sign in sheet is included in Appendix A.

VII. INFORMATIONAL CONTACT

If you would like further information on the NSU Post Exposure Policy for Management of Blood and Body Fluid Exposure, or have additional questions, please contact us via email at the Office of Environmental Health and Safety point-of-contact: EHS@nova.edu.

VIII. REVISION HISTORY

Date:	Revision No.	Review / Changes	Reviewer
20 Feb 19	1	Added Cypress Dental to Section 11	FW
	2	Updated Contingency waste company Triumvirate to Clean Harbors	FW
25 Jan 21	3	Updated added Stericycle and Medigreen waste company to Section 8.1	FW
	3	Updated Contingency waste plan by adding Stericycle and Medigreen waste company to Section 10	FW
5 May 2022	4	Add waste disposable items and room locations section 4	FW
	4	Made changes to internal waste pickup & Vendor Section 8	FW
17 Sept 2024	5	Identify Generator locations	FW

IX. RELATED FORMS

APPENDIX A

BIOMEDICAL WASTE TRAINING ATTENDANCE
Facility Name: NSU_____
Trainer's Name: _____
Duration: _____
Purpose: □ Initial Assignment □Annual □Update

Sign-In

Participant's Name (PRINTED)	**Signature**	**Date**

APPENDIX B

- Gloves
- Gauze
- Cotton rolls
- Sharps

Room, procedural and lab locations.

Ziff 1st Floor

Ziff 2nd Floor

Ziff 3rd Floor