

# Biomedical Waste Operating Plan

In compliance with Chapter 64E-16 Florida Administrative Code (F.A.C.)

<b>Facility Name (1):</b>	
<b>Address:</b>	
<b>Telephone:</b>	



<b><u>Reviewed and Authorized for Office Use</u></b>	
<b>Date Plan Reviewed:</b>	<b>Reviewed By:</b>

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## I. DIRECTIONS FOR COMPLETING THE BIOMEDICAL WASTE PLAN

Blank 1: Enter the name of your facility.

Blank 2: Enter where you keep your employee training records.

Blank 3: List the items of biomedical waste that are produced in your facility and the location where each waste item is generated.

Blank 4: Enter the name of the manufacturer of your facility's red bags. This company must be on the Department of Health (DOH) list of compliant red bags (this list can be obtained from the following website: [www.doh.state.fl.us/environment/community/biomedical/red\\_bags.htm](http://www.doh.state.fl.us/environment/community/biomedical/red_bags.htm)) or from your DOH biomedical waste coordinator OR you must have results supplied by the bag manufacturer from an independent laboratory that indicate that your red bags meet the bag construction requirements of Chapter 64E-16, Florida Administrative Code (F.A.C.). If your facility does not use red bags, enter N/A.

Blank 5: Indicate where the documentation for the construction standards of your facility's red bags is kept. If your facility uses red bags that are included in the DOH list of compliant red bags, or if your facility does not use red bags, enter N/A.

Blank 6: Indicate where unused, red biomedical waste bags are kept in operational areas (not in stock or in central storage) so that working staff can get them quickly when they need them. If your facility does not use red bags, enter N/A.

Blank 7: Enter the place where your biomedical waste is stored and the method of restriction of this storage area. If your biomedical waste is picked up by a licensed biomedical waste transporter but you have no storage area, indicate your procedure for preparing your biomedical waste for pick-up. If you have no pick-up and no storage area, enter N/A.

Blank 8: Enter all the required information about your registered biomedical waste transporter. The website [www.doh.state.fl.us/environment/community/biomedical/transporters.htm](http://www.doh.state.fl.us/environment/community/biomedical/transporters.htm) has a list of such transporters. If you do not use a transporter, enter N/A.

Blank 9: Enter the name(s) of the employee(s) designated to transport your facility's untreated biomedical waste to another facility. If your facility does not transport your own biomedical waste, enter N/A.

Blank 10: Enter the name of the facility to which your facility transports your own untreated biomedical waste. If your facility does not transport your own biomedical waste, enter N/A.

Blank 11: Describe the procedure and products your facility will use to decontaminate a spill or leak of biomedical waste.

Blank 12: Enter the required information about the registered biomedical waste transporter who will transport your biomedical waste on a contingency basis.

Blank 13: If personnel from your facility also work at a branch office of your facility, enter the name of the branch office. If you have no branch office, enter N/A.

Blank 14: Enter the street address, city, and state of the branch office named in (13). If you have no branch office, enter N/A.

Blank 15: Enter the weekdays the branch office named in (13) is open. If you have no branch office, enter N/A.

Blank 16: Enter the normal work hours for each day the branch office named in (13) is open. If you have no branch office, enter N/A.

Blank 17: Indicate where a copy of this biomedical waste operating plan will be kept in your facility.

Blank 18: Indicate where the current biomedical waste permit or exemption document will be kept in your facility.

Blank 19: Indicate where your facility will keep its current copy of the biomedical waste rules, Chapter 64E-16, F.A.C.

Blank 20: Indicate where your facility will keep copies of its biomedical waste inspections from at least the last three (3) years.

Blank 21: If your facility transports your own biomedical waste, indicate where your transport log is kept. If you do not transport your own biomedical waste, enter N/A.

Attachment A: Enter procedure for cleaning Biomedical Waste spill.

Attachment B: Enter the required information to document training sessions.

Attachment C: Listing of biomedical waste transporters for Miami-Dade County.

## II. PURPOSE, POLICY, AND OBJECTIVE

To provide the proper management of handling and storage of biomedical waste in manner that is in compliance with all Federal laws, State laws, and Chapter 64E-16, Florida Administrative Code (F.A.C.). This rule applies to all facilities that generate, transport, store, or treat biomedical waste to ensure that the waste is properly handled to protect public health. Further, this rule prescribes minimum standards for permitting biomedical waste generators, storage facilities and treatment facilities, and for registering biomedical waste transporters.

Department of Health personnel shall inspect registered transport vehicles, permitted generators, storage, and treatment facilities at least once a year. Reinspections may be conducted when a facility is found to be in non-compliance with this chapter. Results of each inspection shall be recorded on a form provided by the department. Each biomedical waste facility shall implement a written operating plan to manage biomedical waste, in accordance with Chapter 64E-16, F.A.C. and section 381.0098, Florida Statutes (F.S.). The plan shall include the following: a description of training for personnel; procedures for segregating, labeling, packaging, transporting, storing, and treating, biomedical waste; procedures for decontaminating biomedical waste spills; and a contingency plan for emergencies. The plan shall be available for review by the department and facility personnel. (Chapter 64E-16.003(2) F.A.C.)

The objective of the biomedical waste program is to protect health care workers, environmental-service staff, waste haulers, and the general public from risks associated with potentially infectious biomedical waste.

## III. TRAINING FOR PERSONNEL

Biomedical waste training will be scheduled as required by paragraph 64E-16.003(2)(a), F.A.C. Each facility or their designee shall train new personnel who handle biomedical waste as part of their work responsibilities. This training shall be provided prior to commencement of duties related to biomedical waste handling. Refresher training shall be completed annually by all personnel who handle biomedical waste. Training sessions will detail compliance with this operating plan and with Chapter 64E-16, F.A.C.

Training sessions will include all of the following activities that are carried out in our facility:

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

Training for the activities that are carried out in our facility is outlined in Attachment A.

Our facility must maintain records of employee training. These records will be kept  
(2) \_\_\_\_\_

Training records will be kept for participants in all training sessions for a minimum of three (3) years and will be available for review by Department of Health (DOH) inspectors. An example of an attendance record is appended in Attachment B.

**IV. DEFINITION, IDENTIFICATION, AND SEGREGATION OF BIOMEDICAL WASTE**  
(Chapter 64E-16.002 F.A.C.)

1) **Biomedical Waste (BMW):** Any solid or liquid waste which may present a threat 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 following are also included:

a) Used, absorbent materials saturated with blood, blood products, body fluids, or excretions or secretions contaminated with visible blood; and absorbent materials saturated with blood or blood products that have dried.

\*\*Absorbent material includes items such as bandages, gauze, sponges, wound care material, and cast material.

b) 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.

\*\*Non-absorbent material includes items such as flexible tubing, disposable gloves, intact glass, and intact hard plastic.

2) **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 to be a regulated body fluid. Body excretions such as feces and secretions such as nasal discharges, saliva, sputum, sweat, tears, urine, and vomits shall not be considered as biomedical waste unless visibly contaminated with blood.

3) **Sharps:** Objects capable of puncturing, lacerating, or otherwise penetrating the skin.

\*\*Sharps include items such as needles, IV spikes, and lancets, razors, contaminated broken glass (slides and test tubes), and broken plastic.

Items of sharps and non-sharps biomedical waste generated in this facility and the locations at which they are generated are:

<u>SHARPS/NON-SHARPS</u>	<u>LOCATIONS</u>
(3) _____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If biomedical waste is in a liquid or semi-solid 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 DOH.

**V. CONTAINMENT**

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 this facility. Ruptured or leaking packages of biomedical waste will be placed into a larger container without disturbing the original seal. (Chapter 64E-16.004 F.A.C.)

Sharps containers will be rigid, leak-resistant and puncture-resistant, and primarily designed for the containment of sharps. The international biological hazard symbol will be at least one inch in diameter on a sharps container and the maximum incidental sum concentration of heavy metal will be the same for a red bag.



All packages containing biomedical waste shall be visibly marked with the international biological hazard symbol and one of the following phrases: “BIOMEDICAL WASTE”, “BIOHAZARD”, “INFECTIOUS WASTE”, or “INFECTIOUS SUBSTANCE”.

The symbol will be red, orange, or black and the background color shall contrast with that of the symbol or comply with the requirements of the Occupational Exposure to Blood-borne Pathogen Standard.

Biomedical waste red bags also must exhibit the following physical properties:

- 1) The international biological hazard symbol must be at least six inches in diameter on bags 19”x 14” or larger, and at least one inch in diameter on bags smaller than 19”x14”.
- 2) Impact resistance of 165 grams and tearing resistance of 480 grams in both the parallel and perpendicular planes with respect to the length of the bag.
- 3) Incidental sum concentration of lead, mercury, hexavalent chromium, and cadmium will be no greater than 100 ppm for dyes used in the coloration of red bags.

Our red bags are manufactured by

(4) \_\_\_\_\_

Our documentation of red bag construction standards is kept

(5) \_\_\_\_\_

Working staff can quickly get red bags at

(6) \_\_\_\_\_

**VI. CO-MIXING** (Chapter 64E-16.003(1) F.A.C.)

- 1) Biomedical waste mixed with hazardous waste, as defined in Chapter 62-730, F.A.C. Hazardous Waste, shall be managed as hazardous waste.
- 2) Biomedical waste mixed with radioactive waste, as defined in Chapter 64E-16 F.A.C., shall be managed in a manner that does not violate the provisions of Chapter 64E-5, F.A.C.
- 3) Any solid waste, other than hazardous and radioactive, but has been mixed with biomedical waste shall be managed as biomedical waste.

**VII. LABELING** (Chapter 64E-16005 F.A.C.)

- 1) All sealed biomedical waste red bags and sharps containers will be labeled with the 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, placing the facility's name and address only on the exterior bag is sufficient.
- 2) Outer containers must be labeled with the transporter's name, address, registration number, and 24-hour phone number. The transporter may provide labels for bags or sharps containers that are generator-specific, such as bar codes or specific container numbers.

**VIII. 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. (Chapter 64E-16.004 F.A.C.)

Indoor biomedical waste storage areas will be constructed of smooth, easily cleanable materials that are impervious to liquids. These areas will be regularly maintained in a sanitary condition. The storage area will be vermin/insect free. Outdoor storage areas also will be conspicuously marked with a six-inch international biological hazard symbol and will be secure from vandalism.

Biomedical waste will be stored and restricted in the following manner:

- (7) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IX. TRANSPORT**

A biomedical waste generator will negotiate for the transport of biomedical waste only with a DOH-registered company. DOH-registered transport companies can be found on Attachment C of this operating plan and/or can be found on the Miami-Dade County Health Department website. If we contract with such a company, we will have on file the pick-up receipts provided to us for the last three (3) years. Transport for our facility is provided by:



a) The following registered biomedical waste transporter:

Company name (8) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Registration number \_\_\_\_\_

Place pick-up receipts are kept \_\_\_\_\_

OR

b) An employee of this facility who works under the following guidelines:  
We will transport our own biomedical waste. For tracking purposes, we will maintain a log of all biomedical waste transported by any employee for the last three (3) years. The log will contain waste amounts, dates, and documentation that the waste was accepted by a permitted facility.

Name of employee(s) who is (are) assigned transport duty:

(9) \_\_\_\_\_

Biomedical waste will be transported to:

(10) \_\_\_\_\_

**X. PROCEDURE FOR DECONTAMINATING BIOMEDICAL WASTE SPILLS**

1) Surfaces contaminated with spilled or leaked BMW shall be decontaminated as part of the cleaning process. The procedure for this facility is: **(Fill in the blanks OR see Attachment A).**

(11) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) Liquid waste created by these chemical disinfections operations shall be disposed of into a sewage system.

3) The disinfectant utilized at this facility is: (MARK a or b)

- a) Bleach – Disinfected/rinsed for at least three minutes with a hypochlorite solution containing at least 100 ppm free chlorine. (Mix solution as needed).
- b) Chemical germicide – Only those registered by the Environmental Protection Agency may be used.

**XI. CONTINGENCY PLAN**

If the registered biomedical waste transporter is unable to transport this facility’s biomedical waste, or if we are unable temporarily to treat our own waste, then the following registered biomedical waste transporter will be contacted:

Company name (12) \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Registration number \_\_\_\_\_

**XII. BRANCH OFFICES**

The personnel at our facility work at the following branch offices during the days and times indicated:

Office name (13) \_\_\_\_\_  
 Office address (14) \_\_\_\_\_  
 \_\_\_\_\_  
 Days of operation (15) \_\_\_\_\_  
 Hours of operation (16) \_\_\_\_\_

Office name (13) \_\_\_\_\_  
 Office address (14) \_\_\_\_\_  
 \_\_\_\_\_  
 Days of operation (15) \_\_\_\_\_  
 Hours of operation (16) \_\_\_\_\_

**XIII. MISCELLANEOUS**

It will be the policy of this office and according to Chapter 64E-16 F.A.C. to maintain an accessible copy of this plan, including the maintenance of the following biomedical waste records.

All biomedical waste records, which includes: manifests, training documentation, purchase and return receipts for mail-in sharps containers, chain of custody for (if applicable), are kept for 3 years and shall be available for review by the Department of Health.

For easy access by all of our staff, the following items will be kept where indicated:

- a) Copy of this biomedical waste operating plan

(17) \_\_\_\_\_

- b) Current DOH biomedical waste permit/exemption document

(18) \_\_\_\_\_

- c) Current copy of Chapter 64E-16, F.A.C.

(19) \_\_\_\_\_

- d) Copies of biomedical waste inspection reports from last three (3) years

(20) \_\_\_\_\_

- e) Transport log

(21) \_\_\_\_\_

## **ATTACHMENT A: BIOMEDICAL WASTE SPILL CLEAN-UP**

**SUBJECT:** Glass Breakage, Blood Clean-Up Technique

**PURPOSE:** To prevent the contamination of any employee by infectious disease with the careless handling of broken glass possibly contaminated with waste.

**SPILL KIT CONTAINS: (A kit must be on hand in facility)**

Gown Kitty Litter Paper towels

Gloves Whiskbroom Dustpan

Mask

Household Bleach/Chemical Germicide

Biomedical Waste Red Bag/Sharps Container (as applicable)

**PROCEDURE:**

- 1) Put on protective clothing and gloves.
- 2) Broken glass is never to be picked up with the hands. Glass should be removed using dustpan and whiskbroom only. Glass clean up will be available in \_\_\_\_\_.
- 3) Sweep up glass using whiskbroom and dustpan.
- 4) Pour bleach over spill and allow sitting for several minutes.
- 5) Place cover/barrier over the spill area and wait until absorbed.
- 6) Place all contaminated glass and/or sharps in the sharps container, if blood spill only then place contaminated waste in red bag.
- 7) Put on new gloves and disinfect area/wash with soap and water thoroughly.
- 8) Dry floor with paper towels.
- 9) Discard gloves and wet paper towels in the biomedical waste red bag.
- 10) Wash hands thoroughly.
- 11) Report incident to: \_\_\_\_\_



**ATTACHMENT B: BIOMEDICAL WASTE TRAINING ATTENDANCE (CONTINUED)**

Facility Name: \_\_\_\_\_

Trainer's Name: \_\_\_\_\_

Duration: \_\_\_\_\_

Purpose:      \_\_\_\_\_ Initial Assignment      \_\_\_\_\_ Annual      \_\_\_\_\_ Update

<b>NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>

## ATTACHMENT C: BIOMEDICAL WASTE TRANSPORTERS

Name	Address	City	State	Zip Code	Telephone	Website
Advance Medical Sanitation, Inc. ID# 7399 (Also in Broward, Monroe, and Palm Beach Counties)	3387 NW 151 <sup>st</sup> Terrace	Miami Gardens	FL	33054	305-428-3767	None
Bio-Med Waste Solutions ID# 7513 (Also in Broward and Monroe Counties)	8201 NW 64 <sup>th</sup> Street, Suite 8	Miami	FL	33166	786-546-4739	<a href="http://www.bio-medwastesolutions.com">www.bio-medwastesolutions.com</a>
Bio Rescue ID# 7488 (Also in Broward and Monroe Counties)	10001 SW 159 <sup>th</sup> Court	Miami	FL	33196	305-387-3700	<a href="http://www.biorescueservices.com">www.biorescueservices.com</a>
BioResponse Corp. ID# 7419 (Also in Broward, Monroe, and Palm Beach Counties)	6290 SW 42 <sup>nd</sup> Terrace	Miami		33155	305-972-4577	<a href="http://www.bioresponsecorp.com">www.bioresponsecorp.com</a>
Medical Waste Management ID# 7585	10775 SW 190 <sup>th</sup> Street	Miami	FL	33157	305-677-2343	None
Medway Services Florida ID# 7572 (Statewide service)	10800 Biscayne Blvd.	Miami	FL	33161	305-631-2823	<a href="http://www.medwayflorida.com">www.medwayflorida.com</a>
Med Waste Removal Services, Inc. ID# 7447	10705 SW 216 <sup>th</sup> Street	Miami	FL	33170	305-238-3232	None
Medi-Waste Transport Solutions, L.L.C. ID# 7474 (Also in Broward County)	9900 NW 80 <sup>th</sup> Avenue, Bay 4-O	Hialeah Gardens		33016	305-722-0002 or 954-655-2323	<a href="http://www.mediwaste.net">www.mediwaste.net</a>
One Source Waste Services ID# 7472	15476 SW 8 <sup>th</sup> Way	Miami	FL	33194	305-606-6449	None
Safewaste of Florida, LLC ID# 7424 (Statewide service)	P. O. Box 3267	Hallandale	FL	33008	305-654-3555	<a href="http://www.safewaste-fl.com">www.safewaste-fl.com</a>
South Florida Medi-Waste ID# 7560 (Also in Broward County)	10601 NW 122 <sup>nd</sup> Street, Unit 15	Medley	FL	33178	305-986-3617	None
Speedy-Cycle, Corp., ID# 7466	17901 SW 152 <sup>nd</sup> Court	Miami	FL	33187	305-969-3462	None
Stericycle ,Inc. ID# 7217	14374 Commerce Way	Miami Lakes	FL	33016	305-698-5510	<a href="http://www.stericycle.com">www.stericycle.com</a>
UNICCO Service Co. ID# 7269	1475 NW 12 <sup>th</sup> Avenue	Miami	FL	33136	305-243-5270	None
United Medical Industries Corp. ID# 7341 (Statewide service)	8527 NW 66 <sup>th</sup> Street	Miami	FL	33166	786-331-8661	<a href="http://www.umiwaste.com">www.umiwaste.com</a>