

Facility Name & Address: \_\_\_\_\_

Supervisor Contact Information: \_\_\_\_\_

## **Biohazardous Waste Handling Operation Management Plan**

**Biohazardous Waste:** Waste which may be grossly contaminated with blood or other body fluids in either a liquid or dried form; and all sharps (hypodermic needles, used razor blades, broken glass).

### **Work Practice Controls:**

#### **When cleaning rooms:**

- 1) Always wear gloves when cleaning rooms. Discard in proper trash container.
- 2) Never reach your hand into an area where you cannot see; i.e. between mattress and box spring, on top of cupboard or shelves, above your head, under the bed or behind the furniture. Lift the mattress and look under it before making the bed.
- 3) When clearing a room of personal belongings left behind, always wear gloves and be aware of surroundings.
  - a. **Notify your supervisor if any infectious waste contamination is found.**
  - b. **If you find sharps, dispose of them in a puncture proof, leak proof biohazard container provided by management. Do not handle sharps with your bare hands. Use a dustpan and broom to handle them. Never reach into sharps containers.**
  - c. **Bedding or towels contaminated with blood or other body fluid should be placed in bag labeled "Biohazardous Waste" and stored in a secondary container until pickup by an approved biohazardous waste hauler. Bags containing biohazardous waste may not be stored on site for more than 7 days. Sharps containers may be used until they are  $\frac{3}{4}$  full. WEAR DOUBLE LATEX/NITRILE GLOVES WHEN HANDLING CONTAMINATED ITEMS AND THEIR CONTAINERS.**

### **Post Exposure Controls:**

**If a staff member is stuck by a needle or other sharp or gets blood or other potentially biohazardous materials in the eyes, nose, mouth, or on broken skin:**

- 1) Immediately flush the exposed area with water and clean any wound with soap and water.
- 2) Immediately report the incident to your supervisor.
- 3) Seek medical attention if necessary.

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Acknowledgement of Use of Procedure: \_\_\_\_\_

Signature/Date/Title