

RED HOOK CENTRAL SCHOOL DISTRICT

POLICY # 8140

Occupational Exposure to Blood borne Pathogens

A. Policy Statement

The Red Hook Central School District has developed this plan in accordance with OSHA Standard 29 CFR 1910.1030, Occupational Exposure to Blood borne Pathogens. The plan is designed to reduce an employee's risk of exposure to blood borne pathogens in the workplace. For the purposes of this plan, a blood borne pathogen is any pathogenic microorganism, present in human blood, capable of causing disease in humans. This group includes, but is not limited to, the hepatitis B virus (HBV) and human immunodeficiency virus (HIV). This plan outlines the steps, which Red Hook Central School District shall take to comply with the OSHA standard. This plan is available for review by all employees and the assistant Secretary of Labor for Occupational Safety and Health upon request.

B. Exposure Determination

All employees in the following job classifications (Group 1) have routine occupational exposure to blood or other potentially infectious materials. Accordingly, all employees in this group shall receive appropriate training and be offered the hepatitis B (HBV) vaccine.

Group 1
Job Classification

<u>School Nurse</u>	<u>School Health Aide</u>
<u>Physical Education Teacher</u>	<u>Athletic Coach</u>
<u>Custodial Personnel</u>	<u>School Bus Driver</u>
<u>Maintenance Personnel</u>	<u>Mechanics</u>
<u>Special Education</u>	<u>School Bus Monitor</u>

Some employees in the following job classifications (Group 2) have occupational exposure to blood or other potentially infectious materials (see list below). All Group 2 employees shall attend training, but only those employees with routine exposure will be offered the HBV vaccine.

Group 2
Job Classification

Technology Teacher

Cafeteria Worker

Art Teacher

Playground Superv./Personnel

Home Ec Teacher

Science Teachers

Other

Group 2 employees must be engaged in an activity listed below (or a closely related activity) in order to be considered occupationally exposed.

At-Risk Activities

1. Using cutting devices
2. Activities that can cause injuries which bleed
- 3.
- 4.
- 5.

C. Employee Protection

1. General: Red Hook Central School District shall impress upon all potentially exposed employees the importance of observing Universal Precautions. Under circumstances in which contact with blood or other potentially infectious materials is possible, the employee shall assume that material to be infectious. When it is not possible to differentiate between body fluid types, the employee shall also assume that material to be potentially infectious.
2. Engineering the Work Practice Controls: Though many engineering controls do not pertain to the circumstances in the Red Hook Central School District, the following work practice controls shall be implemented:
 - a. Hand washing facilities shall be readily accessible to all employees.
 - b. When it is not possible to provide employees with hand washing facilities, those employees shall be provided with an antiseptic hand cleanser and clean paper towels.
 - c. Employees shall be instructed to wash their hands with soap and water as soon as feasible after removing gloves or other personal protective equipment (PPE). They will likewise be instructed to thoroughly wash any skin that has come into contact with blood or potentially infectious materials.
 - d. Contaminated needles or other contaminated sharps (those that have come into contact with potentially infectious materials during

medical procedures) shall not be bent, recapped, sheared or broken.

- e. As soon as feasible after use, contaminated sharps shall be placed in appropriate containers.
- f. Eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses in work areas where there is a reasonable likelihood of occupational exposure is prohibited.
- g. Food or drink shall not be kept in or on refrigerators, freezers, shelves, cabinets, countertops, ect., where blood or other potentially infectious materials are present.
- h. All procedures involving blood or other potential infectious materials shall be performed in such a manner as to avoid splashing, spraying, splattering and the like.
- i. Mouth pipeting of blood or other potentially infectious materials is prohibited.

3. Personal Protective Equipment (PPE):

When there is a reasonable likelihood of occupational exposure to blood and other potentially infectious materials, Red Hook Central School District shall provide employees with appropriate personal protective equipment (including gloves, eye and face protection). Employees shall use their PPE under all appropriate circumstances, except for rare instances where it is the employee's professional judgment that doing so would prevent the delivery of health care or public safety service.

- a. **Appropriate PPE:** Personal protective equipment can be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through to street or work clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal use.
- b. **Accessibility:** Appropriate PPE in the appropriate size shall be readily accessible to those employees who need it, or issued to those employees directly.
- c. **Cleaning & Disposal:** Red Hook Central School District shall provide for the regular cleaning of all permanent PPE and the proper disposal of all disposable items.
- d. **Repair & Placement:** All PPE shall be repaired or replaced on a regular basis so as to maintain its effectiveness.
- e. **Contaminated PPE:** All contaminated PPE shall be removed as soon as possible and must be placed in an area or container designated for cleaning or disposal.
- f. **Gloves:** Gloves, disposable or otherwise, shall be worn when an employee is performing a job-related task in which it can be reasonably

anticipated that there may be hand contact with blood or other potentially infectious materials. Disposable gloves shall not be decontaminated for reuse.

- g. Eye and Face Protection: Eye and face protection shall be worn any time splashes, splatters or droplets of blood or other potentially infectious materials may be generated and eye, nose, and/or mouth contamination can be reasonable anticipated.
4. Housekeeping: Red Hook Central School District shall implement a cleaning schedule to ensure that work areas are maintained in a clean and sanitary condition. Those areas with the highest contamination due to blood and other potentially infectious materials shall receive first priority.
- a. All equipment, environmental and work surfaces shall be cleaned and decontaminated with a disinfectant after contact with blood or other potentially infectious materials.
 - b. Protective coverings (e.g. plastic wrap, aluminum foil) used to cover equipment and environmental surfaces shall be removed and replaced as soon as possible after becoming overtly contaminated.
 - c. All bins, pails and similar receptacles intended for reuse, which may become contaminated with blood, or other potentially infectious materials shall be inspected and decontaminated on a regular basis.
 - d. Contaminated sharps shall be disposed of as soon as possible in appropriate containers. Appropriate containers must be; closable, puncture resistant, leak proof on bottom and sides and properly labeled.

D. Regulated Medical Waste

(see attachment)

E. Hepatitis B Vaccine

- 1. Vaccination Series: Red Hook Central School District shall make available the HBV vaccination series to any employee with routine occupational exposure to blood or other potentially infectious materials.
 - a. The vaccination series must be made available at no cost to the employee at a reasonable time and place, under the supervision of a licensed healthcare professional according to the U.S. Public Health Service guidelines.

- b. The vaccination series shall be made available to the employee after training and/or 10 days after initial assignment for all employees with routine occupational exposure.
- c. The vaccination series must be made available as described in (E) (1) and (E) (1) (b) unless the employee has received the antibody testing or the vaccination series has been contraindicated due to medical reasons.
- d. Participation in a prescreening program shall not be mandatory for receiving the vaccination series.
- e. If an employee initially declines the HBV vaccination series but at a later date, while still covered under the standard, decides to accept, Red Hook Central School District shall make the series available at that time.
- f. Employees who decline the HBV vaccination series must sign the appropriate waiver form (see appendix).
- g. If a booster shot is recommended by the U.S. Public Health Service at a later date, Red Hook Central School District shall make the booster available.

2. Post Exposure Evaluation & Follow-up:

Following a report of an exposure incident, Red Hook Central School District shall make immediately available a confidential medical evaluation and follow-up to the exposed employee.

- a. Red Hook Central School shall document the route of exposure and the circumstances surrounding the exposure incident (see Appendix).
- b. The source individual shall be identified and documented unless such documentation is not feasible or prohibited by state or local law.
- c. The source individual's blood shall be tested as soon as feasible and after consent is obtained (if necessary) in order to determine HBV and HIV infectivity. If consent cannot be obtained, this shall be documented.
- d. Results of the source individual's testing shall be made available to the exposed employee along with any applicable regulations regarding confidentiality, ect.

- e. The exposed employee's blood shall be collected as soon as feasible and tested as soon as consent is obtained.
- f. If the exposed employee consents to baseline blood collection but not HIV testing, the sample shall be preserved for at least 90 days. If within that 90-day period the employee elects to have the baseline sample tested, this shall be done as soon as possible.
- g. Post-exposure prophylaxis, when medically indicated, shall include:
 - i) HBV vaccination series;
 - ii) Evaluation of reported illnesses;
 - iii) Counseling.

3. Information:

Red Hook Central School District shall ensure that the healthcare professional responsible for an employee's HBV vaccination is provided with certain specific information.

- a. A copy of the OSHA regulation.
- b. A description of the exposed employee's duties as they relate to the exposure incident.
- c. Documentation of the route(s) of exposure and the circumstances under which they exposure occurred.
- d. If available, results of the source individual's blood testing.
- e. Any relevant medical records, which are the school's responsibility to maintain.

4. Healthcare Professional's Written Opinion:

Within 15 days of the completion of the evaluation, Red Hook Central School District shall obtain, and provide the exposed employee with, a copy of the healthcare professional's written opinion.

- a. This written opinion, as it relates to the HBV vaccination series, shall be limited to whether the vaccination series is indicated for the employee has previously received the entire vaccination series.
- b. This written opinion, as it relates to post-exposure prophylaxis, shall be limited to documentation that the employee has been informed of the results of the evaluation and that the employee

has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials.

- c. All other findings shall remain confidential and shall not be included in this report.

F. Hazard Communication

1. Labels & Signs:

Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials and any containers used to store, transport or ship potentially infectious materials.

2. Information & Training:

Red Hook Central School District shall ensure that all employees with occupational exposure participate in a training program provided during working hours, at no cost to the employee.

- a. Training shall be provided at the time of initial assignment to tasks where occupational exposure may take place and annually thereafter.
- b. Employees who have received training on blood borne pathogens in the year preceding the passage of the final standard will provisions of the standard, which were not included.
- c. Annual training for all employees shall be provided within one year of their previous training.
- d. Training shall include at least the following:
 - I) Explanation of the contents of this plan and the OSHA standard;
 - II) A general explanation of the epidemiology and the symptomology of blood borne diseases;
 - III) An explanation of the modes of transmission of blood borne pathogens;
 - IV) An explanation of the Red Hook Central School District Exposure Control Plan and how employees may obtain a copy;
 - V) An explanation of how employees may recognize tasks that may involve exposures to blood or other potentially infectious materials;

- VI) An explanation of control methods (e.g. engineering controls, work practices, PPE), including their uses and limitations;
- VII) Additional information on PPE, including types, uses, decontamination and disposal;
- VIII) Information on the NBV vaccine, including information on efficiency, safety, cost/benefit and method of administration;
- IX) Information on the appropriate actions to take and the persons to contact in an emergency involving blood or other potentially infectious materials;
- X) An explanation of the procedure to follow in an exposure incident occurs;
- XI) Information on the post-exposure evaluation and follow-up that the school is required to provide for an employee following an exposure incident;
- XII) Information regarding signs and labels (when they are required);
- XIII) An opportunity for questions and answers.

- e. For three years Red Hook Central School District shall maintain records of the training sessions(s);
 - i) The date(s) of the training sessions (s);
 - ii) A summary of the training session(s)
 - iii) The names(s) and qualifications of the person(s) conducting the training.
 - iv) The names and job titles of those attending the training.

G. Medical Records

Red Hook Central School District shall establish and maintain a file containing accurate medical records for each employee with occupational exposure to blood or other potentially infectious materials. These confidential records must be kept for at least the duration of the employment plus 30 years. Such exposure records must include the following information:

- a. The name and social security number of the employee.
- b. A copy of the employee's NBV vaccination status including the dates of all the vaccinations and any medical records relative to the employee's ability to receive the vaccination series.
- c. A copy of all examinations, medical examinations and follow-up procedures.
- d. The school's copy of any healthcare professional's written opinion.
- e. A copy of all information provided to the healthcare professional.

RED HOOK CENTRAL SCHOOL DISTRICT

7401 South Broadway • Red Hook, New York 12571

Paul Finch *Superintendent*

Bruce T. Martin *Business Administrator*

Marie D. Sturges *Assistant to the Superintendent for Curriculum and Instruction*

Phone: (845) 758-2241

Fax: (845) 758-3366

Dear:

Hepatitis B virus (HBV) infection is a preventable occupational hazard. Strategies for prevention include the use of appropriate barrier precautions in circumstances where blood contact is likely, taking care to avoid needle stick and puncture wound injuries, and immunization with hepatitis B vaccine.

The Red Hook Central School District is interested in assuring that our workers are protected from infection with HBV. In addition to the personal protective equipment and safety advice we provide, Red Hook Central School is offering the opportunity for our employees to receive the hepatitis B vaccine.

Information about HBV and the vaccine is being provided with this letter. Once you have reviewed this material and had the opportunity to have your questions answered, please complete the attached form to indicate your choice of receiving or refusing the vaccine.

Those employees who choose to receive the vaccine will be instructed on how they may begin to receive the immunization series.

The HBV vaccination program is voluntary. The offer of vaccination remains open to those who have refused it up to this time. Participation or non-participation in this program will not affect your employment status or the protections normally accorded you occupationally.

It is our hope that, in the interest of your best health, you will give serious consideration to the receipt of the hepatitis B vaccine. If you have any questions or concerns about the program, please contact Marc Phelan.

Sincerely,

Paul Finch
Superintendent

Enc. Information on Hepatitis and the Hepatitis B Vaccine

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INFORMATION ABOUT HEPATITIS B VACCINE (RECOMBINANT)

The Disease

Hepatitis B is a viral infection caused by hepatitis B virus (HBV), which causes death in 1-2% of patients. Most people with hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis. HBV also appears to be a causative factor in the development of liver cancer. Thus immunization against hepatitis B can prevent acute hepatitis and also reduce sickness and death from chronic active hepatitis, cirrhosis and liver cancer.

The Vaccine

Hepatitis B vaccine is made using recombinant DNA technology with no serum from human donors. A high percentage of healthy people who receive three doses of vaccine achieve high levels of surface antibody (anti-HB's) and protection against hepatitis B. Full immunization requires 3 doses of vaccine over a six-month period. There is no evidence that the vaccine has ever caused hepatitis B or AIDS. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization. The duration of immunity is unknown at this time but is probably long term.

Possible Vaccine Side Effects

The incidence of side effects is very low. No serious side effects have been reported with the vaccine. A few persons experience tenderness and redness at the site of injection. Low-grade fever may occur. Rash, nausea, joint pain and mild fatigue have also been reported. The possibility exists that more serious side effects may be identified in the future.

If you have any questions about hepatitis B or the vaccine, please ask.

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CONSENT FORM

I have read the above statement about hepatitis B and the hepatitis B vaccine. I have had an opportunity to ask question and understand the benefits and risks of hepatitis B vaccination. I understand that I must have 3 does of vaccine to confer immunity. However, there is no guarantee that I will become immune or that I will not experience any adverse side effect from the vaccine. I request that it be given to me or the person names below of whom I am the parent/guardian.

Date Vaccinated – Lot #

Name of Person to Receive Vaccine

1. _____

2. _____

3. _____

Signature of Person Receiving Vaccine
or parent/guardian

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Hepatitis B Vaccine Declination

(Mandatory)

Appendix A to Section 1910.1030

“I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me”

(Print Name)

(Signature)

(Date)

THE INFORMATION CONTAINED ON THIS FORM IS PERSONAL AND MAY BE SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF 38 U.S.C. SECTIONS 3301 AND 4132, AND 5 U.S.C. SECTION 552A, THE PRIVACY ACT OF 1974.

Potential Exposure to HIV
Employee Epidemiologic Follow-up

Employee Name: _____ SSN: _____

Position: _____ Date Form Initiated: _____

Date of Exposure: _____ 20__ Time of Exposure: _____: _____ AM / PM

Location of Exposure: _____

1. Complete description of exposure. (Include: a. type (e.g. needle stick, cut, splash): b. activity during which exposure occurred: c. exposure material, approximate amount and duration of exposure.

2. Extent of resulting injury: (e.g. gaping puncture wound approximately 2mm deep, small needle stick puncture)

3. Corrective action taken at time of exposure (if applicable): (e.g. immediately irrigated with water, none required)

The following information is related to the source of the exposure material, when known, if not known, please go to item 6.

4. HIV/AIDS history prior to employee incident:

- a. negative history – no previous testing
- b. HIV seronegative, no known risk factors
- c. HIV seronegative, at high risk

d. HIV + _____ Testing date: _____

e. HIV/AIDS diagnosis (Most recent Stage): HIV+ ARC AIDS

5. HICV antibody testing for this exposure:

- a. Testing not requested or required:
- b. Testing request refused:
- c. Testing requested, consent given:
 - 1. informed consent form signed
 - 2. pre and post test counseling completed
 - 3. attending physician consulted prior to testing
- d. Test results: _____ Date: _____

Comments: _____

6. Employee Counseling following exposure:

Date conducted: _____ Counseling conducted by: _____

If not conducted please state reason: _____

7. Employee HIV antibody testing:

- a. Not indicated, not done:
- b. Offered, consent given:
- c. Offered, refused
- d. Requested by employee:

8. Date of testing: _____

Interval since exposure (wks): _____

Test result: _____

Was this a baseline test: YES NO

If no, explain: _____

Date of testing: _____

Interval since exposure (wks): _____

Test result: _____

Date of testing: _____

Interval since exposure (wks): _____

Test result: _____

Date of testing: _____

Interval since exposure (wks): _____

Test result: _____

Date of testing: _____

Interval since exposure (wks): _____

Test result: _____

9. Comments: _____

Signature of professional health care staff completing this form:

Signature

Date

If the source of the exposure must be identified, complete the following on a photocopy of this form. DO NOT INCLUDE THIS IDENTIFYING INFORMATION IN THE EMF. The photocopy must be maintained in an independent file under strict security, in accordance with confidentiality requirements of P.L. 100-322.

Name of exposure source: _____

DIVISION OF HAZARDOUS SUBSTANCES REGULATION

MEDICAL WASTES

NYSDEC

FACT SHEET

AUGUST 1990

New Regulations for Off-site Waste Management

If you own or operate a medical, veterinary, dental, laboratory or mortuary facility in New York State, you need to know how the new regulations for managing medical wastes apply to you. This fact sheet contains the following information:

- a list of regulated medical wastes
- whether or not you must register as a medical waste generator
- guidelines for preparing medical wastes for transport
- whether or not you must use a “red-bag hauler”
- fines and penalties for mismanagement
- tracking and reporting requirements
- a copy of the medical waste tracking form
- where to get more information

Safer new federal and state laws, regulated medical wastes (listed on insert) are managed depending upon the amount produced and shipped off-site in each calendar month.

Less than 50 pounds per month: If you determine that your professional practice or facility produces and ships off-site for disposal less than 50 pounds of regulated medical waste in a calendar month, your facility is a “small quantity generator”.

More than 50 pounds per month: If you are responsible for a hospital, professional practice, clinic, infirmary, laboratory or other facility that produces and ships off-site for disposal more than 50 pounds of regulated medical waste in a calendar month, your facility is a “large quantity generator”.

Where separate practices are located in the same building, each business entity is considered a separate medical waste generator. If you are a small quantity generator but transport or offer for transport more than 50 pounds in any one shipment, you come under the regulations for large quantity generators.

Whether your facility is small or large quantity generator, if your regulated medical wastes are not disposed of (in a state-licensed incinerator or in a sanitary sewer) on site, you are responsible for documenting the delivery of your regulated medical wastes to a licensed disposal facility.

For Small Quantity Generators Only:

Haul it yourself: Small quantity generators have the option of transporting regulated medical wastes themselves or to so authorize an employee (in writing). The red bags and sharps containers must still be properly packaged and transported in marked and labeled reusable or disposable storage containers.

Registration: If, as a small quantity generator, you transport your own medical wastes to a disposal facility, you must register with DEC. The registration form, available at your regional DEC office, asks for your name and address, the names of employees authorized to transport regulated wastes under your supervision, and the treatment or disposal facility where you will take your regulated medical waste. You do not need a waste transporter permit.

Tracking: Self-transporters must fill out two copies of the tracking form, one to keep (for three years) and one for the disposal facility to keep.

Keeping Records, Filing Annual Reports:

Keep your copies of the tracking forms and exception reports for at least three years. If you hire a permitted transporter, also keep the signed copy of the tracking form returned to you from the disposal facility. These records must be made available for inspection by an officer, employee or representative of NYSDEC.

All generators, from small private practices to large hospitals, must submit an annual report to DEC summarizing the amount of regulated medical waste disposed of, the disposal destination(s) and the costs incurred.

Summary of Medical Waste Management Requirements:

	Register With DEC as a generator	Fill out Tracking Forms	Annual Report to DEC
Small quantity generators who transport own waste	Yes	Yes	Yes
Small quantity generators who hire a hauler	No	Yes	Yes
Large quantity generators	No	Yes	Yes

Fines and Penalties:

Improper or illegal storage, transport and disposal of medical wastes could result in civil or criminal fines and penalties. Mismanagement of regulated medical waste is punishable by a maximum of seven years in prison and fines up to \$150,000.

Questions:

For a copy of the regulations and answers to specific questions on transporting and disposing of regulated medical wastes or about registering your facility and filling out the paperwork, write or call your regional DEC office (see Map) or write:

Waste Transporter Permit Section
NYSDEC
50 Wolf Road
Albany, NY 12233-7252

Medical waste message line; (518) 485-8394

Regulated Medical Wastes Defined

Medical wastes covered under New York State and federal regulations are as follows:

Waste Class	Description
1. Cultures and stocks	Cultures and stocks of infectious agents and associated biologicals, including: cultures from medical and pathological laboratories; cultures and stocks of infectious agents from research and industrial laboratories; wastes from the production of biologicals; discarded live and attenuated vaccines; and culture dishes and devices used to transfer, inoculate and mix cultures.
2. Pathological Wastes	Human pathological wastes, including tissues, organs, body parts and body fluids that are removed during surgery or autopsy, or other medical procedures and specimens of body fluids and their containers.
3. Human blood and blood products	* liquid waste human blood; * products of human blood; * items saturated and/or dripping with human blood, or * items that were saturated and/or dripping with human blood, including serum, plasma and other blood components, and their containers, which were used or intended for use in either patient care, testing and laboratory analysis or the development of pharmaceuticals. Intravenous bags are also included in this category.
4. Sharps	Sharps that have been used in animal or human patient care or treatment or in medical research or industrial laboratories, including hypodermic needles, syringes (with or without the attached needle), Pasteur pipettes, scalpel blades, blood vials, needles with attached tubing and culture dishes (regardless of presence of infectious agents). Also included are other types of broken or unbroken

glassware that were in contact with infectious agents, such as used slides and cover slips.

5. Animal waste

Contaminated animal carcasses, body parts and bedding of animals that were known to have been exposed to infectious agents during research (including research in veterinary hospitals), production of biologicals, or testing of pharmaceuticals.

6. Contact wastes

Wastes from surgery or autopsy that were in contact with infectious agents, including soiled dressings, sponges, drapes, lavage tubes, drainage sets, under pads and surgical gloves.

7. Laboratory wastes

Laboratory wastes from medical, pathological, pharmaceutical or other research, commercial, or industrial laboratories that were in contact with infectious agents, including slides and cover slips, disposable gloves, laboratory coats and aprons.

8. Dialysis wastes

Dialysis wastes that were in contact with the blood of patients undergoing hemodialysis or renal dialysis, including contaminated disposable equipment and supplies such as tubing, filters, disposable sheets, towels, gloves, aprons and laboratory coats.

9. Isolation wastes

Biological waste and discarded materials contaminated with blood, excretion, exudates or secretions from humans who are isolated to protect others from certain highly communicable diseases, or isolated animals known to be infected with highly communicable diseases.

10. Unused sharps

the following unused, discarded sharps: hypodermic needles, suture needles, syringes, and scalpel blades.

The following examining room wastes are not considered to be regulated medical waste, provided the patient is not in isolation to protect others from highly communicable disease: disposable towels, gowns and paper sheeting; unsaturated, blood-stained bandages, gauze and cotton; cotton swabs and tongue depressors. However, any additional waste that a health care professional believes may pose a risk may also be handled as a regulated medical waste.

Blood and other body fluids from all patients, although regulated, may be disposed of in a sanitary sewer system, with the permission of the local sewer district.

Treated/untreated regulated medical wastes are usually shipped to a disposal utility in an untreated state, that is, not disinfected or otherwise treated to reduce or eliminate their potential for causing disease. Some medical wastes may be treated before shipment, but they must still be packaged and tracked as regulated medical wastes. Treated medical waste may be disposed of at a permitted sanitary landfill; however, the landfill must be listed as an approved disposal facility on the waste transporter's permit.

1st Reading - 10/14/92
Approved by BOE 11/24/92