INTRODUCTION

Small quantity generators generate less than 50 pounds of infectious medical waste in a one month period. Infectious medical waste is defined as medical waste capable of producing a disease in man.

EXCLUDED OR EXEMPTED:
- Human remains under control of a physician, mortician or dentist
- Garbage or trash
- Household medical waste (except sharps)
- Ash from medical waste incinerators
- Hair, nails and extracted teeth
- Medical tubing and devices certified as non-infectious by the generator

The mixture of infectious medical waste and non-hazardous solid waste is considered an infectious medical waste.

The mixture of infectious medical waste and hazardous waste is regulated as a hazardous substance and different rules apply.

Infectious medical wastes regulated in West Virginia are:

- Contaminated animal carcasses
- Human blood and blood products
- Cultures and stocks of microorganisms and biological
- Isolation wastes
- Pathological wastes
- Sharps

Detailed definitions of these terms are provided in Appendix A.
Non-infectious medical waste is solid waste.

**INFECTIONOUS MEDICAL WASTE MANAGEMENT PLAN**

All small quantity generators are required to develop and follow a waste management plan.

The infectious medical waste management plan must be on file on the premises and be made available for inspection. It shall be submitted to the Secretary of the Department upon request.

A “model” plan can be found at the end of this guide.

A fine may be levied for not maintaining on file or following the Infectious Medical Waste Plan.

The Infectious Medical Waste Plan should include:

- Type of facility
- Amount of waste generated monthly by pounds
- Storage procedures
- Treatment methods
- Labeling and packaging
- Transportation information (hauler)
- Disposal methods
- Manifests
STEP 1: PRIMARY CONTAINERS/PACKAGING THE WASTE

**SHARPS:** Segregate sharps from other regulated infectious medical waste. All discarded sharps must be placed in rigid leak and puncture-resistant containers, clearly marked “infectious medical waste”.

When stored or to be treated off-site, place containers in a red plastic bag.

Sharps rendered non-infectious and encapsulated in a solid state on-site may be disposed as solid waste.

**FLUIDS:** May be discharged to an approved sanitary sewer or contained in break-resistant, tightly closed containers.

**OTHER:** Place in red bags imprinted with the international biohazard symbol and words “infectious medical waste” or “biomedical waste” or “biohazard” or “regulated medical waste”.

**STORAGE:**

Waste other than sharps may not be stored more than 30 days, even if refrigerated.

Containers must be stored in a specifically designated area located at or near the pick-up point for off-site transport.

Manner of storage shall maintain integrity of the containers; prevent leakage of waste from the container; provide protection from water, rain and wind, and maintain waste in a non-putrescent state.

Storage areas shall be durable, easily cleanable, afford protection from animals and not provide a breeding place or a food source for insects or rodents.
Carpets and floor coverings with open seams in which liquids may be entrapped shall not be used in storage areas. Floor drains shall discharge directly to a sanitary sewage disposal system which is in compliance with Sewage System Rules, 64CSR9 or other containment system which prevents spilled materials from reaching the environment.

Storage areas shall be kept clean and in good repair.

Storage areas shall have access control that limits access to those persons specifically designated to manage infectious medical waste. Storage areas shall be posted prominently with the international biohazard symbol and with warning signs located adjacent to the exterior of entry doors, gates or lids which indicate the use of the area for storage of infectious medical waste and that entry to unauthorized persons is denied.

Re-usable containers must be decontaminated each time there are visible signs of contamination.

STEP 2
SECONDARY CONTAINER-PREPARING FOR TRANSPORT

All infectious medical waste shall be packaged as required by 64CSR56 prior to storage, treatment or transport.

Place red bags in leak-proof, disposable or reusable, double-wall corrugated fiberboard boxes or equivalent rigid containers. The boxes or containers shall be lined with leak-proof red plastic bags that meet the requirements of 49CFR173.197.

Secondary containers do not have to be red but they must be clearly labeled as infectious medical waste.
Labels must be securely attached to the outer layer or packaging and clearly legible. Permanent ink shall be used to complete information on the label and, if handwritten, the label shall be three (3) by five (5) inches in size.

The following information shall be included on the label:

- Name, address, business telephone number of the generator.
- The words “infectious medical waste” or “biomedical waste” or “biohazard” or “regulated medical waste”.
- Name, address, business telephone of all transporters.
- The date on which the infectious medical waste was packaged.

STEP 3
TRANSPORTING

You or a trained employee may transport your medical waste to a permitted infectious medical waste treatment facility (e.g., a hospital), or you may choose to employee a permitted hauler.

Before hiring a transporter, verify that the hauler has a valid permit issued by the Secretary of the Department.

Sharps may be shipped as registered mail through the U.S. Postal Service if compliance with all applicable postal regulations is met.
TREATMENT AND DISPOSAL

All infectious medical waste must be rendered non-infectious by incineration, steam treatment, discharge to an approved sanitary sewer or alternative methods approved before disposal by the Secretary of the Department.

Unrecognizable treated infectious medical waste may be disposed of as solid waste. Treated medical waste that will not pass through a screen with a 1/2 inch grid will be considered not recognizable.

Recognizable treated infectious medical waste must be labeled before disposal. The label must contain the statement, “I hereby certify under penalty of law that this waste has been rendered non-infectious in accordance with the procedures required by the Infectious Medical Waste Rule, 64CSR56.”

SPILL KIT

Small Quantity Generators of infectious medical waste shall keep a spill containment and cleanup kit within the vicinity of any area where infectious medical waste is managed. The location of the kit shall provide for rapid and efficient cleanup of spills anywhere within the area. Items shall be stored in a heavy container with a tight fitting lid and be appropriately labeled as an Infectious Medical Waste Spill Kit. A Small Quantity Generator spill kit should include, at a minimum, the following:

- Two (2) red plastic bags meeting requirement 6.2 of the Infectious Medical Waste Rule;
- One (1) pair of gloves impervious to moisture;
- One (1) face mask (surgical or equivalent);
- One (1) pair of goggles or equivalent eye protection;
- Absorbent material capable of absorbing one-half (1/2) gallon of liquid;
- Spray can of disinfectant effective against tuberculosis/mycobacterium;
- A disposable dust pan and broom for sweeping up sharps.

Immediately following a spill of infectious medical waste all individuals should leave the area until any aerosol settles. The spill area should be secured to prevent entry by unauthorized persons. Appropriate
personal protective equipment (PPE) should be worn. All broken containers should be sprayed with disinfectant then placed into red bags. Disinfect and cleanup the area, clean and disinfect all non-disposable items and clothing then place all disposable PPE items into red bag. Replenish the spill kit for future use.

**TRAINING**

- Persons handling infectious medical waste shall have a working knowledge of pathogens and how diseases are transmitted
- Personnel shall be familiar with the facility’s infectious medical waste management plan.
- Personnel shall have working knowledge of minimum requirements for handling and storing infectious medical waste.
- Personnel shall be familiar with the procedures, materials and equipment to be used in spill cleanup.

**TECHNICAL ASSISTANCE**

For more details please refer to the Infectious Medical Waste Rule, 64CSR56, or address comments or questions to:

WVDHHR-Bureau for Public Health  
Office of Environmental Health Services  
Infectious Medical Waste Program  
350 Capitol Street, Room 313  
Charleston, WV  25301-3713  
Phone: 304.558.2981
MODEL INFECTIOUS MEDICAL WASTE MANAGEMENT PLAN FOR SMALL QUANTITY GENERATORS

FACILITY NAME
ADDRESS
PHONE NUMBER
FAX NUMBER
CONTACT PERSON
DATE OF LAST REVISION OF PLAN

A. TYPE OF MANAGEMENT FACILITY

Name: ________________________________________________________________

Address: ______________________________________________________________________________________

Business Telephone: __________________________________________________________

Emergency Telephone: ________________________________________________________

Contact Person: ________________________________________________________________
B. INFECTIOUS MEDICAL WASTE GENERATED (See Appendix A)

It is estimated that this facility will generate the following quantities of infectious medical waste during a one-month period:

<table>
<thead>
<tr>
<th>TYPE</th>
<th>#/MONTH</th>
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<tbody>
<tr>
<td>1. Cultures &amp; stocks of microorganisms &amp; biologicals</td>
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<td>2. Blood &amp; blood Products</td>
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<td>3. Pathological waste</td>
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<td>4. Sharps</td>
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<td>5. Contaminated animal carcasses, bedding, etc.</td>
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<td>6. Contaminated isolation wastes</td>
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<td>7. Other</td>
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<td><strong>TOTAL</strong></td>
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If you generate 50 pounds or more during a one-month period you become a large quantity generator and additional regulations apply.

C. STORAGE

1. GENERAL
   ____ Yes  ____ No  Are Infectious medical wastes (IMW) separated from other medical wastes?
   ____ Yes  ____ No  Other than sharps, are IMW stored for thirty (30) days or less?
   ____ Yes  ____ No  Are IMW maintained in a non-putrescent state?
   ____ Yes  ____ No  Is the storage area for IMW durable, easily cleanable?
   ____ Yes  ____ No  Are IMW containers stored in a manner & location which afford protection from the weather & limit public access?
   ____ Yes  ____ No  Are reusable IMW containers decontaminated if there are visible signs of contamination? If so, what sanitizer is used? _______________________________
   ____ Yes  ____ No  Is IMW other than sharps delivered within 45 days to a permitted storage or treatment facility?
### 2. SHARPS

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| Yes | No | Are sharps segregated from other IMW and placed in rigid, leak-proof and puncture-resistant containers clearly marked “Infectious Medical Waste?”

________________________

Name of Product Container

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| Yes | No | Are sharps treated on-site?
|   |   | If yes, what method is being used?
|   |   | Steam treatment
|   |   | Rendered non-infectious
|   |   | Encapsulated in a solid state
|   |   | Other

### 3. FLUIDS

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| Yes | No | Is the liquid IMW being discharged to an approved sanitary sewer?
| Yes | No | Is the liquid IMW contained in a break-resistant, tightly stoppered container?

### D. PACKAGING AND LABELING

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| Yes | No | Are sharps containers and other IMW to be treated off-site placed in red leak-proof bags with appropriate wording?
| Yes | No | Does a generator label with date of packaging appear on each primary container?
| Yes | No | Are red bags placed in lined, double-wall corrugated fiberboard boxes or equivalent container?
| Yes | No | Are red bags clearly marked “Infectious Medical Waste”?
| Yes | No | Do secondary containers have a generator label and date of packaging?
E. TRANSPORTATION

___Yes  ___No  Will a permitted hauler be employed?

Name: ___________________________________________________________________________________

Address: ___________________________________________________________________________________

__________________________________________________________________________________________

Phone Number: ____________________________________________________________

PSC Permit Number (if applicable): _____________________________________________________

DHHR Permit Number: __________________________________________________________________

___Yes  ___No  Is hauler-transported IMW properly manifested?

___Yes  ___No  Are all persons who are charged with handling IMW appropriately trained?

___Yes  ___No  Do you have a contingency plan that provides contacts to mitigate interruptions in transportation?

___Yes  ___No  Are sharps being shipped to a treatment facility?

F. TREATMENT

Name and location of treatment facility being used:

_______________________________________________________________________________________

_______________________________________________________________________________________

Type of Treatment

___ Incineration   ___ Steam   ___Alternative Methods   ___Other
G. DISPOSAL

Name and location of disposal site being used:

__________________________________________________________________________________________

__________________________________________________________________________________________

_____Yes  _____No  Are all IMW records maintained for three (3) years?

Attach any internal policies and procedures which your facility has developed related to infectious medical waste.

Please note that any “no” answer, except in Section C-3 may require modification of your plan.

If several health care professionals operated one facility where they share clerical and nursing staff and in other ways act as one unit, the total amount of infectious medical waste generated in a one (1) month period shall be the total generated by all health care professionals involved in the operation.

DATE ADOPTED: ____________________________________________

AUTHORIZING OFFICIAL: ____________________________________________
APPENDIX A

Definitions

**Infectious Medical Waste:** Medical waste which is capable of producing an infectious disease. Infectious medical waste shall be considered capable of producing an infectious disease if it has been, or is likely to have been, contaminated by an organism likely to be pathogenic to healthy humans, if such organism is not routinely and freely available in the community, and such organism has a significant probability of being present in sufficient quantities and with sufficient virulence to transmit disease.

**Animal Carcasses, body parts, bedding and related wastes:** Contaminated animal carcasses, body parts and bedding of animals that are known to have been exposed to infectious agents during research, production of biological, testing of pharmaceuticals or any other reason.

**Blood/Blood Products:** Liquid waste human blood and blood products in a free-flowing or unabsorbed state.

**Cultures and stocks of microorganisms & biological**

**Discarded cultures, stocks, specimens, vaccines and associated items likely to have been contaminated by an infectious agent. Discarded etiologic agents are infectious medical waste. Wastes from the production of biological and antibiotics likely to have been contaminated by an infectious agent are infectious medical waste.**

**Isolation Wastes:** Wastes generated from the care of a patient who has, or is suspected of having any disease listed as Class IV in “Classification of Etiologic Agents on the Basis of Hazard,” published by the U.S. Centers for Disease Control.

**Pathological Waste:** Human pathological wastes, including tissues, organs, body parts and containers of body fluids, exclusive of those fixed in formaldehyde or another fixative.

**Sharps:** Discarded articles that may cause punctures or cuts and that have been used in animal or human patient care or treatment, or in pharmacies or medical, research or industrial laboratories, including, but not limited to, hypodermic needles, syringes with attached needles, scalpel blades, and lancets.