



City of Winter Park Fire-Rescue

Standard Operating Guideline

300.03

**Title: Special Handling Considerations /
All Bio-Hazardous Materials**

Original Date Issued: December 6th, 2005
Date Last Revised: October 5th, 2010
Revision Number: 1
Total Pages: 2

Purpose: To establish the guidelines for all Fire-Rescue employees to follow when involved with the handling and disposal of all bio-hazardous waste.

Scope: This guideline is to be followed by all Fire-Rescue employees. Authority to deviate from any portion of this guideline must come from the Fire Chief or his designee.

General: It is quite common for all employees to come in contact with a wide-range of bio-hazardous materials. Controlling the exposure risk to these potentially dangerous materials is the responsibility of everyone. The following information is designed as a guideline for all personnel to follow to reduce this risk.

300.03.01. Definition of Infectious Waste:

Waste that has come in contact with any body fluid must be considered potentially infectious.

300.03.02. Procedures for Handling, Storage and Disposal of Infectious Waste:

All contaminated disposal materials and bedding must be considered "infectious" and placed in impervious red plastic bags, clearly marked with the bio-hazardous waste symbol and sealed prior to disposal. All bags should not be OVERFILLED.

Grossly contaminated or wet, dripping waste must be doubled bagged.

Dispose of filled, sealed bags in appropriate containers identified as biohazard waste at each fire station. Do not dispose of bags in regular containers at fire stations.

When transporting patients, any medical waste generated during that transport will be bagged and sealed in properly labeled, red bio-hazardous waste bags to be disposed of on the return trip to the fire station. Bagged waste will not be left at the patient's home.

Sharps containers will be puncture resistant, leak proof on sides and bottom, and labeled or color-coded red as a biological waste.

Needles will not be bent, sheared, or over capped, except by using the one-handed scoop technique, as taught.

The one-handed scoop (Zorro) method may be used when administering incremental doses of a medication to the same patient. Over-capping is not permitted in any situation.

Needles, syringes, razors, scalpels, broken glass (including drug ampules), and other sharp objects must be disposed of in a leak-proof, rigid-wall, puncture-resistant container, which is clearly marked with the bio-hazardous waste symbol. Self-sheathing needles must also be treated as sharps and disposed of in the same manner.

Sharps containers will be kept in all patient care areas in an upright position throughout use. A portable container will be carried into any scene where it is anticipated that invasive procedures may be provided. Sharps containers will be closed prior to moving from area of use to prevent accidental spillage of contents during movement.

Broken glass will be picked up by mechanical means such as a dust pan and broom), not directly with the hands. The equipment used for clean-up will be appropriately decontaminated or discarded after use and the broken glass placed in a sharps container.

Filled boxes will be taped closed. Date, unit number, and initials of individual who sealed the box must be placed on the label. **DO NOT OVERFILL.**

Filled sharps boxes will not be left at a receiving facility, but are to be taken back to the fire station and left at the designated bio-hazardous waste drop off area.

Biohazard waste boxes and sharps boxes will be picked up monthly from each fire station by the bureau of Emergency Medical Services approved medical waste disposal company.



James E. White
Chief of Department