

BIOMEDICAL WASTE OPERATING PLAN

FACILITY NAME (1) Tiger Academy

TABLE OF CONTENTS

- I. DIRECTIONS FOR COMPLETING THE BIOMEDICAL WASTE PLAN
- II. PURPOSE
- III. TRAINING FOR PERSONNEL
- IV. DEFINITION, IDENTIFICATION, AND SEGREGATION OF BIOMEDICAL WASTE
- V. CONTAINMENT
- VI. LABELING
- VII. STORAGE
- VIII. TRANSPORT
- IX. PROCEDURE FOR DECONTAMINATING BIOMEDICAL WASTE SPILLS
- X. CONTINGENCY PLAN
- XI. BRANCH OFFICES
- XII. MISCELLANEOUS

ATTACHMENT A: BIOMEDICAL WASTE TRAINING OUTLINE

ATTACHMENT B: BIOMEDICAL WASTE TRAINING ATTENDANCE

ATTACHMENT C: PLAN FOR TREATMENT OF BIOMEDICAL WASTE

<p>All biomedical waste facilities are required to develop and maintain a current operating plan that complies with subsection 64E-16.003(2), Florida Administrative Code. A facility may choose to use this plan, which is provided as a courtesy of the department, or they may develop their own.</p>
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II. PURPOSE

The purpose of this Biomedical Waste Operating Plan is to provide guidance and describe requirements for the proper management of biomedical waste in our facility. Guidelines for management of biomedical waste are found in Chapter 64E-16, Florida Administrative Code (F.A.C.), and in section 381.0098, Florida Statutes.

III. TRAINING FOR PERSONNEL

Biomedical waste training will be scheduled as required by paragraph 64E-16.003(2)(a), F.A.C. 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) locked in our vault

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

Biomedical waste is any solid or liquid waste which may present a threat of infection to humans. Biomedical waste is further defined in subsection 64E-16.002(2), F.A.C.

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

(3) The sharps container
and Biomedical Red
containers are located
in the school support
office Room 215

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

Red bags for containment of biomedical waste will comply with the required physical properties.

Our red bags are manufactured by

(4) Universal Waste Management

Our documentation of red bag construction standards is kept

(5) at our Metro Offices / 40 East Adams St. Suite 210

Working staff can quickly get red bags at

(6) the janitorial closet

Sharps will be placed into sharps containers at the point of origin.

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.

VI. LABELING

All sealed biomedical waste red bags and sharps containers will be labeled with this 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.

Outer containers must be labeled with our transporter's name, address, registration number, and 24-hour phone number.

VII. 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.

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) It will be stored in the school support
offices and maintained by the janitorial
staff

VIII. TRANSPORT

We will negotiate for the transport of biomedical waste only with a DOH-registered company. 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) Universal Waste Management

Address 4422 Industrial Parks Rd, Green Cove Springs

32043

Phone 855-276-9246

Registration number _____

Place pick-up receipts are kept Filed in our Vault

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) N/A

Biomedical waste will be transported to:

(10) N/A

IX. PROCEDURE FOR DECONTAMINATING BIOMEDICAL WASTE SPILLS

(11) The individual will use all protective equipment to protect him/herself. We will contain the spill and use the appropriate equipment to clean and decontaminate the spill.

X. CONTINGENCY PLAN

If our 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 _____

XI. BRANCH OFFICES

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

- 1) Office name (13) Tiger Academy
Office address (14) 6079 Bagley Rd, Jacksonville, FL, 32209
Days of operation (15) Monday - Friday
Hours of operation (16) 7:30am - 5:00pm

- 2) Office name (13) N/A
Office address (14) N/A

Days of operation (15) N/A
Hours of operation (16) N/A

XII. MISCELLANEOUS

For easy access by all of our staff, a copy of this biomedical waste operating plan will be kept in the following place:

- (17) Front Office
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The following items will be kept where indicated:

- a. Current DOH biomedical waste permit/ exemption document
(18) Front Office

 - b. Current copy of Chapter 64E-16, F.A.C.
(19) Front Office

 - c. Copies of biomedical waste inspection reports from last three (3) years
(20) Front Office

 - d. Transport log
(21) Front Office
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ATTACHMENT A: BIOMEDICAL WASTE TRAINING OUTLINE

Facility Name: _____

Trainer's Name: _____

Outline:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

ATTACHMENT C: OPERATING PLAN FOR TREATMENT OF BIOMEDICAL WASTE

TABLE OF CONTENTS

- I. DIRECTIONS FOR COMPLETING THIS PLAN
- II. TREATMENT METHOD
- III. CONTINGENCY PLAN
- IV. MISCELLANEOUS

I. DIRECTIONS FOR COMPLETING THIS TREATMENT PLAN

Blank 1: If you treat your biomedical waste by steam autoclave, enter where you keep the written operating procedure for use of the autoclave. Otherwise enter N/A.

Blank 2: If you treat your biomedical waste by steam autoclave, enter where you keep your records of the autoclave preventive maintenance service. Otherwise enter N/A.

Blank 3: Enter where your facility will keep the records of the evaluation results for your steam autoclave. If your facility does not treat biomedical waste by steam autoclave, enter N/A.

Blank 4: Enter where your facility will keep the written log that describes use of the autoclave to treat your biomedical waste. If your facility does not use a steam autoclave to treat its own biomedical waste, enter N/A.

Blank 5: Enter the name of the alternative treatment method used at your facility to treat biomedical waste. If your facility does not treat biomedical waste by an alternative treatment method, enter N/A.

Blank 6: If your facility treats biomedical waste by an alternative treatment method that requires periodic maintenance, indicate where the maintenance records will be kept. If your facility does not utilize such an alternative treatment method, enter N/A.

Blank 7: Enter where your facility will keep the records of the evaluation results for the alternative treatment method you use to treat your biomedical waste. If the method is single-use or you do not use such a method, enter N/A.

Blank 8: If your facility treats biomedical waste by an approved alternative treatment method, indicate where you will keep copies of receipts for periodic purchase of components, ingredients, or supplies needed for operation of that method. If your facility does not treat biomedical waste by an alternative treatment method, enter N/A.

Blank 9: If your facility treats biomedical waste by an approved alternative treatment method, indicate where you will keep the treatment log for that method. If your facility does not treat biomedical waste by an alternative treatment method, enter N/A.

Blank 10: Enter the required information about the registered biomedical waste transporter who will transport your biomedical waste on a contingency basis.

Blank 11: Indicate where a copy of this operating plan will be kept in your facility.

II. TREATMENT METHOD

We will use the following method to treat biomedical waste at our facility (check the appropriate method):

- a. _____ Incinerator c. _____ Alternative Treatment Process
- b. _____ Steam Autoclave

a. Incinerator

Our incinerator will be operated and maintained in accordance with a Department of Environmental Protection permit.

b. Steam Autoclave

We will operate our autoclave so that adequate treatment of biomedical waste is achieved. A current, written operating procedure will be kept:

(1) _____

We will service our autoclave for preventive maintenance according to the manufacturer's specifications and will keep records of such service:

(2) _____

Our steam autoclave will be evaluated for effectiveness as required and the evaluation results will be kept:

(3) _____

We will maintain the required written log describing use of our autoclave. This log will be kept:

(4) _____

c. Alternative Treatment Method

We will treat our own biomedical waste at this facility using the following DOH approved alternative treatment method:

(5) _____

All components of this alternative treatment method will be operated and maintained according to the manufacturer's instructions. All maintenance records will be kept:

(6) _____

The alternative treatment method will be evaluated as required and the evaluation results will be kept:

(7) _____

We will keep copies of receipts for purchase of any components, ingredients, or supplies required for use of our alternative treatment method. Also, we will record in a treatment log the date, the length of time, and by whom the method was used. If the method is single-use, the length of time will not be recorded. Copies of purchase receipts will be kept:

(8) _____

Our treatment log will be stored:

(9) _____

III. CONTINGENCY PLAN

If we are unable temporarily to treat our own waste, then the following registered biomedical waste transporter will be contacted:

Company name (10) _____

Address _____

Phone _____

Registration number _____

IV. MISCELLANEOUS

For easy access by all of our staff, a copy of this operating plan will be kept in the following place:

(11) _____