


<p>MY HOSPITAL</p> <p>Hilo  Medical Center</p> <p>MY COMMUNITY</p> <p>Policy and Procedure</p>	DEPARTMENT:			Policy No.: HMC-HSKP-02596
	Environmental Services			Origination Date:
	Author(s): Kaleo Kamai			Reviewed: 11/13
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	Approved By:	Initials	Date	Supersedes:
Kaleo Kamai, Department Head		11/13	Page 1 of 2	
Subject / Title			Attachments: A	
	<u>EVS:</u>		Status:	
	<u>DISPOSAL OF NON-HOSPITAL WASTE</u>			

I. POLICY:

- A. All non-HMC infectious waste shall be collected and disposed according to Department of Health Rules II, Chapter 104 and HMC guidelines.

II. PROCEDURE:

- A. Non-HMC health/medical care providers desiring to utilize the infectious waste disposal services of HMC shall submit a letter of request to HMC administration indicating type and volume of infectious waste to be disposed. HMC reserves the right to approve/disapprove each request.
- B. Contaminated/used sharps shall be collected at the point of generation and placed into a rigid puncture resistant and leak- proof container, red in color and clearly marked with Universal Biological Hazard symbols.
- C. Only HMC approved sharp containers are accepted. Sharp containers must be kept separate from other infectious waste. Housekeeping staff collecting waste will do a visual check to assure that sharps are contained properly in an approved sharp container before signing off on the “**Infectious Waste Disposal Form**”. If sharps are not properly contained, the staff will inform the drop off person that the sharps is being rejected and also explain the reason why it’s being rejected.
- D. Other infectious waste shall be collected at the point of generation and placed into containers lined with non-soluble plastic bags, which are clearly marked with Universal Biological Hazard symbols, or must be RED in color. Infectious waste bags must be tightly sealed. Infectious waste bags not RED in color or leaking will not be accepted. HMC will not accept any type of hazardous material for disposal. (i.e. Chemotherapy waste, Hazardous chemicals, including any device containing Mercury or heavy metals, etc.)
- E. All deposits shall be made only on Wednesday of each week between the hours of 8:00a.m. - 2:00p.m. Exceptions will be made for emergencies only. Deposits that fall on Holidays will be accepted on the day prior.
- F. All deposits must be delivered to the waste collection room, adjacent to the warehouse unloading area (back of acute facility) with the **Disposal of Infectious Waste form** (Appendix A). Report to the Housekeeping Office so that housekeeping personnel can receive, weigh, and record your infectious waste. Non-HMC provider delivery person must not leave infectious waste without it being physically accepted by one of the HMC housekeeping staff. If requested by the generator, HMC will provide a copy of the “**Disposal of Infectious Waste**” form with HMC’s verification of date when the generators waste was treated.
- G. The fee (subject to change with 30 day notice) to utilize services of HMC is good until the end of each fiscal year (June 30) and is as follows:
 - \$3.50 per pound; invoiced Monthly
- H. Failure to comply with these guidelines shall result in cancellation of privileges to utilize the infectious waste disposal services of HMC.
- I. HMC reserves the right to discontinue this service to any non-HMC medical/health provider at any time without any advanced notification.

HOUSEKEEPING DEPARTMENT

Disposal of Infectious Waste

NAME OF GRANTOR: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

** Waste will be rounded off to the nearest pound &
a minimum charge of 1# will be incurred by Generator. **

<u>TYPE OF INFECTIOUS WASTE</u>	<u>QUANTITY</u> <i>per bag, container</i>	<u>WEIGHT</u> <i>per bag, container</i>
Laboratory Waste		
Human Specimen Cultures from Medical & Pathological Laboratories		
Fluid Blood, Fluid Blood Products, Containers or Equipment Containing Blood		
Isolation Waste		
Contaminated Sharps		
Human Dialysis Waste Materials		
TOTAL:		

GENERATOR STATEMENT:

As Generator of said waste or Representative thereof, I hereby declare that the contents identified on this consignment are fully & accurately described above.

Signature of Generator / Representative: _____ Date: _____

HMC Verification Signature: _____ Date: _____

HMC REPRESENTATIVE STATEMENT:

I certify that the contents listed above has been properly treated & in accordance to federal, state and / or local regulations.

Signature of Designated Facility Operator: _____ Date: _____