



RHODE ISLAND DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE

DIRECTOR:

Wayne P. Santel J.

**POLICY
NUMBER:
17.06-4 DOC**

**EFFECTIVE
DATE:
09/28/2023**

**SUBJECT:
STORAGE, REMOVAL, AND DISPOSAL
OF MEDICAL WASTES**

**LAST REVIEWED:
09/2023**

**SECTION: SANITATION
AND HYGIENE**

**SUPERSEDES:
17.06-3 DOC**

AUTHORITY: Rhode Island General Laws (RIGL) § 42-56-10(22), Powers of the director

REFERENCES: Rhode Island Code of Regulations (250 - RICR-140-15-1) The most recent version of RIDOC policy 18.21 DOC, [Use of Inmates in the Medical Unit](#)

INMATE/PUBLIC ACCESS: YES

AVAILABLE IN SPANISH: YES

I. PURPOSE:

To outline the procedures for the safe, secure, and sanitary storage, removal, and disposal of all regulated medical waste generated within The Rhode Island Department of Corrections (RIDOC) facilities.

II. POLICY:

RIDOC shall protect the health of the public and the environment from the effects of improper management of regulated medical waste through the assurance of proper, adequate and sound management practices in accordance with the Rhode Island Code of Regulations.

III. **DEFINITIONS:**

Regulated medical waste is defined as the following:

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, waste for the production of biologicals; discarded live and attenuated vaccines; culture dishes and devices used to transfer, inoculate, and/or mix cultures.
2. **Pathological Wastes** - human pathological wastes, including tissue, organs and body parts that are removed during surgery or autopsy or other medical procedures, (e.g., obstetrical procedures).
3. **Human Blood, Body Fluids and Blood Products:**
 - a. Liquid waste, human blood, or body fluids
 - b. Products of blood
 - c. Items saturated and/or dripping with human blood or body fluids
 - d. Items that were saturated and/or dripping with blood or body fluids that are caked with dried human blood or body fluids; including but not limited to serum, plasma, and other blood components, and their containers, (e.g., blood bags and blood vials) and body fluids; or
 - e. Specimens of body fluids and their containers.
4. **Blood Products/Body Fluids:**
 - a. Any product derived from human blood, including but not limited to blood plasma, platelets, red or white blood corpuscles, and other derived licensed products.
 - b. Liquid emanating or derived from humans and limited to blood; cerebrospinal, synovial, pleural, peritoneal, and pericardial fluids; dialysate and amniotic fluids, semen and vaginal secretions, but excluding *feces, urine, nasal secretions, sputum, sweat, tears, vomitus, saliva and breast milk*, unless such excluded substance contains visible blood or is isolation waste.

Excluded items (e.g., feces, urine, etc.) are disposed of in accordance with routine disposal mechanisms (e.g., thrown out in garbage, flushed down toilets, etc.).

5. **Sharps** - sharps that have been used in patient care or treatment including sharps generated from the preparation of remains for burial or cremation, or in medical research, or industrial laboratories, including but not limited to hypodermic needles, syringes with or without the needles attached, Pasteur pipettes, scalpel blades, blood vials, needles with attached tubing, glass carpules, glass culture dishes regardless of the presence of infectious agents. Also included are other types of broken or unbroken glassware that have been used in patient care treatment, such as used slides and cover slips. Disposable needles and syringes are considered medical waste after one (1) use.
6. **Isolation Waste** - 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.
7. **Unused Sharps** - unused, discarded sharps.
8. **Spill/Cleanup Material** - any material collected during or resulting from the cleanup of a spill of regulated medical waste.
9. **Mixtures** - any waste which is a mixture of regulated medical waste and some other type of waste which is neither radioactive nor a hazardous waste of a type other than medical waste.

IV. **PROCEDURES:**

A. **Identification of Regulated Medical Waste**

The identification of regulated medical waste is the responsibility of the nursing, Health Care Services and dental staff.

B. **Handling and Storage of Regulated Medical Waste**

Standard precautions to be used by persons handling medical waste include:

1. Inmate porters wearing impermeable nitrile or vinyl gloves.

2. Health Care Services staff ensures regulated medical waste is “double bagged,” placed in labeled red biohazard bags and sealed.
 3. Health Care Services staff ensures the labeled red biohazard bags are placed in a container that is:
 - a. Rigid
 - b. Leak resistant
 - c. Impervious to moisture
 - d. Of strength sufficient to prevent tearing or bursting under normal conditions of use and handling
 - e. Sealed to prevent leakage during transport
 - f. Labeled with the International Biohazard symbol.
 4. The facility infirmary Correctional Officer ensures the container(s) is/are segregated from the general waste stream and stored within the facility in an area selected by Health Care Services/dental personnel, in conjunction with the facility administrator, until transported out of the facility. The Facility Security Specialist records this information in the facility logbook.
- C. Disposal of Regulated Medical Waste
1. Facility Security Specialists coordinate the pick-up of regulated medical waste for their facility by an approved medical waste vendor on a weekly basis.
 2. Facility Security Specialists completes the Medical Waste Pickup Form to be submitted via email to the approved waste medical vendor, Correctional Officer Hospital Supervisor, and the Environmental Health Coordinator no later than the day prior to pick up of the regulated medical waste. The Medical Waste Pickup Form shall record at a minimum, the facility name, the total number of containers removed, and the date the containers are transported out of the infirmary.

3. The Security Specialist or Health Care Services staff member in each facility supervises the internal handling of all regulated medical waste to ensure it is safely and securely transferred to the custody of an approved medical waste vendor.
 4. The Environmental Health Coordinator conducts quarterly inspections of all medical waste holding areas to include logbooks for compliance with this policy.
- D. Medical Waste Supplies
1. Replacement medical waste cardboard boxes are provided by the approved medical waste vendor as needed.
 2. Other supplies such as tape, dispensers, red Biohazard bags, etc., may be procured through the Health Care Services Medical Supply Unit.
- E. Training
1. RIDOC staff involved in the handling, storage and transportation of regulated medical waste shall receive documented training in the hazards of bloodborne pathogens and the provisions of this policy. Upon the completion of training, staff must read and sign a tutorial on the hazards of bloodborne pathogens. A copy of the current version of this policy will be included in each facility's Post Orders.
 2. Inmates who are involved in handling bio-hazardous waste (e.g., red bags) receive appropriate training from Health Care Services staff designated by the Medical Program Director (physicians, nurses, public health educators, etc.) in the discharge of their duties see the most recent version of RIDOC policy 18.21 DOC, [Use of Inmates in the Medical Unit](#).