

## **2025 MANAGEMENT PLAN FOR MEDICAL WASTES**

### **I. Introduction**

The Environmental Services Department is responsible for the safe removal, storage and decontamination of regulated medical waste that is generated within the workplace. The Medical Waste Management Plan for 2024 defines the processes for managing medical wastes and also the methods for identifying medical waste safety concerns, developing a plan to minimizing or eliminating the risks, and evaluating the results.

### **II. Organization/Leadership**

The administration and oversight of medical wastes management is primarily the responsibility of the Environmental Services Department with technical support provided by the Occupational and Environmental Safety Office (OESO). Specific responsibilities are as follows:

Mr. Bryan Young	DUH/HAFS/CHC
Mr. Jason Atkins	DMP
Ms. Natasha Scott	DCT
Mr. Neil Harris	Medical Center
Mr. Samir Patel	Duke Clinics

**III. Medical Waste Management (IC.02.01.01, EP 6)** - The Institutional policy for the management of medical waste is contained in Section VII. of the Duke University Safety Manual. Additional policies governing the collection, transport, and disposal are presented in the policies of the Environmental Services Department. Employee exposure issues related to medical waste management are covered in the Bloodborne Pathogens Exposure Control Plan (Section VI.) in the Duke University Safety Manual.

**A. Integration with Infection Control** – Based on both the past experience with Biological (Medical) Wastes being a part of the management process for the Environment of Care (EOC) and the necessary interactions with many of the EOC functions, Medical Waste will continue to be integrated in the overall planning and management of the EOC under the Safety Management Plan. Integration with the relevant Infection Control standards and elements of performance will be achieved through collaboration between the DUSC and the Hospital Infection Control Committee (HICC).

#### **B. Transportation of Medical Waste**

The requirements for medical waste transporters are specified in 15A NCAC 13B .1205. There are no requirements for institutional registration or licensing under these rules. Therefore, Duke University Health System is not required to register or obtain a license to transport medical waste within the contiguous locations on Duke University campus. In case of waste spill or emergency call 684-2444 and/or radio the supervisor.

Operational procedures and policies are maintained in the Environmental Services Department and/or are covered in Section VII., Chapter 3 of the Duke University Safety Manual.

**IV. Incident Reporting and Emergency Response (EC.02.02.01, EP 3-4)** - Emergency response procedures are presented in relevant sections of the Duke University Safety Manual. Information on reporting and managing incidents, exposures, and spills of hazardous materials are presented in the Incident Reporting and Spill Response Guide and the Bloodborne Pathogens Poster, which are available throughout the Institution.

**V. Performance Improvement (PI)** - The Director of Environmental Services is responsible for the development of Performance Improvement indicators, which are based on priorities identified by the function and the DUSC; however, there are no current issues that necessitate a PI project for this function.

**VI. Training (EC.03.01.01)** - Policies and procedures for selecting, handling, storing, using, and disposing of hazardous materials and wastes, as appropriate, are included in both new employee orientation and annual update training programs for the Environment of Care. Function leaders participate in the development of these training materials. The orientation programs describe the hazards, risks, regulations, and Institutional controls; while the update training programs emphasize new information on risk, program performance experience, and control procedures.

**Training for EVS Personnel – Mr. David Bass**

**VII. Performance Monitoring**

- A. **Departmental and Employee Performance** - Departmental and employee performance is monitored during the EOC Walkthroughs. Compliance with policy and employee awareness is assessed and reported to the DUSC as appropriate.
- B. **Regulatory Review of Medical Waste Management (EC.02.02.01, EP 11)** – Medical Waste Management is subject to external review of compliance, licensure, permits, and/or manifest documentation. The Director of Environmental Services ensures that the necessary permits, licenses, manifests, and material safety data sheets are managed in compliance with the applicable laws and regulations.

**IX. Assessment of Effectiveness**

If corrective action is required a follow up assessment using the same monitoring and evaluation methods that identified the problem is conducted to see if the intervention has resolved the problem. If further action is indicated, it will be communicated to the appropriate personnel at that time. Monitoring will be continued to ensure that improvement is maintained. If monitoring of an area does not demonstrate opportunities for improvement over the course of a year then that area and its indicator(s) and thresholds will be re-evaluated to determine their relevance to the Medical Waste Collection Program.

**X. Reporting**

The results of routine monitoring are reported on a quarterly basis to the Duke University Safety Committee.

**XI. Management Plan Evaluation (EC.04.01.01, EP 15, IC.01.03.01, EP 2, IC.01.05.01, EP 6 and IC.03.01.01, EP 1, 6, and 7)** - The Director of Environmental Services evaluates the Medical Waste Management Plan annually for its scope, objectives, performance, and effectiveness. Any changes in *scope* will be addressed during the annual update of the Plan, and any changes in the range of application or interactions will be incorporated into the updated Plan. Annual planning *objectives* will be developed through interactions with DUSC members and

hospital administration. These objectives will address the primary operational initiatives for maintaining and enhancing the “safety” of the Environment of Care. Progress toward accomplishing these objectives will be reported at least annually to the Committee as a year-end summary of the *effectiveness* in accomplishing these objectives. The *performance* of the Plan will be assessed through progress in achieving the Performance Improvement Standards defined within the Plan. The annual evaluations, updates, and planning efforts will be presented for Committee review and action during the first quarter of the new calendar year. This information will be provided to the DUH leadership and the DUHS Board of Directors through the routine reporting channels.