



Wintergreen Fire and Rescue Standard Administrative Policy	
Subject:	Medical Waste
Reference Number:	EMS 03-009
Effective Date:	29-Jan-15
Last Revision Date:	23-Apr-19
Signature of Approval	Curtis Sheets, Chief

Purpose:

Provide a guideline for proper removal of medical waste during cleanup after a completed ambulance run.

Policy:

EMS operations produce medical waste. Medical waste is defined as any waste generated at an EMS scene. Proper disposal depends on whether such waste is contaminated, liquid, solid, or sharp. The purpose of this procedure is to ensure our members and the public's safety by identifying hazardous medical waste and how to deal with it in a safe manner.

Medical waste contaminated (or suspected of contamination) with blood or other potentially infectious material shall be treated as infectious as all patients are assumed to be infectious. Refer to Infection Control SOG, 03-008 for further information.

Solid contaminated non-sharp waste shall be placed in a red, biohazard-labeled plastic bag and sealed with tape around the top. These bags shall be transported to the appropriate hospital and placed in a large biohazard container within the emergency rooms.

Disposable equipment shall be disposed of as non-contaminated waste after patient use.

Non-contaminated waste such as packaging for such supplies as IVs, 4x4s, and tubing should be disposed of in any available garbage/container. These items shall NOT be placed into a red biohazard bag.

Liquid waste shall be poured into the sewer system through the toilet. DO NOT pour into Station sinks. Body fluids in public areas will be flushed with water into a sewer or storm drain.

Extremely soiled, bloody blankets and sheets shall be disposed of in the blue plastic linen bags at the respective hospitals. These shall NOT be considered biohazard waste and put in red bags.

All sharps waste shall be placed into an approved sharps container immediately after use. Full sharps containers shall be taken to an appropriate ER and discarded. Refer to the charge nurse at that ER for further instructions.

All supplies, airway adjuncts, endotracheal tubes, supra-glottic airways, IV's, etc. shall be removed from patients that have been pronounced deceased with the exception of patients that will be investigated by the Office of the Chief Medical Examiner. Another exception would be if the scene has been ruled a crime scene and these items are considered evidence. Law enforcement should be consulted prior to removing any equipment.