Biohazardous Medical Waste Transportation Management Plan

*License Number TRXXXXXX.XX (if renewing)*

Prepared by:

***Company Name***

*address city, state, zip*

*Emergency Contact Telephone number email*

*Date*

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i Biohazardous Medical Waste Transportation Management Plan

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| **1.0 INTRODUCTION** |
| This Biohazard Medical Waste Transportation Management Plan (TMP) is written to comply with the requirements of Arizona Administrative Code (A.A.C.) R18-13-1409(G).The TMP includes the procedures used by the transporter to minimize the exposure to employees and the general public to biohazardous medical waste throughout the process of collecting, transporting, and handling. Additionally, it must include the emergency procedures used by the transporter for handling spills or accidents.A copy of the TMP is kept in the driver’s cab of the biohazardous medical waste transporter vehicle. In the future, should any revisions be necessary due to a change in the business plan or daily operational procedures, the revised plan will be submitted to the Arizona Department of Environmental Quality (ADEQ) for approval. |

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| **1.1 COMPANY INFORMATION** |
| *Briefly describe Company’s mission, history, corporate affiliations, and states in which you do business*. *Provide name, address, and phone number of two key company contacts responsible for implementation of this plan. As a minimum, include contact information for the person responsible for transportation activities. Identify the types of facilities generating biohazardous medical waste.* |
| Click here to enter text. |

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| **1.2 BIOHAZARDOUS MATERIALS MANAGED** |
| *Insert your Company name where indicated. Modify the following section based on your Company-specific activities associated with the management of biohazardous medical wastes as identified at A.A.C. R18-13-1401(4).* |
| *Select all that apply*. The following types of biohazardous medical waste are appropriate for (*Company*) to collect and transport:

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|[ ]  1. Cultures and stocks: Discarded cultures and stocks generated in the diagnosis, treatment, or immunization of a human being or animal or in any research relating to that diagnosis, treatment, or immunization, or in the production or testing of biological.
 |
|[ ]  1. Human blood and blood products: Discarded products and materials containing free-flowing blood or free-flowing blood components.
 |
|[ ]  1. Human pathologic waste: Discarded organs and body parts removed during surgery. (Human pathologic wastes do not include the head or spinal column.)
 |
|[ ]  1. Medical sharps: Discarded sharps used in animal or human patient care, medical research, or clinical laboratories, including hypodermic needles, syringes, pipettes, scalpel blades, blood vials, needles attached to tubing, broken and unbroken glassware, and slides and cover-slips.
 |
|[ ]  1. Research animal wastes: Animal carcasses, body parts, and bedding of animals that have been infected with agents that product, or may produce, human infection.
 |
|[ ]  1. Tattoo and body modification waste: Any waste generated during the course of physically altering a human being, including tattooing, ear piercing, or any other process where a foreign object is used to cut or pierce the skin.
 |
|[ ]  1. Trauma scene waste: Any crime scene, accident, or trauma clean-up wastes generated by individuals or commercial entities hired to clean crime scenes or accidents, such as sharps and materials that contain human blood and blood products.
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| **1.3 MEDICAL WASTE MATERIALS MANAGED** |
| *Insert your Company name where indicated. Modify the following section based on your Company-specific activities associated with the management of medical wastes as identified at A.A.C. R18-13-1401 (11) and (21).* |
| *For Example*: The following types of medical waste are appropriate for (*Company*) to collect and transport:* Trace contaminated chemotherapy waste (only empty containers/bags are acceptable): Materials involved in the preparation and administration of chemotherapy drugs, including ampoules, gloves, gowns, IV bags, pads, syringes, tubing, and empty chemotherapy vials.
* Non-hazardous/non-controlled discarded pharmaceuticals: Discarded pharmaceutical products/medications that are non-controlled substances that are regulated by the United States Drug Enforcement Agency, including prescription and over-the-counter medication.
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| **1.4 EXCLUDED MATERIALS** |
| *Insert your Company name where indicated*. *List excluded biohazardous medical waste materials not handled by your company (modify the information provided below accordingly). Include any items not selected in Section 1.2 above. If there are no exclusions to the list of materials identified at A.A.C. R18-13-1401(4),(11), and (21) then state there are no exclusions to the recognized list of biohazardous medical wastes [cite A.A.C. R18-13-1401(4),(11),and (21)] managed by your Company*. |
| The following types of waste are not appropriate for (*Company*) to collect, transport, transfer, or store:* Non-decayed radioactive waste/radioactive materials
* Hazardous waste
* Household waste
* Industrial and commercial process waste
* Human remains
* Chemotherapy waste
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| **2.0 PACKAGING AND STORAGE REQUIREMENTS** |
| *Briefly describe collection, packaging, and handling requirements for each category of waste listed below. Add categories or delete categories as needed*. *Describe how bags or containers are assigned an identification number and how they are labeled per A.A.C. R18-13-1406(B)(3). Identify where refrigeration or other special conditions or management practices may apply*. *See A.A.C. R18-13-1407 and R18-13-1408 for guidance provided to generators of these materials; ensure that the clients your Company serves are properly preparing**materials for transportation per A.A.C. R18-13-1409(G)(1) and 1409(K)(1).* |
| Appendix 1 of this plan includes photographs and descriptions of acceptable medical waste bags and containers and examples of proper labeling of bags or containers. |

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| **2.1 NON-SHARPS WASTE PACKAGING AND HANDLING** |
| *Briefly describe Company’s directives for packaging of non-sharps waste. Provide examples of improper**packaging. See A.A.C. R18-13-1407 for packaging requirements.* |
| Click here to enter text. |

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| **2.2 MEDICAL SHARPS WASTE PACKAGING AND HANDLING** |
| *Briefly describe Company’s directives for packaging of Medical Sharps*. *See A.A.C. R18-13-1401(20) and R18-**13-1419 for packaging and handling requirements.* |
| Click here to enter text. |

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| **2.3 TRACE CHEMOTHERAPY WASTE PACKAGING AND HANDLING** |
| *Briefly describe Company’s directives for packaging of Trace Chemotherapy Waste*. *See A.A.C. R18-13-**1420(A)(2) for handling requirements.* |
| Click here to enter text. |

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| **2.4 PHARMACEUTICALS PACKAGING AND HANDLING** |
| *Briefly describe Company’s directives for packaging of Pharmaceuticals.**See A.A.C R18-13-1418 for handling requirements.* |
| Click here to enter text. |

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| **2.5 RESEARCH ANIMAL WASTE PACKAGING AND HANDLING** |
| *Briefly describe Company’s directives for packaging of Research Animal Waste*. *See A.A.C. R18-13-1420(A)(3)**for handling requirements.* |
| Click here to enter text. |

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| **2.6 CULTURES AND STOCKS WASTE PACKAGING AND HANDLING** |
| *Briefly describe Company’s directives for packaging of Cultures and Stocks*. *See A.A.C. R18-13-1420(A)(1) for packaging requirements.* |
| Click here to enter text. |

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| **2.7 OTHER SPECIALIZING PACKAGING** |
| *Briefly describe Company’s directives for other specialized packaging (specify)*. |
| Click here to enter text. |

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| **3.0 TRACKING REQUIREMENTS** |
| *Insert your Company name where indicated. Briefly describe your Company’s tracking procedures including use of tracking document, distribution of copies, required information, and record retention. Describe how long tracking documents are kept in hard copy or electronic form*. *Ensure your paperwork and procedures are compliant with the requirements of A.A.C. R18-13-1409(H).* |
| (*Company*) drivers/transporters are given guidance to properly utilize shipping paper documentation. A copy of the Tracking Document is provided in Appendix 2 to this TMP. The transporter will accept biohazardous medical waste only after providing the generator with a signed tracking document as prescribed in R18-13-1406(B). The transporter will ensure that a copy of the tracking document accompanies the person who has physical possession of the biohazardous medical waste. Upon delivery to an ADEQ approved transfer, storage, treatment, or disposal facility, the transporter will obtain a copy of the tracking document, signed by a person representing the receiving facility, signifying acceptance of the biohazardous medical waste.***\*ADEQ requires that the generator, transporter, and treatment facility keep all tracking documents on file for at least two year per the requirements of USDOT requirements, as listed in 49 CFR 172.201.***Click here to enter text. |

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| **4.0 DELIVERY AND DISPOSAL REQUIREMENTS** |
| *Insert your Company name where indicated. For each waste listed in Section 3 above, identify the location of the approved facility to which the material will be brought for disposal (List of approved locations - http://azdeq.gov/BioMedWaste). Where possible, list a primary and secondary facility. Include name, address, phone number, and hours of operation. Also include a description of the method(s) used to secure the packaged biohazardous medical waste in the cargo compartment of each vehicle per A.A.C. R18-13-1409 to ensure there will be no spillage during transport.* |
| Pursuant to A.A.C. R18-13-1409(K), (*Company*) will deliver all putrescible biohazardous medical waste to an ADEQ- approved medical waste storage, transfer, or treatment or disposal facility within 72 hours of collection or refrigerate the waste for not more than 90 days at 40 degrees Fahrenheit or less until delivery. Deliver within 90 days of collection if nonputrescible and unrefrigerated.The biohazardous medical waste will not be unloaded, reloaded, or transferred to another vehicle in any location other than an ADEQ-approved facility except in an emergency situation. Combination vehicles or trailers may be uncoupled and coupled to another cargo vehicle or truck trailer as long as the biohazardous waste is not removed from the cargo compartment.Click here to enter text. |

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| **5.0 CONTINGENCY PLANS FOR UNDELIVERABLE BIOHAZARDOUS MEDICAL WASTE** |
| *Briefly describe Company’s contingency plans for undeliverable biohazardous medical wastes including replacement vehicles or agreements with other ADEQ-approved transporters*. *Provide specific scenarios that the**waste cannot be delivered, and the company’s contingency plans for each scenario.* |
| Click here to enter text. |

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| **6.0 CONTAINER CLEANING** |
| *Briefly describe Company’s procedures for cleaning containers*. *See AAC R18-13-1407(A)(2)(b) for cleaning**containers requirements.* |
| Click here to enter text. |

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| **7.0 TRANSPORT VEHICLE(S) AND SECURITY** |
| *Briefly describe Company procedures for cleaning cargo areas. (Note: In accordance with Maricopa County Environmental Health Code, Chapter II, Section10, Regulation 3, the transportation vehicle operating in Maricopa County shall be cleaned frequently in order to prevent the vehicle from becoming a nuisance or breeding place for insects, and shall be maintained in good order and repair.)* |
| All (*Company*) vehicles used for transporting biohazardous medical waste meet the standards of A.A.C. R18-13-1409(I) and (J):1. Have a fully enclosed, leak-proof cargo compartment consisting of a floor, sides, and a roof that are made of a non-porous material impervious to biohazardous medical waste and physically separated from the driver’s compartment, OR
2. Haul a fully enclosed, leak-proof cargo box made of a non-porous material impervious to biohazardous medical waste, OR
3. Tow a fully enclosed leak-proof trailer made of a non-porous material impervious to biohazardous medical waste.

Vehicles are padlocked and secured when biohazardous medical waste cargo is not being either loaded or unloaded pursuant to ADEQ requirements. *(Describe the locking device or devices on each unit*). The transporters shall ensure that the locking mechanisms are in proper working order prior to leaving the shipping location.See Appendix 3 for a listing of vehicles used by (*Company*) for transporting biohazardous medical waste, including the make, model, VIN number, license plate number, Maricopa County permit number, and whether it is refrigerated or not. Appendix 3 also includes photographs of the listed vehicles.Click here to enter text. |

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| **8.0 VEHICLE OPERATOR SAFETY TRAINING** |
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| All (*Company*) employees engaged in over-the-road transportation activities shall receive training including:* proper wear and purpose of personal protective equipment;
* biohazardous medical waste acceptance (identification of materials allowed and materials not allowed);
* proper packaging and labeling of materials;
* emergency response and incident reporting;
* proper handling of sharps;
* bloodborne pathogens exposure control in accordance with OSHA Standard 29 CFR 1910.1030, Bloodborne Pathogens.

This training will be completed prior to the employee being given an over-the-road assignment, and retraining will occur (*state timeframe*). Employees will also be trained on the contents of this Biohazardous Medical Waste TMP. An outline of the training program is provided in Appendix 4. |

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| **9.0 EMERGENCY RESPONSE INFORMATION** |
| *Describe the Company emergency response program, including identification of an appropriate Company contact for Emergency Response situations, and the identification of any third-party entities with whom the Company has contracted to provide emergency response services. Provide name, address, and phone number for any third-party contractors listed.* |
| The (*Company*) Emergency Response supervisor is (*name*), and the telephone number(s) is/are: (*office and cell phone numbers*).An incident report form is provided as Appendix 5 to this plan. Specific emergency response procedures are provided in Appendix 6 to this plan. |

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| **10.0 SPILL CONTAINMENT KITS** |
| Each vehicle will be equipped with a Spill Kit containing appropriate emergency and spill response items. A detailed listing of the Spill Kit contents is provided in Appendix 7 to this TMP.Spill Kit location will vary with the configuration of each vehicle used; however, the Spill Kit will be located such that it is readily accessible in the event of an emergency. This may mean that the Spill Kit location will change as the container-portion of the vehicle makes its rounds. |
| Click here to enter text. |

**APPENDICES**

**APPENDIX 1**

**ACCEPTABLE BIOHAZARDOUS MEDICAL WASTE CONTAINERS**

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| **1. ACCEPTABLE BIOHAZARDOUS MEDICAL WASTE CONTAINERS** |
| *Include photographs of acceptable containers; show proper labeling of containers*. |
| Click here to enter text. |

**APPENDIX 2**

**BIOHAZARDOUS MEDICAL WASTE TRACKING DOCUMENT**

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| **2. BIOHAZARDOUS MEDICAL WASTE TRACKING DOCUMENT** |
| *Attach (Company) Biohazardous Medical Waste Tracking Document* |
| Click here to enter text. |

**APPENDIX 3**

**LISTING AND PHOTOGRAPHS OF VEHICLES USED FOR BIOHAZARDOUS MEDICAL WASTE TRANSPORT**

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| **3.** | **LISTING OF VEHICLES USED BY (COMPANY) FOR BIOHAZARDOUS MEDICAL WASTE TRANSPORT - (DATE)** |  |  |
| **Make** | **Model** | **Year** | **VIN Number** | **License Plate** | **State** | **Maricopa County Permit** | **Refrigerated?** |
| **Yes** | **No** |
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| **3. PHOTOGRAPHS OF (COMPANY) VEHICLES USED TO TRANSPORT BIOHAZARDOUS MEDICAL WASTE:** |
| *Include color photographs of the side, back with license plate, locking mechanisms, and inside of the cargo area for each vehicle listed on the previous page. If operating in Maricopa county, provide a copy of the most recent permit to operate and a copy of the most recent inspection report for each vehicle, in accordance with A.A.C.**R18-13-1409(A).* |
| Click here to enter text. |

**APPENDIX 4 TRAINING PROGRAM OUTLINE**

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| **4. TRAINING PROGRAM OUTLINE** |
| *Insert Training Program Outline* |
| Click here to enter text. |

**APPENDIX 5 INCIDENT REPORT FORM**

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| **5. INCIDENT REPORT FORM** |
| *Attach a copy of the Incident Report Form.* |
| Click here to enter text. |

**APPENDIX 6 EMERGENCY RESPONSE PLAN**

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| **6. EMERGENCY RESPONSE PLAN** |
| *Revise the following Emergency Response Plan to reflect your Company’s procedures, or attach your existing Company-specific plan. Refer to 49 CFR 173.197 for guidance.* |
| 1. **Basic Description and Technical Name**
	1. Proper U.S. DOT Shipping Name: **Regulated Medical Waste**
	2. Hazard Class or Division: **6.2**
	3. UN Identification Number: **3291**
	4. Packing Group: **II**
 |
| 1. **Potential Health Hazards**
	1. Inhalation or contact may cause infection, disease, or death; and
	2. Runoff from fire control may cause pollution.
 |
| 1. **Risk from Fire or Explosion**
	1. The reusable containers are fire resistant: U.L. 94 HB Material High Density Polyethylene; and
	2. Some of the waste material may burn, but none ignite readily.
 |
| 1. **Immediate Precautions**
	1. Assess the extent of the incident and/or spill;
	2. Isolate spill from unauthorized personnel using the yellow caution tape provided in the Spill Kit
	3. If applicable, stop continual leakage from container(s), by using absorbent, or additional liners and additional polyvinyl container as needed;
	4. Contain spill within an appropriate area, using absorbent and supplied rags as needed; and
	5. If necessary, call the (*Company*) Emergency Response Telephone Number: (*insert emergency response phone number*).
 |
| 1. **Immediate Methods for Handling Fires**
	1. Small Fires:
		1. Use the ABC dry chemical fire extinguisher provided in the vehicle or the one by the loading dock roll-up door. If at another facility, locate the closest fire extinguisher prior to an incident.
	2. Large Fires:
		1. Call 911; then (*insert Company emergency response phone number*).
 |
| 1. **Spill Response Procedures**
	1. Biohazardous Medical Waste Spill:
		1. Personnel (Drivers)
			1. If a person has direct contact with untreated biohazardous medical waste, first remove any contaminated clothing and shower thoroughly or wash area with a germicidal soap.
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|  | 1. Prior to conducting the following clean-up procedures, utilize the following personal protective equipment (PPE):
	1. Tyvek suit (for liquid spills only);
	2. Tyvek booties (for liquid spills only);
	3. Impermeable gloves (i.e., latex, polyethylene, etc.); and
	4. Safety glasses or face shield.
 |
| ii) | Surfaces Coming in Contact with the Spill:1. The driver that becomes aware of the spill must inform the appropriate Supervisor, via telephone or other communication device, as soon as possible and cordon off the spill area using safety cones and caution tape from the Spill Kit.
2. The employee(s) cleaning up the spill must wear PPE as specified above.
3. Place an appropriate red plastic bag, meeting ASTM D 1709-97 and

1922-94a, inside a fiberboard box or reusable plastic container at the Packing Group II level.1. Initially, shovel the solid portion of the spilled material into the previously prepared fiberboard box or reusable container.
2. Spray the contaminated area with **(*product name*)(*EPA Reg #*)** or another EPA-approved disinfectant such as **(*product name*)(*EPA Reg #)***.1
3. Spread absorbent on the contaminated area and wait at least 10 minutes.
4. Shovel the absorbent and any other contaminated items into the container; continue until no visible contamination remains.
5. Once again spray the area previously covered by the spill with the EPA- approved disinfectant.
6. Spray any tools that may have come into contact with the biohazard medical waste during this clean-up.
7. Remove and place all disposable PPE in the fiberboard box or reusable plastic container used during this clean-up. Seal the contents and mark the box or

container as “Spill Cleanup.”1. Ensure that the inner packaging (bag) and the outer packaging (container) are closed according to the applicable packaging specifications. Mark the

container “Spill Cleanup.”1. Segregate the “Spill Cleanup” container from any other loaded waste, to avoid mixing the contents with manifested waste contents.
2. Load all containers onto the transportation vehicle and ensure it is properly secured.
3. Generate a Tracking Document for any additions or subtractions to total quantity of waste caused by the spill response activity (i.e., biohazardous medical waste from one container cleaned up and placed into two new containers).
4. The Supervisor must complete incident-reporting requirements.
 |

1 Provide a statement that your company selects equivalent products from the appropriate EPA-registered antimicrobial products from EPA Lists A, B, or D for the cleaning and disinfection of surfaces which have come in contact with blood or other potentially infectious materials. These lists are available from the EPA at their website at: [http://www.epa.gov/oppad001/chemregindex.htm.](http://www.epa.gov/oppad001/chemregindex.htm)

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| **7)** | **Incident Reporting**1. The incident will be reported to the employee’s Supervisor as soon as possible.
2. Gather the relevant data and complete the Incident Report Form provided as Appendix 5 to this TMP.
3. Upon receipt of the complete Incident Report Form, the Supervisor then must:
	1. Make the immediate telephone notice, if applicable, to the U.S. Department of Transportation at (800) 424-8802; and/or
	2. Complete and submit a copy of Form 5800 to:
		1. U.S. Department of Transportation within 30 days (original and one copy)
		2. The collection company (if other than *Company*) that collected this container
		3. The (*Company*) representative assigned to the applicable customer (who will then communicate to the customer).
 |
| **8)** | **Emergency Response and First Aid**1. For large spills or emergencies requiring HazMat Emergency Response:
	1. Call 911 to report the emergency.
	2. Call the (*Company*) Emergency Response Number: (*phone*).
	3. Call the ADEQ Emergency Response Hotline toll free (800) 234-5677, ext. 771-2330 and locally (602) 771-2330 to report the incident and follow ADEQ recommendations.
	4. Call the Center for Disease Control (CDC) at (404) 633-5313 to report the incident and follow CDC recommendations.
	5. Call the Arizona Department of Public Safety at (602) 223-2000.
	6. Other agencies to consider contacting depending on the nature and scope of the spill include state or local police, local fire department, and/or related agencies.
	7. At the earliest possible opportunity, call your immediate supervisor to get additional instructions.
2. First aid:
	1. Move injured victims to a safe area, away from the incident location.
	2. Call 911 for emergency medical care, if necessary, or prepare to take the victim to the emergency room at a community hospital or closest emergency room if incident occurs outside of that service area.
	3. Call (*Company*) at (*phone*) to report the incident.
	4. If the victim is not in immediate danger, remove and isolate any contaminated clothing and shoes.
	5. In the event of contact with biohazardous medical waste, immediately flush skin and/or eyes with sufficient amount of water (running water for at least 20 minutes).
	6. In the event of contact of any contaminants with the eyes, immediately begin rendering first aid, and flush eyes with the provided squirt bottle with clean water.
	7. In the event of contact of contaminants with the eyes, the eyes must be flushed for 20 consecutive minutes in order to prevent further injury. Once step (vi) has been complete, the victim shall be immediately moved to the nearest medical facility, or to a location equipped with the appropriate eye flushing equipment in order to continue with eye flushing for the prescribed 20-minute period.
	8. Ensure that medical personnel are aware of the material(s) involved, and take precautions to protect themselves.
 |

**APPENDIX 7 SPILL KIT CONTENTS**

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| **7. SPILL KIT CONTENTS** |
| *The list below is an example of Spill Kit contents. Add items or delete those items not used by (Company)*. |
| All vehicles shall carry Spill Containment Kits containing the following: |
| * Broom and dust pan or scooper
* Heavy-duty latex exam gloves or disposable Nitrile gloves
* Two pairs of puncture-resistant heavy rubber gloves
* Full face shield
* Safety glasses
* Steel-toed rubber boots or other protective foot covering
* One spray container of disinfectant

**(*product name) (EPA Reg #)**** One small container of anti-bacterial skin cleanser (alcohol-based hand sanitizer product)
* One bar of germicidal soap
* Two gallons of water for emergency first-aid and skin and eye contact
* Flashlight and batteries
* Emergency blanket
* One bag of rags
* One roll of duct tape
* One roll of caution tape
* A secondary container for spill cleanup, such as red biohazardous bags for biohazardous medical waste
* Safety Cones
* Shovel
* Marker and/or pen
 | * Scissors
* Tongs or forceps to pick up broken or sharp items
* First aid kit:
	+ Antiseptic towelettes
	+ Antiseptic ointment
	+ Adhesive tape
	+ Roller gauze and gauze pads
	+ Two quart-size eye wash containers
	+ Band-Aids in assorted sizes
	+ Cold Pack
* Paper towels
* Plastic garbage bags
* Markers, labels, and pens
* Tyvek suits (x 2)
* Tyvek Booties
* 10 pounds of absorbent (kitty-litter or equivalent)
* Respiratory mask
* One warning triangle, flare kit, and barrier tape
* One ABC-rated fire extinguisher (carried in the truck cab)
* Camera
* Instructions, contact information, and Incident Report Form
* 5-gallon fold-a-carrier water container
 |
| The Spill Kit will be stored in a container marked “Spill Cleanup Equipment Kit” and will be stored separate from waste containers. The Spill Kit will be located so that it is readily accessible in the event of an emergency.A copy of this Biohazardous Medical Waste TMP shall be kept in the Driver’s Compartment of each transport vehicle and a copy shall be kept in the Spill Kit. |