



DR. PABLO O. TORRE  
MEMORIAL HOSPITAL

# RIVERSIDE MEDICAL CENTER, INC.



METRO PACIFIC HEALTH  
THE HEART OF FILIPINO HEALTHCARE

<b>DEPARTMENT:</b> Ancillary Division		<b>POLICY NUMBER:</b> DPOTMH-MPP-DIS-P006-(01)	
<b>TITLE/DESCRIPTION:</b> <b>HANDLING SOILED AND EXPIRING SUPPLIES IN IMAGING SCIENCES</b>			
<b>EFFECTIVE DATE:</b> February 28, 2025	<b>REVISION DUE:</b> February 27, 2028	<b>REPLACES NUMBER:</b> DIS-QP-04	<b>NO. OF PAGES:</b> 1 of 5
<b>APPLIES TO:</b> Department of Imaging Sciences		<b>POLICY TYPE:</b> Multi Disciplinary	

## PURPOSE:

1. To assure that all soiled supplies from patient care areas are handled in a manner consistent with proper infection control practices so that opportunities for cross contamination are reduced.
2. To check medical supplies of marked expiration date and discard any outdated items.

## DEFINITIONS:

**Soiled supplies** - are items that have been used on patients.

**Expired supplies** - are items that are not recommended for use under expected (or specified) conditions of distribution, storage and display.

## RESPONSIBILITY:

Radiologist, Radiologic/X-ray Technologist, Housekeeping/Linen Staff, Infection Prevention and Control Staff, Logistics Personnel

## POLICY:

1. All staff who works in areas shall receive Infection Prevention and Control Orientation (Lecture and Training) where soiled and contaminated supplies are generated and involved with waste handling, segregation and storage and disposal procedures, including the need to wear protective clothing.
2. Appropriate management of soiled/expiring supplies of Imaging Sciences may contribute to the overall improvement of the corporation in terms of tracking, inventory, control and effectively reduce waste generation.
3. DPOTMH practices good inventory control to prevent materials from unnecessarily becoming waste.
  - 3.1 Choose supplies that will produce the least amount of waste or the least toxic waste.
  - 3.2 Inspect raw materials upon delivery and immediately return unacceptable materials to the supplier.
  - 3.3 Requiring users of chemicals with limited shelf life to use up old stock before ordering or using new stock.
  - 3.4 Ordering hazardous chemicals only when needed and in minimal quantities to avoid outdated inventory.
  - 3.5 Protect materials from deterioration. Store them in covered areas if they are subject to degradation by rainwater on sunlight. Store materials that could be ruined by dirt or dust away from high traffic areas.





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## 1. Handling soiled supplies by healthcare workers

- 1.1 Healthcare workers shall wear gloves when handling soiled supplies. Remove gloves and wash and dry hands or use an antiseptic hand rub. All soiled items are considered contaminated.
- 1.2 Employees shall not rinse soiled items before returning them to Central Supply Room/Linen Section since this can lead to environmental contamination.
- 1.3 Disposable items shall be used only once and then discarded in the appropriate trash container.
- 1.4 Disposable items shall not be opened until actually needed in order to avoid unnecessary waste.
- 1.5 Disposable sharps such as needles and scalpel blades shall be removed and discarded in the sharps container before sending the tray and/or supplies back to Central Supply Room. Failure to remove sharps is a serious threat to health care worker and will result in a variance report. **Refer to policy DPOTMH-APP-PCU-P009 on PREVENTION & MANAGEMENT OF OCCUPATIONAL EXPOSURE NEEDLESTICK, SHARP INJURY AND BBF**
- 1.6 Staff shall return items no longer needed by patient care to CSR as quickly as possible.
- 1.7 In-use equipment that malfunctions or breaks shall be returned to CSR while new equipment will be returned to Logistics with attached Incident Report stating the source of the trouble. An immediate replacement shall be issued to the staff.
- 1.8 Routine cleaning and disinfection procedures occurring on the unit shall be done according to policy.
- 1.9 Contaminated wastes shall be disposed of during or immediately following a procedure, using non-corrosive leak proof containers with lids. There shall be a sufficient number of waste containers, in convenient locations, to minimize carrying contaminated wastes from place to place. **Refer to policy DPOTMH-F-80-P01-S02 on Waste Segregation.**

## 2. Soiled Linen/Laundry

- 2.1 Soiled and infectious linen shall be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and of the person handling the linen.
- 2.2 All soiled and infectious linen shall be handled according to policy on Linen Handling, Storage & Transportation of Linen.





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2.3 Linen supersaturated with blood or body fluids shall be deposited and transported in plastic bags (labeled) that prevent leakage.

2.4 Standard precautions shall be observed at all times when handling soiled linen/laundry.

### 3. Defective sterile supplies

3.1 Sterile item is considered unsterile when:

3.1.1 The package has been opened or broken.

3.1.2 The sterile indicator tape has not changed appropriately.

3.1.3 The internal indicator has not changed appropriately.

3.1.4 The integrity of plastic or wrappers is damaged.

### 4. Out-of-date/Expired supplies

4.1 Items/supplies are not to be used but returned to Logistics. An incident report shall be generated to document this occurrence.

4.2 It is the responsibility of the health care worker to check for expiration dates on all supplies.

### 5. Special Waste

5.1 Some clinical waste is classified as special waste (radioactive waste, for examples radioactive drugs, syringes or administration sets containing such products.

5.2 Radioactive waste is generated within the x-ray department. Such waste shall be placed either in a designated sharps container or a clinical waste bag, and then stored in an approved locked, lead lined bin within the department until the radiation is decayed. Levels of radiation shall be monitored until they reach background level, then the sharps bin or clinical waste bag shall be disposed of in the usual manner. Refer to Waste Management Policy.

5.3 Radioactive waste shall not be removed from site without the appropriate documentation being completed prior to collection.





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<b>PROCEDURE (SOP):</b> N/A
<b>WORK INSTRUCTION:</b> N/A
<b>WORK FLOW:</b> N/A
<b>FORMS:</b> N/A
<b>EQUIPMENT:</b> N/A
<b>REFERENCES:</b> <ol style="list-style-type: none"><li>1. Environment Agency: Technical Guidance on Clinical Waste version 2.2/2001.</li><li>2. Controls of substances Hazardous to Health (C.O.S.H.H) 1994</li></ol>





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