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MEDICAL WASTE MANAGEMENT PLAN

University of California, Davis

Version 3.2

Reviewed by Krisztina Forward SVM Safety Officer 1/2022

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MEDICAL WASTE MANAGEMENT PLAN

I. Introduction

A. Purpose

The purpose of this plan is to specify the procedures used to handle and dispose of medical waste at the University of California, Davis (UC Davis). UC Davis conducts a wide range of agricultural, biomedical, veterinary, and basic scientific research, and is home to veterinary clinics. UC Davis is a large-quantity generator that produces approximately 200,000 pounds of autoclavable solid biohazard waste, and 75,000 pounds of pathology waste, trace chemotherapeutic waste, and pharmaceutical incineration waste per year. The California National Primate Research Center (CNPRC) on the UC Davis campus treats approximately 40,000 pounds of biohazardous medical waste onsite annually, in California Department of Public Health (CDPH) permitted autoclaves. Throughout campus, liquid medical waste is treated with an agent-appropriate disinfectant for an appropriate amount of time, and then either drain-disposed or directed into the appropriate hazardous waste stream. Medical waste is transferred to one of the accumulation sites where the transport/treatment vendor, Stericycle, picks up the medical waste.

B. Applicability

The Medical Waste Management Plan applies to ALL departments, laboratories, and personnel conducting research that results in the generation and disposal of medical waste materials. Medical waste materials include biohazard waste, sharps waste, pathology waste, trace chemotherapeutic waste, pharmaceutical waste, and mixed waste.

C. Roles and Responsibilities

The Biological Safety Officer oversees the Medical Waste Management Plan. The Biosafety Officers are trained on the contents of this plan, and are able to train and assist the UC Davis community to safely and correctly dispose of biohazardous waste.

Principal Investigators (PIs) and their research group are responsible for:

- Maintaining current approvals from any institutional regulatory committees i.e., the Institutional Review Board (IRB), the Institutional Biosafety Committee (IBC), the

Institutional Animal Care and Use Committee (IACUC), the Stem Cell Research Oversight committee (SCRO), etc. that are required for operations and practices at the facility.

- Complying with the Medical Waste Management Act: California Health and Safety Code, Division 104, Part 14: Medical Waste, Sections 117600 – 118360, the California Code of Regulations, Title 8, Section 5193: Bloodborne Pathogen Standard, and all other federal, state, and institutional requirements involving biohazardous waste disposal.
- Adhering to all the procedures in this Medical Waste Management Plan.
- Ensuring all personnel complete and maintain the required safety training prior to handling, generating, or transporting medical waste, in addition to laboratory-specific training.
- Immediately reporting exposure or spills involving biohazardous materials, including biohazard waste.

All personnel generating medical waste are responsible for reading and complying with the requirements set out in this plan.

Each medical waste accumulation site has a representative who is responsible for maintenance of the biohazard accumulation waste storage site, and facilitates the pick-up of medical waste with Stericycle. Personnel responsible for accumulations sites, or other assigned personnel will complete the UC Davis Medical Waste Management Training. Upon completion, all of these individuals will help manage and maintain the storage site to ensure regulatory compliance. Online Bloodborne Pathogen training through UC Davis is also required for individuals handling human blood or human source materials.

D. Reference

The Medical Waste Management Act (MWMA) California Health and Safety Code, Sections 117600 – 118360 governs the management of medical waste in all jurisdictions of the state. The most current version of the MWMA can be found on the CDPH - Medical Waste Management Program webpage: https://www.cdph.ca.gov/certlic/medicalwaste/Pages/default.aspx

II. Waste Identification

A. Biohazard Waste

Biohazard waste is:

- Regulated medical waste, clinical waste, liquid waste, or biomedical waste that is a waste or reusable material derived from the medical treatment of a human, or from an animal that is suspected by the attending veterinarian of being infected with a pathogen that is also infectious to humans, which includes diagnosis and immunization; or from biomedical research, which includes the production and testing of biological products.
- Regulated medical, clinical, or biomedical waste suspected of containing a highly communicable disease.
- Laboratory waste such as human specimen cultures or animal specimen cultures that are infected with pathogens that are also infectious to humans; cultures and stocks of infectious agents from research; wastes from the production of bacteria, viruses, spores, discarded live and attenuated vaccines used in human health care or research, discarded animal vaccines, including Brucellosis and Contagious Ecthyma, as defined by the department; culture dishes, devices used to transfer, inoculate, and mix cultures; and wastes identified by Section 173.134 of Title 49 of the Code of Federal Regulations as Category B "once wasted" for laboratory wastes.
- Waste that, at the point of transport from the generator's site or at the point of disposal contains recognizable fluid human blood, fluid human blood products, containers, or equipment containing human blood that is fluid, or blood from animals suspected by the attending veterinarian of being contaminated with infectious agents known to be contagious to humans.
- Waste containing discarded materials contaminated with excretion, exudate, or secretions from humans or animals that are required to be isolated by the infection control staff, the attending physician and surgeon, the attending veterinarian, or the local health officer, to protect others from highly communicable diseases or diseases of animals that are communicable to humans.

B. Sharps Waste

Sharps waste is any device that has acute rigid corners, edges, or protuberances capable of cutting or piercing, including but not limited to, hypodermic needles, hypodermic needles with syringes, blades, needles with attached tubing, broken glass items used in research, such as Pasteur pipettes and blood vials contaminated with biohazardous waste, and any item capable of cutting or piercing from trauma scene waste.

C. Pathology Waste

Pathology waste includes:

- Human body parts, with the exception of teeth, removed during surgery, surgery specimens or tissues removed during surgery or autopsy, that are suspected by the health care professional of being contaminated with infectious agents known to be contagious to humans, or having been fixed in formaldehyde or another fixative.
- Animal parts, tissues, fluids, or carcasses suspected by the attending veterinarian of being contaminated with infectious agents known to be contagious to humans.

D. Pharmaceutical Waste

Pharmaceutical waste includes:

- Prescription or over-the-counter human or veterinary drug, including but not limited to, a drug as defined in Section 109925 of the Federal Food, Drug, and Cosmetic Act, as amended in 21 U.S.C.A. Sec. 321(g)(1).
- "Pharmaceutical" does not include any pharmaceutical that is regulated pursuant to either of the following:
  - The Federal Resource Conservation and Recovery Act of 1976, as amended in 42 U.S.C.A. Sec. 6901 et seq. This waste stream shall be handled as a hazardous waste under the authority of Chapter 6.5, commencing with Section 25100 of Division 20.
  - The Radiation Control Law, Chapter 8 commencing with Section 114960 of Part 9.

E. Trace Chemotherapeutic Waste

Any waste that is contaminated through contact with, or having previously contained, chemotherapeutic agents, including, but not limited to, gloves, disposable gowns, towels, and intravenous solution bags and attached tubing that are empty. A biohazardous waste that meets

the conditions of this paragraph is not subject to the hazardous waste requirements of Chapter 6.5 (commencing with Section 25100) of Division 20.

F. Mixed Waste

Mixed waste includes:

- Solid or liquid waste of biohazardous agents mixed with hazardous chemicals is hazardous waste and subject to regulation as specified in the statutes and regulations applicable to hazardous waste.
- Solid or liquid waste of biohazardous agents mixed with radioactive material is radioactive waste and is subject to regulation as specified in the statutes and regulations applicable to radioactive waste.
- Mixed medical waste, hazardous waste, and radioactive waste is subject to regulation as specified in the statutes and regulations applicable to hazardous waste and radioactive waste.

III. Waste Management

A. Solid Autoclave Waste

Solid autoclave waste includes non-pathological, non-pharmaceutical, non-chemotherapeutic, and non-mixed biohazard wastes. The following procedures must be followed when handling solid autoclave waste:

- All biohazard waste must be stored in a red biohazard bag that is marked with the international biohazard symbol. The outermost bag in a Stericycle offsite transport container must be labeled as passing both American Society for Testing Materials (ASTM) 1709 and ASTM 1922 standards. When a bag is ready for disposal, twist the bag and tie it with an overhand knot, plastic zip tie, or nonporous tape (bag must be twisted and then folded over on itself before taping). Bags must be tied to prevent leakage or expulsion of contents during all future storage, handling, or transport procedures.
- A biohazard waste bag must be packaged for disposal when it reaches 75% capacity (¾-full) or seven days in storage, whichever comes first. Do not keep biohazardous waste in a laboratory for more than seven days even if the bag is not ¾-full.
- All red biohazard waste bags must be contained within a solid secondary container at all times. The secondary container must have a tight fitting lid, be composed of a nonporous

smooth and cleanable rigid material, and marked with biohazard symbol/word stickers on all visible sides. All biohazard secondary containers are to be routinely cleaned and decontaminated. If a secondary biohazard waste container becomes contaminated with biohazardous materials, immediately decontaminate it with an appropriate disinfectant.

- Biohazard waste must be transported to the accumulation waste site using a solid secondary container, labeled with a biohazard sticker and a tight fitting lid. The transfer container must be composed of smooth, non-porous material that is readily able to be decontaminated, and leak proof. Laboratories may transport waste using the same secondary container that is used in the lab to hold the waste, so long as it undergoes a complete surface decontamination prior to entry into public walkways.
- Never carry a biohazard bag by hand, or place the biohazard bag on top of a transport cart.
- Do not leave medical waste in a public area unsecured and unprotected.
- At the medical waste accumulation site, biohazard waste bags are placed into labeled, Biohazard (autoclave only) transport barrels, provided and maintained by Stericycle. Many of the accumulation sites line these transport containers with a compliant biohazard bag labeled as passing both ASTM 1709 and ASTM 1922 standards. This bag is secured shut prior to snapping the barrel lid closed and labeling it with the vendor transport stickers.
- If a biohazardous spill occurs, place absorbent materials, such as paper towels, onto the spill area. Pour a freshly diluted 10% solution of bleach onto the absorbent paper towels, soaking the absorbent towels, and work from the outside of the spill toward the center. Allow the 10% bleach to be in contact with the spill surface for 30 minutes. After the appropriate amount of time, remove the paper towels and discard as biohazardous waste, then clean and rinse the spill area completely. For detailed guidance refer to SafetyNet #127: Biological and Biohazardous Spill Response.

B. Sharps Biohazard Waste

The following procedures must be followed when handling sharps biohazard waste:

- Dispose sharps contaminated with biohazard waste, including blood or other potentially infectious bodily fluids in leak- and puncture-proof sharps container labeled with a biohazard sticker. Do not dispose of sharps contaminated with hazardous chemicals or radioactive materials.

- Do not fill sharps container above recommended fill line, or more than ¾ full.
- When the container is ¾ full, tightly close and shut the lid before disposal to the accumulation area. Do not keep full sharps container for more than thirty days.
- Do not bring sharps container that is open, broken, or overfilled into the accumulation waste area. Broken lids can be fixed by using a strong adhesive tape i.e., packing tape or duct tape.

C. Non-Biohazard Material Sharps

Sharps can become contaminated with other materials besides biohazard. The following list explains different types of non-biohazard waste, and how to handle each. For more information and disposal schedules for these types of waste, visit the UC Davis WASTe program website.

- Sharps that have come into contact with extremely or acutely hazardous chemicals must be disposed as hazardous waste sharps. Use a compliant sharps container and remove any biohazard label or markings on the container. Label the container "CHEMICAL HAZARDOUS SHARPS", and dispose as solid waste to EH&S Hazardous Chemical Waste.
- Sharps that have come into contact with radioactive materials must be disposed as radioactive waste sharps. Use a non-red sharps container and remove any biohazard label or markings on the container. Label the container "RADIOACTIVE SHARPS", and dispose as radioactive waste. This waste is subject to regulation as specified in the statutes and regulations applicable to radioactive waste.
- Sharps that are not hazardous or biological must still be properly disposed of in a sharps container. These containers are collected by the UC Davis Hazardous Materials and Waste Management group and discarded as medical waste.

D. Solid Incineration Waste

Solid incineration waste includes pathology and trace chemotherapy waste, which is both non-pharmaceutical and non-mixed waste. The following procedures must be followed when handling solid incineration waste:

- Incineration waste can be stored in either a red biohazard bag, or one that is colored for the specific type of waste, such as white for pathology or yellow for trace chemotherapy. When a bag is ready for disposal, twist and tie the bag with an overhand knot, plastic zip tie, or nonporous tape (bag must be twisted and then folded over on itself before taping). Bags must be tied to prevent leakage or expulsion of contents during all future storage, handling, or

transport procedures.

- Pathology waste will be segregated in a waste bag that is within a secondary container. The container will be labeled with the words "Pathology Waste" or "PATH" on the lid and sides, so it can be seen from any lateral direction. Transport of waste to an accumulation site will only be discarded into a transport barrel that is labeled as "Pathology Waste" or "PATH".
- Trace chemotherapy waste will be segregated for storage, and when placed in a secondary container, that container shall be labeled with the words "Trace Chemotherapy Waste" or "TRACE CHEMO" on the lid and sides, so it can be seen from any lateral direction. Trace Chemotherapy waste will only be discarded into a yellow transport barrel, as provided by the vendor, labeled as "Trace Chemotherapy Waste" or "TRACE CHEMO".
- Waste will not be stored at or below 0° Centigrade (32° Fahrenheit) at any onsite location for more than 89 days, after which time it will be appropriately transported to a medical waste accumulation site, transferred to an appropriate barrel, and picked up by Stericycle within 24 hours.

E. Pharmaceutical Waste

The following procedures must be followed when handling pharmaceutical waste:

- Nonradioactive pharmaceutical wastes that are not subject to the Federal Resource Conservation and Recovery Act of 1976, as amended in Public Law 94-580, and that are regulated as medical waste are placed in a pharmaceutical container labeled "HIGH HEAT" or "INCINERATION ONLY," or with another label approved by the CDPH, on the lid and sides, so it can be seen from any lateral direction. This ensures treatment of the pharmaceutical waste.
- Pharmaceutical wastes classified by the Drug Enforcement Administration (DEA) as "controlled substances" shall be disposed of in compliance with DEA requirements.

F. Liquid Mixed Waste

Liquid mixed waste might be decontaminated to neutralize the biohazardous agents with an agent- appropriate disinfectant, only if the disinfectant is chemically compatible with the hazardous or radioactive components of the mixed waste material. If there are chemical incompatibility issues with the waste then the biohazardous component of the waste will not be treated. In either scenario the liquid waste will still be discarded as mixed waste and subject to

regulation as specified in the statutes and regulations applicable to hazardous waste and/or radioactive waste.

IV. Waste Maintenance

A. Accumulation Site

Each medical waste accumulation site **must be locked and secured at all times**. The accumulation waste sites at all UC Davis facilities are solely for the temporary storage of waste generated through UC Davis-specific activities. Maintenance, upkeep, and security of the accumulation site is the responsibility of all laboratory personnel at UC Davis who are properly trained to access the site.

Medical waste at each accumulation site is picked up by Stericycle. If the barrels from the storage sites are full, not picked up by the vendor, or there are other issues in the storage sites, the laboratory personnel must contact the medical waste accumulation site manager to make the necessary arrangements for immediate pick up.

If biohazard bags or sharps containers are compromised, the laboratory is expected to clean up the spilled materials. UC Davis Biosafety can be contacted for assistance, but the laboratories generating biohazard waste are trained to respond to such emergencies.

B. Exceptions

The UC Davis campus medical waste accumulation sites are **not** designed for the disposal of the items listed below. **Note:** For these items, the laboratory must contact EH&S at 530-752-1493 or at http://safetyservices.ucdavis.edu/section/research for assistance prior to generating and disposing of such waste.

The following types of waste are not currently handled, generated, or stored at medical waste accumulation sites.

- Human surgical specimens -- Human surgery specimens or tissues removed at surgery or autopsy suspected of contamination with infectious agents known to be contagious to humans. Contact the UC Davis Body Donation program to dispose of the specimens.
- Fixed human tissues -- Human surgery or autopsy tissues which have been fixed in formalin or another fixative. Contact the UC Davis Body Donation program to dispose of the tissues.
- Bulk Chemotherapy Waste – Medical waste which still contains scrapable or pourable amounts of chemotherapeutics, or had contact with chemotherapeutic agents, including

tubing, bags, bottles, and vials containing trace amounts. Bulk chemotherapy is hazardous waste, and must be disposed in a black pharmaceutical waste container. Please utilize the UC Davis WASTe program for disposal.

- Radioactive Waste -- Medical waste contaminated with radioactive waste shall be disposed of through EHS. For any questions please contact hazwaste@ucdavis.edu.

C. Documentation

Tracking documents for each accumulation site is kept by the responsible parties who will reconcile and verify the accuracy against the vendor's invoice to ensure the waste was treated at the terminal site, and will be kept for a minimum of two years.

D. Emergency Action Plan

In the event that service to UC Davis by the medical waste transporter and treatment facility is disrupted, UC Davis will make a good faith effort to dispose of medical waste within seven days. UC Davis should take the following steps:

- Determine if regular service from the contracted transporter and treatment facility can be resumed promptly, or whether alternative procedures for storage and treatment will be required.

If it is determined that alternative procedures are required, UC Davis should:

- Contact the California Department of Health Services Medical Waste Management Division, and the Office of Emergency Services for updates on available alternatives.
- Attempt to secure the services of another transporter and/or treatment facility until regular service is reestablished (e.g. Clean Harbors).

If the onsite treatment facilities at CNPRC are non-operational or must be closed, then all waste will be directed to a medical waste accumulation site for treatment by Stericycle. Once these treatment areas cease to be used for treatment of medical waste they will be disinfected by 500ppm available chlorine.

E. Medical Waste Treatment Facilities

Medical waste treatment may occur at the following locations:

- Stericycle Inc. - Yuba City, (ID: TSOST-80), 1612 Starr Dr., Yuba City, 95993-Autoclave (530) 921-1913 – Vendor Primary

- Stericycle Inc. - Fresno, (ID: TSOST-22), 4134 W. Swift Ave., Fresno, 93722-Autoclave (559) 275-0992 - Vendor Alternate
- Stericycle Inc. - San Benito County, (ID: TSOST-83), 1551 Shelton Dr, Hollister, 95023-Autoclave (831) 630-1098 - Vendor Alternate
- Stericycle Inc. - North Salt Lake, (ID: 3A-448/JA-36), 90 N 1100 W, North Salt Lake, UT, 84054 - Incinerator (801) 936-1171 - Vendor Primary
- California Animal Health & Food Safety (CAHFS) - Davis Laboratory, 620 Garrod Dr, Davis, CA 95616 – Incinerator (530) 752-8700
- California National Primate Research Center (CNPRC) - One Shields Avenue, Davis, CA 95616-8542 – Autoclave (530) 752-0447

V. Waste Supplies and Equipment

The UC Davis departments or individual principal investigators supply secondary containers, bags, or medical waste stickers needed for the disposal of medical waste.

A. Collection Bag

Collection bags are red for biohazard, pathology, or trace chemotherapy. Alternatively, pathology waste may be collected in white bags, and trace chemotherapy can be collected in yellow bags.

B. Sharps Container

Sharps containers can be any color, must be properly labeled, rigid, leak-proof, puncture proof, and closable. Biohazard sharp waste is collected in containers with the biohazard symbol and the word "biohazard" on the front. Trace chemotherapy should be collected in yellow sharps containers. These containers will never be lined with a plastic bag or inner liner.

C. Biohazard Waste Secondary Container

Secondary containers can be any color, must be labeled with a biohazard sticker visible on the lid and all lateral sides, must have a tight-fitting lid, must be leak and puncture-proof, and be composed of nonporous material.

D. Pharmaceutical Waste Container

Pharmaceutical waste containers must be a United States Food and Drug Administration

(USFDA) approved sharps container that meets USFDA labeling requirements, and must be maintained in a manner to secure the pharmaceutical waste contents from access by unauthorized individuals.

E. Contracted Vendor

Stericycle provides compliant medical waste transport barrels to each accumulation waste storage site. These barrels are either 20 gallon, 44 gallon, or 75 gallon tubs, each possessing appropriate labeling and a tight fitting lid. Sharps containers can be placed directly inside these barrels if they have a sealed gasket around the lid, otherwise they must be placed in a compliant biohazard bag within the transport barrel.

The contact information of the CDPH permitted medical waste hauler company, contracted by the University of California Davis, is: STERICYCLE, INC. (Reg. #3400) 2775 EAST 26TH ST, VERNON 90023 - (323) 362-3000.

F. Terminal Autoclaves

These are tested monthly at the CNPRC with a biological indicator by CNPRC staff, and undergo annual calibration/verification by a third party vendor. Each autoclave load of medical waste from laboratories and animal facilities is documented in a log at each autoclave site. The log book notes the time, temperature, and pressure associated with each load. The CNPRC is responsible for the operation, maintenance, and compliance of these autoclaves.

VI. Waste Training

A. Safety Training

In addition to receiving laboratory-specific training for handling medical waste, all personnel handling human medical waste must take the following Environmental Health & Safety (EH&S) safety training courses:

- Bloodborne Pathogens (annually) for those handling unfixed human materials.
- Medical Waste Management (every three years) for those handling regulated medical waste.

At a minimum, all laboratory personnel handling medical waste must complete a UC Davis Medical Waste Management training course within 90 days from the start of employment, and every three years thereafter, or as needed. All personnel handling unfixed human materials will participate in the CAL/OSHA Bloodborne Pathogen Standard training prior to the start of

employment, and annually thereafter. All training records will be kept by the lab, or administrative staff.

Terminal autoclave operators at CNPRC undergo annual terminal autoclave use and safety training, which entails a documented review of site specific information. This training is coordinated and maintained by the CNPRC safety staff.

B. Certification

The information outlined in this medical waste management plan is complete and correct to the best of our knowledge.

UCDAVIS VETERINARY MEDICINE
Veterinary Medical Teaching Hospital

Medical Waste Management Plan
Veterinary Medical Teaching Hospital
University of California, Davis

Reviewed:
Date/By (initials)
Updated 1/3/2022 by KF

SVM /VMTH Representatives: Krisztina Forward / Maura Ferrero
Title: SVM Safety Officer (VMDO) / VMTH Safety Officer
Phone Number: 530-219-3543 / 530-219-0632

UCDAVIS VETERINARY MEDICINE
Veterinary Medical Teaching Hospital

Medical Waste Management Plan
Veterinary Medical Teaching Hospital
University of California, Davis

This document provides an explanation of the medical waste disposal plan at the Veterinary Medical Teaching Hospital.

SVM /VMTH Representatives: Krisztina Forward / Maura Ferrero
Title: SVM Safety Officer (VMDO) / VMTH Safety Officer
Phone Number: 530-219-3543 / 530-219-0632

Medical waste and sharps waste generated from hospital labs, treatment areas and surgery rooms is disposed through STERICYCLE INC., a commercial regulated medical waste Hauler/vendor.

Etiologic Agents at the VMTH

An infectious agent is any type of microorganism that normally causes or contributes to the cause of, increased morbidity or mortality of human beings. Waste is classified as a **BIOHAZARDOUS WASTE** if it is composed of material from patients infected with these agents. The waste must be handled appropriately, by placing in a labeled **BIOHAZARDOUS WASTE** container, and when full, delivering it to the appropriate collection site for treatment and disposal.

Bacillus anthracis
Brucella spp.
Campylobacter spp.
Rochalimaea hensalae
Clostridium difficile
Listeria monocytogenes
Pasteurella spp.
Yersinia pestis
Salmonella spp.
Shigella spp.
Clostridium tetani
Mycobacterium spp
Cryptosporidia spp.
Giardia lamblia
Toxoplasma gondii
Leptospira interrogans
Borrelia burgdiferi
Chlamydia psittaci
Coxiella burnetii
Lyssavirus
Herpesvirus

(Any foreign animal disease exotic to the U.S.) Treated as Biosafety level 3

I. Definitions:

A. **Medical waste** - "Medical waste" is biohazardous waste and sharps waste as defined in the California Health & Safety Code, Div. 20, Ch. 6.1, Section 25023.2. Medical waste does not include items listed in Section 25023.8.

B. **Biohazard bags** - Biohazard bags are disposable red bags of sufficient strength to preclude ripping, tearing or bursting under normal conditions of usage and handling of a filled bag. The bag must pass the tests prescribed by American Society for Testing and Materials Standard D 1709-85 and must be certified by the bag manufacturer. The current standards indicate that bags must have ASTM 1922 (Tear Resistant) and ASTM D1709 (Impact Resistant) ratings stamped on the bags. The bags should also be conspicuously labeled with the words "Biohazardous Waste" or with the international biohazard symbol and the word "BIOHAZARD."

C. **Sharps container** - A rigid puncture-resistant container which, when sealed, is leak resistant and cannot be reopened without great difficulty. The container must be labeled with the words "Sharps Waste" or with the international biohazard symbol and the word "BIOHAZARD."

D. **Sharps waste** - Sharps waste is any device having acute rigid corners, edges, or protuberances capable of cutting or piercing including, but not limited to, hypodermic needles, hypodermic needles with syringes, blades, needles with attached tubing, syringes contaminated with biohazardous waste, broken glass items such as Pasteur pipettes, wood stick applicators and blood vials contaminated with biohazardous waste. All syringes into appropriate sharps containers (red/pharm/chemo agent).

E. **Mixed hazardous or radioactive waste** - Any waste that contains a mixture of two or more of biohazardous waste and radioactive or hazardous chemical.

F. **Pharmaceutical Waste** - Includes any items intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or other animals. Pharmaceutical waste is synonymous with drug waste, unused or expired medication, or unused or expired drugs, prescription and over-the-counter human drugs, veterinary drugs, diagnostic agents, and nutritional supplements.

II. Segregation, containment, labeling and collection of medical waste:

A. Biohazardous wastes are segregated at the point of origin in each work area, room or laboratory and placed in biohazard bags. Biohazard bags are tied in the room/ lab to prevent leakage or expulsion of contents and placed in a labeled, leak proof hard-walled

secondary containers with tight fitting covers prior to transport to the storage areas (VMTH South Loading Dock, Container). Bagged/sealed medical wastes are placed in secondary 31 or 43 gal bins containing additional red biohazard bags at the accumulation site and are picked up by STERICYCLE INC., waste processing service. This plan also applies to medical waste from VMTH Field Service's ambulatory trucks, which is bagged in red plastic bags placed in leak proof hard-walled containers and delivered to the container South Loading Dock VMTH. **(Vendor: A)**

B. Sharps are placed in approved/appropriate sharps containers. Full sharps containers are sealed, closures taped and transported to the VMTH accumulation sites, and placed in secondary 44 gal gray barrels containing red biohazard bags (S Loading Dock Container). The bags and barrels are sealed and secured prior to collection and their contents treated and processed of by STERICYCLE INC. waste processing service. **(Vendor: A)**

C. Liquid blood and body fluids are discharged to the campus sewage system after treatment with bleach for 30 minutes where biohazardous agents may exist.

D. Non-infectious animal waste and bedding are placed in one of three green dumpsters, located between VM II and Hay barn, which are disposed of by Facilities – UCD- Solid Waste, six times per week. (LAC only) **(Vendor: F)**

E. Infectious animal waste and bedding is placed in a green dumpster, located in the LA Isolation area, and is steamed prior to disposal by Facilities – UCD – Solid Waste, where it is transported to the local landfills as needed. **(Vendor: F)**

III. Chemotherapy and Pharmaceutical Waste:

A. Medical waste that contains cytotoxic chemicals produced in the main pharmacy room 1150 & CCAH Drug Room must be collected in red bag lined “yellow” designated trash barrel located adjacent to the fume hood. Technician is assigned to deliver the sealed full containers to the VMTH receiving dock and place in the container in the locked storage structure, accessed via Tony Juarez. Technician returns an empty yellow barrel to pharmacy. Stericycle picks up the chemotherapy waste from the storage structure once per week. **(Vendor: B)**

B. Medical waste produced in CCAH Medical Oncology rooms and the Radiation Oncology Linac room that contains cytotoxic chemicals must be collected in a red bag lined “yellow” hard-walled container. Technician will deliver the full sealed container to the VMTH receiving dock and place the container in the locked designated storage structure, accessed via Tony Juarez. Stericycle picks up the chemotherapy waste once per week. **(Vendor: B)**

C. Pharmaceutical waste collected in a “white/blue” pharmaceutical waste container. Technician will deliver the sealed full container to the VMTH receiving dock and place

the container in the locked designated storage structure, accessed via Tony Juarez. Stericycle picks up the pharmaceutical waste once per week. **(Vendor: B)**

IV. Anatomic Pathology Waste:

A. Non-infectious large animal carcasses and non-infectious tissues are removed by Sacramento Rendering Company (SRC) for rendering**. (Vendor: C)**

B. Infectious animal carcasses, tissues and poisonous reptiles, (excluding other biohazardous waste such as plastic, wood, metal, and paper) is delivered in a sealed container to the California Animal Health and Food Safety (CAHFS) lab for incineration. The container is decontaminated at CAHFS before being returned to VM3A. All precautions are taken to avoid unprotected exposure to contagious etiologic agents by staff and students. Sheep and Caprines (goats) are incinerated because they are not suitable for rendering. **(Vendor: D) and (Vendor: A if D is non-operational)**

C. Biohazardous waste from Pathology such as plastic, wood, and paper will be handled as described in section II A. **(Vendor: A)**

D. Sharps waste from Pathology is handled as described in section II B**. (Vendor: A)**

V. Medical waste storage:

A. Medical waste is stored in a VMTH receiving dock large container on the south dock in addition to VM3A, Room 1389. There is no onsite treatment. A clipboard is kept at these sites where Medical waste tracking documents are compiled as pickups occur. Storage enclosures and accumulation areas are secured to prevent unauthorized entry and posted with bilingual warning signs with the wording, **"CAUTION--BIOHAZARDOUS WASTE STORAGE AREA--UNAUTHORIZED PERSONS KEEP OUT".**

B. Full biohazardous waste bags are delivered in secondary hard-walled containers to VMTH south dock container and VM3A Room 1389. Medical waste is stored in 31 or 43 bins containing red bag liners which are picked up by STERICYCLE INC. waste processing service 3 times per week at VMTH and once per week at VM3A.

C. Sharps containers are delivered to the VMTH dock container or VM3A Room 1389 when full /sealed and placed in 31 or 43 gal bins with red bag liners and are picked up by STERICYCLE INC. waste processing service 3 times per week from VMTH and once per week from VM3A.

D. Chemotherapy waste and pharmaceutical waste containers are stored in the locked storage unit on the south loading dock and are picked up once per week.

VI. Medical waste treatment process:

A. Medical waste from the VMTH and VM3A is hauled away by STERICYCLE INC. waste hauler/treatment vendor. We do not treat waste on site.

VII. Disinfecting procedures for treatment or cleaning of medical waste spills, decontamination of reusable rigid containers:

A. Chemical disinfectants are used to clean work surfaces and to decontaminate spills. Generally, commercial disinfectants are used at strengths recommended on the labels. These disinfectants include: sodium hypochlorite (bleach), quaternary ammonium compounds, and phenolic compounds. Chlorine bleach is typically used at a 1:10 dilution (0.525% sodium hypochlorite or 5250 ppm).

B. Secondary containers for biohazard bags are disinfected on a monthly/quarterly basis, or as needed if leakage occurs from the bags. Hypochlorite solution (500 ppm available chlorine) is used for this purpose. The container will be rinsed, sprayed or immersed in the sanitizer for a minimum of three minutes before washing.

C. Materials that are used to clean up spills are decontaminated with diluted (1:10) bleach.

D. Medical waste **Spill kits** are available in VMTH S loading dock container (accumulation site) and VM3A 1389, as well as all generator sites.

VIII. Mixed hazardous or radioactive waste handling:

A. Medical waste that contains chemicals may require special handling, transporting, treating, and/or disposal methods. They are handled on a case by case basis. Refer to section IX. **(Vendors: E/F)**

B. Medical wastes that contain radioactive material do require special handling, transportation, and disposal and are handled as required under our State license No. 1334-57 for use of radioactive materials. **(Vendors: E/F)**

EH&S must be contacted prior to generation of mixed hazardous or radioactive waste to develop an approved disposal protocol.

IX. Pharmaceutical Waste:

A. Do not dispose of waste pharmaceuticals down the drain or down the toilet. This includes any prescription or nonprescription substances intended to be swallowed, inhaled, injected, applied to the skin or eyes, or otherwise absorbed.

B. Discard unused pharmaceutical waste into approved Pharmaceutical waste containers. (white/blue).

C. Stericycle picks up the chemotherapy/pharmaceutical waste from the storage structure once per week. **(Vendor: B)**. Arrange pick-up with Stericycle. Incineration only, no landfill of untreated waste.

D. Waste from the pharmacy is collected and picked-up by Stericycle.

X. Emergency action plan:

A. **Equipment failure**

If repairs cannot be accomplished within three days, Stericycle, a private waste handling contractor will be contacted.

Stericycle
11875 White Rock Road
Rancho Cordova, CA (916) 985-5506

B. **Natural disasters**

STERICYCLE INC. has a contingency plan in advent of a natural disaster. The next step, if waste cannot be treated by STERICYCLE INC., is to contact **Stericycle** for biohazardous waste hauling, treatment and disposal. At or before this time, generation of additional biohazardous waste from laboratories can be stopped until utilities are restored.

The State Department of Health Services, Medical Waste Management Program will be contacted if the above methods are not viable. Spills and releases of biohazardous agents will be handled by the campus Emergency Response Team at the Fire Department in conjunction with the campus Environmental Health and Police Departments. **(Vendor: E/G)**

XI. Vendors

A) STERICYCLE INC.

Contact: Marco Borja
Phone: work: 530-755-0585 cell: 916-260-6888
Pick up Schedule: 3 times per week for VMTH and Fridays for VM3A
Pick up Location: VMTH: S Loading Dock Container and VM3A: Room 1389 – 31 or 43 gal bins
Waste Description: *Biohazardous and Sharps Waste or "Medical Waste" and "Pathology Waste"*

VMTH Waste Coordinator: Tony Juarez
Title: Manager
Phone Number: 530-302-7622
VM3A Waste Coordinator: Christina Sparkman
Title: Service Manager
Phone Number: 530-752-1369

B) STERICYCLE INC.

Contact: Marco Borja
Phone: work: 530-755-0585 cell: 916-260-6888
Pick up Schedule: 1 time per week on Wednesday
Pick up Location: VMTH: S Loading Dock Container– 20 gal yellow / 31 or 43 gal bins
Waste Description: *Biohazardous and Sharps Waste or "Medical Waste" and Chemotherapy/Cytotoxic Waste*
VMTH Waste Coordinator: Tony Juarez
Title: Manager
Phone Number: 530-302-7622
VM3A Waste Coordinator: Christina Sparkman
Title: Service Manager
Phone Number: 530-752-1369

C) Sacramento Rendering Company

Contact: Tim Gover
Phone: 916-363-4821
Pick up Schedule: 2 times per week (whole carcasses) Tues & Thur
Pick up Schedule: 1 time every other week (offal) Wed
Pick up Location: VM3A: Room 1385 – (Out-Going Pathology Cooler)
Waste Description: *Non-infectious animal carcasses and tissues*
VMTH/VM3A Waste Coordinator: Christina Sparkman
Title: Service Manager
Phone Number: 530-752-1369

D) California Animal Health and Food Safety (CAHFS) - UCD

Contact: Kristin Lomas
Phone: 530-752-8700/8750/8752 or Receiving: 530-752-7578
Pick up Schedule: As needed - Thursdays
Pick up Location: VM3A: Room 1385–(Out-Going Pathology Cooler Dumpster)
Waste Description: *Infectious & non-infectious animal carcasses & tissues(dumpster)*
VMTH/VM3A Waste Coordinator: Christina Sparkman
Title: Service Manager
Phone Number: 530-752-1369

E) Environmental Health and Safety – (EH&S) – UCD

Contact: Pat Ruchirushkul
Phone: 752-9718/ or main line 752-1493
Pick up Schedule: As needed
Pick up Location: VM3A: Room 1311 or others as needed
Waste Description: *Chemical Waste*
VMTH/VM3A Waste Coordinator: Christina Sparkman
Title: Service Manager
Phone Number: 530-752-1369

F) Facilities – UCD – Solid Waste

Contact: David Drake
Phone: 530-752-6032
Pick up Schedule: As needed
Pick up Location: VMTH: Between VMII and Hay Barn / LA Isolation area
Waste Description: *Unsteamed - Straw & bedding (no garbage)(50 yard green dumpster X3)*
Waste Description: *Steamed -straw and bedding (1.5 yard green dumpster)*
VMTH LAC Waste Coordinator: Soli Redfield-Martin
Title: Animal Resource Manager/LA Manager Feed and Bedding
Phone Number: 530-220-0473/530-979-0675

G) Campus Emergency Response Team

Vendor: Fire Department Phone: 530-752-1236
Vendor: EH&S Phone: 530-752-1493
Vendor: Police Department Phone: 530-752-1727 (non-emergency)
Vendor: Office of Emergency Support Services Phone: 530-752-5516
VMTH Facilities Manager: Scott Cooling
Title: SVM Director Facilities/Safety Management
Phone Number: 530-219-7060

Medical Waste
Disposal Procedures Summary

Proper disposal of medical waste is an absolute requirement while working in the Veterinary Medical Teaching Hospital. Improper disposal may cause personal injury such as a needle stick or cut to personnel handling waste disposal. Improper waste disposal may also result in serious penalties and fines if the medical waste is not destroyed and is delivered to landfills. County inspectors routinely inspect the waste at the UC Landfill for dumping violations. Person(s) responsible for improper disposal may be personally liable for hefty penalties, in addition to making the headlines of the local newspaper. It is everyone's responsibility to make sure medical waste is disposed of properly. The following is a summary of the medical waste disposal procedures to comply with Medical Waste Management Act 2017.

Definitions and Disposal Method:

1. Sharps waste is any waste having an acute rigid corners, edges, or protuberances capable of cutting or piercing to include such items as hypodermic needles, syringes, blades, and broken glass. These items must be placed in an approved hardwalled, red container located throughout the clinic in rooms intended for patient care. DO NOT throw sharps containers or sharps directly into garbage cans or dumpsters.
2. Broken glass or any item that could puncture regular waste bags and endanger waste handlers must be disposed of in the following manner. DO NOT pick up broken glass with your bare hands, if possible. Wear cut-resistance gloves and use a broom and dust pan. Collect broken glass as carefully and completely as possible.

    - Broken glass contaminated with nonhazardous substances
      Place clean glass into a container marked "sharp objects".
      Custodian will dispose as nonhazardous waste.
    - Broken glass contaminated with biohazardous agent
      Place into a hardwalled sharps container (red with biohazard label).
      Label contents, room number and building and place in approved medical waste container.
    - Broken glass contaminated with toxic or hazardous chemicals
      Place into a hardwalled sharps container (non-red without biohazard label).
      Label with a hazardous waste label, contact supervisor for waste pick-up arrangements.
    - Broken glass contaminated with radioactive waste
      Place into a hardwalled sharps container (non-red without biohazard label).
      Label with radioactive tape, and place full sealed container in a dry radioactive waste box. Contact EH&S for pick-up as radioactive waste.

3. Biohazard waste is any material suspected of potentially being contaminated with infectious agents known to be contagious to humans (list is available in the Injury Illness Prevention Program manuals located with supervisor). Other items (list on BIOHAZARD WASTE container) may be perceived as being biohazardous waste and these items also must be discarded in a red, approved plastic bag contained in a hardwalled BIOHAZARD WASTE container. There should be no dripping or leakage of liquid from bagged waste after proper sealing.
4. Chemical waste must be discarded according to guidelines. Contact supervisor before disposing chemicals.
5. Cytotoxic waste must be discarded according to guidelines. Contact supervisor before disposing chemicals.
6. Radioactive waste must be discarded according to guidelines. Contact supervisor before disposing radioactive waste if you are unfamiliar with proper protocol. Place solid waste into a hardwalled, dry radioactive waste box. Place liquid radioactive waste in designated black plastic jerry jug and call EH&S for disposal of each full container.
7. Blood and body fluids (non-biohazardous) in tubes, bags, vacutainers, etc. can be poured into a sink drain connected to the campus sewage system. DO NOT pour into a storm drain. Dispose of the empty vessels in a red designated solid biohazard waste container. DO NOT dispose of empty containers of liquids in garbage cans or dumpsters.
8. Regular waste is untreated and should be sealed in a non-transparent single plastic bag and disposed of in a waste dumpster.

Biohazard Waste	***Biohazard Sharps/ Sharps Waste***	***Chemotherapy Waste Chemo Sharps Waste***	***Pharmaceutical Waste Pharm Sharps Waste***	***Pathology Waste***	***Regular Waste/ Recycle***
Solid waste – SA/LA Isolation	Catheters	Trace cytotoxic contaminated waste including: gloves, gowns, masks, bonnets, Booties, pads, drapes, empty IV bags and admin	Pharm vials, bottles, containers (full/partial/empty), expired pharms, pharm needles/syringes (after wasting)	Carcasses (large animal, infectious, non-infectious)	Bandage material (not saturated with body fluids and non-infectious)
Bandage material (saturated, infectious)	Capillary tubes	Sets (no fluids/needles) In CT sharps: needles, syringes, scalpel blades,	**NO CONTROLLED SUBSTANCES IN VESSELS**	Carcasses (small animal, infectious ,non-infectious)	Cage litter (non-infectious)
Biochemical tubes (plastic)	Glass slides	Catheters, cut bubble	Witnessed wasting of	Carcasses (sheep)	
Blood culture bottles (plastic)	Needles (hypodermic disposable)	chambers, wood applicator sticks, etc.	controlled substances from vessels (Emulsifier Added)	Any animal organs. limbs, parts, teeth, hooves, beaks etc. Animal tissues	Gauze (non-infectious)
Blood transfusion sets (no needles)	Needles (suture)			Feces (infectious or potentially infectious)	Medical vials without blood (plastic)
Cage litter (infectious)	Pipettes			Feces (laboratory)	F Canisters
Fecal containers (no feces)	Razors blades				Surgery drapes/gowns (disposable)
	Scalpel blades				Syringe cases
Hemodialysis sets (no fluids)	Stylets (disposable)				Paper (color) recycle, non-recycle
Medical vials contaminated w/blood (plastic)	Syringes (leave needles on)				Paper (white)recycle, non-recycle
Pipettes soft plastic	Vacutainer needles				Cardboard recycle, non-recycle
Petri dishes	Vacutainer tubes (broken/whole glass)			***Chemical Waste***	
Pleurovacs (No fluids)	Wood applicator sticks			Sodasorb, Carbolime,	
Solution sets without needles (no fluids)	Biochemical tubes (glass)			Formalin, glutaraldehyde, xylene, toluene, Bouin's fixative, formaldehyde Corrosive (any pH< 4>12), toxic, flammable, reactive	
	Blood culture bottles (glass)			Solutions Chemotherapy solutions (fluids)	

				Suction canisters containing tissue remnants (with emulsifier only & tubing) (NO FLUIDS ALLOWED)	Empty, bleached suction canisters that contain no visible contamination or biohazard markings
Suction tips (disposable)	Vacutainer tubes (glass)				
Urine cups (no fluids)	Medical vials without blood (glass)				1/28/2020 KF/SL

VMTH Waste Disposal Index

Definitions and Disposal Procedures Next Page

Biohazard waste is any material being contaminated or suspected of potentially contaminated with infectious agents (list is available in the LA/SA IDC manual). This waste must be placed in a red, approved biohazard waste plastic bag contained in a leakproof hardwalled BIOHAZARD WASTE container. Upon disposal, seal bag, close container tightly and transport to the VMTH medical waste accumulation site, located on the VMTH Receiving Dock, to be placed into red bag lined grey barrels inside the large locked container labeled with the biohazard symbols. **NO LIQUIDS OR FLUIDS OF ANY KIND !**

Sharps/Biohazard sharps waste is any biohazard or non-biohazard waste having an acute rigid corner, edge, or protuberance capable of cutting or piercing to include such items as hypodermic needles, syringes, blades, broken glass and wooden applicator sticks. These items must be placed in an approved red biohazard sharps container, available from Central Service and when full, it is to be, taped , labeled and taken to the accumulation site receiving dock for disposal and pickup by STERICYCLE INC,

Chemotherapy Waste any material contaminated or suspected of being contaminated with trace chemotherapy/cytotoxic/carcinogenic agents. This waste is to be placed in a red biohazard bag contained in a approved/labeled yellow leakproof hardwalled CHEMOTHERAPY WASTE container. NO LIQUIDS OR FLUIDS ! **Chemotherapy sharps waste** are placed in an approved red sharps container available from Central Service. These containers MUST have the yellow "CHEMOTHERAPY WASTE" label affixed to the container under the manufacturers biohazard label. **All Chemotherapy fluid waste** shall be processed as chemical hazardous waste according to campus EHS protocols and picked up by EHS for disposal.

Pharmaceutical Waste includes remaining, unused liquid medications/drugs etc. contained in vials, multidose vials or syringes for disposal, actual expiration dates exceeded of drugs/ medications/antibiotics/probiotics etc. that need disposal and historical collections of various pharmaceuticals that need to be discarded. Sterile saline, buffers, flush solutions that are not considered hazardous or contain a med/drug may be discarded down the sink drain with the vessel being discarded appropriately.

The blue/white pharm sharps container to be used for free liquid pharms (add emulsifier), needles\ syringes used as liquid pharm vessels, single/multi injection vials of pharms either full/partial/empty contained in glass or plastic. **NO CONTROLLED SUBSTANCES CONTAINED IN VESSELS !** Witnessed and documented wasting of excess controlled substances followed by the addition of the liquid emulsifier is allowed. Only the pharmaceutical blue/white sharps container is to be used.

Chemical Waste includes any liquid/solid material that meets the T.R.I.C. (toxic, reactive, ignitable, corrosive) classifications set forth by the federal, state and campus regulatory policies. Disposal of chemical waste is governed by the campus EH&S. Please contact the campus EH&S (530-752-1493) for proper procedures for disposal.

Regular waste is untreated and should be sealed in a single plastic bag and disposed of in a waste dumpster.

IF YOU STILL HAVE QUESTIONS PLEASE SEE YOUR SUPERVISOR OR CONTACT YOUR SAFETY OFFICER

Other Waste	**Disposal Method**
All waste from SA and LA Isolation	Double red biohazard bagged, transport properly to Stericycle site
Blood (animal)	treated with bleach and then sanitary sewer
Animal Carcasses, tissues ,organs	CAHFS incinerator (contact VMTH Anatomic Pathology)
Carcasses (large animal infectious)	CAHFS incinerator (contact VMTH Anatomic Pathology)
Carcasses (large animal non-infectious)	Path cooler for tallow company pick-up
Carcasses (sheep)	Dumpster in Pathology out-going cooler, then CAHFS incinerator
Carcasses (small animal)	Dumpster in Pathology out-going cooler, then CAHFS incinerator
Necropsy offal	Offal containers in Pathology cooler for tallow company pick-up
Urine (laboratory)	Bleach/pour into sanitary sewer drain
Stall bedding	LAC dumpsters
Stall bedding (infectious)	Steamed in dumpster for 1 hour 200 ^{0} before pick-up
Radioactive waste	EH&S pick-up
Nuclear Medicine isotope materials	Hold until legally allowable to dispose in regular waste.
Surgical suction canisters and contents	See service supervisor for proper treatment and handling
Chemotherapy, Cytotoxic, Carcinogenic **Fluids**	EH&S will pick up and dispose chemical hazardous waste
(Unused treatment IV bags/syringes of **fluid**,	in accordance with UCD Policy and Procedures.
urine collections **(fluids only)**	Contact supervisor before you dispose chemicals not listed above.

Other Waste	**Disposal Method**
Paper (color)	Recycle bin
Paper (white)	Recycle bin
Cardboard	Recycle bin
Radioactive waste	EH&S pick-up
Nuclear Medicine isotope materials	Hold until legally allowable to dispose in regular waste.
Cytotoxic waste (yellow bins)	Stericycle pick-up – deliver to VMTH Receiving Dock
Chemical waste, formalin, glutaraldehyde, xylene,	EH&S will pick up and dispose the chemicals listed
toluene, Bouin's fixative	in accordance with UCD Policy and Procedures.
	Contact supervisor before you dispose chemicals not listed here.

Revisions:

1/28/2020 – by Krisztina Forward

1. In Part I. Definitions, Part B. – the ASTM bag standards were added
2. In the following sections, the schedule pick up times were changed from 3 times per week to once per week:
   III. Chemotherapy and Pharmacy Waste, Parts B. & C.
   V. Med Waste Storage, Part. D
   IV. Pharm Waste
3. In the section XI. Vendors the following changes were made
   a. Sections A. and B. –updated Stericycle contact
   b. Section G. –updated SVM Facilities and Safety Director Contact
4. In the Medical Waste Disposal Index – Suction Canister Disposal options were updated according to our new SOP for Suction Canisters

1/8/2021 – by Krisztina Forward

1. VMTH Safety Officer updated to reflect new personnel: Maura Ferrero

1/3/2022 - by Krisztina Forward

1. Updated VM3A and VMTH/VM3A Waste Coordinator to reflect new personnel: Christina Sparkman
2. Updated VMTH LAC Waste Coordinator to reflect new personnel: Soli Redfield-Martin
3. Updated sections II. A; V. B and C; and page 8 to reflect changes to Stericycle bins which are now 31 or 43 gal depending on site and use