Purpose

The purpose of this procedure is to provide guidelines for disposing of medical and infectious waste. Adherence to the procedure will provide compliance with municipal, state, and federal regulations and protect students, employees, and contractors from exposure to disease causing organisms.

Definitions

Code defines medical and infectious wastes as any material for disposal that has been exposed to or is reasonably suspected to have been exposed to contagious diseases. Medical and infectious wastes also include materials exposed to human bodily fluids as defined in the Bloodborne Pathogen Standard, EHS/RMS Statement 17.

Sterilization

Medical and infectious wastes must be stored in approved containers and sterilized promptly. Metal and glass objects may be effectively sterilized in a pressurized autoclave. The containers used in the autoclave process should be compatible with the manufacturers’ specifications. Use autoclave tape or other acceptable indicators to verify sterilization.

Labeling

Sterilized waste must be clearly and indelibly relabeled as “rendered noninfectious by sterilization.” Sterilized waste should be packaged in regular waste packaging; not a red biohazard bag.

Repackaging and Disposal

Repackage the sterilized and relabeled materials in containers for disposal by custodial services. Label these containers as “waste.” Custodial services will take the waste to the trash compactor for processing and transportation the municipal solid waste facility.

Plastic and Glass Waste

Noninfectious plastic and glass waste (microscope slides, cover slips, and pipettes) generated in academic science programs must be placed in broken glass containers. Care should be taken that no liquid material is on or in the vessels being disposed of. Glass waste bins shall be filled no more than 75% to prevent injuries. This exception does not apply to other types of sharps or any item that may be contaminated with infectious material.
Contracted Disposal

Contractors can be retained by departments to dispose of medical and infectious wastes. If departments use a private contractor, safe and secure interim storage must be provided to prevent inadvertent exposure. In addition, departments are responsible for maintaining the manifest of the quantities of waste disposed of as this is a cradle-to-grave requirement. EHS may be contact for further information for small quantities or one-time generation (http://www.uaa.alaska.edu/EHSRMS/ehspersonnel.cfm).