

Management

UCSB Biosafety Program

Location/People Program Roles Routing Checklist

Classifications

No Classifications

Tags

No tags

Checklist Categories

Solid Waste: Biohazard Bags - Primary Container* 12

All biohazard bags used for solid non-sharps waste must be RED in color, labeled with the word "BIOHAZARD" and the universal biohazard symbol. NO orange, clear, or black bags.

Hard plastic aspirating pipettes or other non-glass materials that may puncture a single autoclave bag must be double-bagged using the same color autoclave bag.

Red biohazard bags must always be in a secondary container that is labeled with the biohazard label, rigid, has a tight-fitting lid, and made of a smooth, cleanable material. Untreated red biohazard bags must not be left unattended in autoclave trays or on lab benches.

Biohazard bags are completely intact (e.g., no visible holes or waste penetrating the bag).

Red biohazard bags lining waste containers must fit appropriately inside the secondary container. Red biohazard bags must not be too big or too small for the container.

Red biohazard bags may not be used for anything other than the collection of solid biohazardous waste. Biohazard bags are not used to cover equipment, or to store anything other than solid biohazardous waste.

Biohazard bags are tied properly to prevent leakage or expulsion of contents (i.e., secured with an over-hand knot, gooseneck, zip tie, a twist tie, or nonporous tape).

Only solid waste is discarded into the solid secondary waste container to prevent liquid leakage. Liquids are aspirated out or otherwise removed, and deactivated separately.

Sharps, pipettes, pipette tips or other biohazardous waste must not be left on the floors or bench tops.

Biohazard bags used within the facility must be certified by the manufacturer as having passed the impact resistance (ASTM D1709) tests.

For offsite transport by a medical waste vendor, red biohazard bags must be marked and certified by the manufacturer as having passed both the tear resistance ("ASTM D1922") and impact resistance ("ASTM D1709") tests.

Red biohazard bags are not placed into clear/white autoclave bags, and clear/white autoclave bags are not placed into red biohazard bags.

Solid Waste: Biohazard Bins - Secondary Container* 13

All biohazardous waste bags must be enclosed within a solid waste container that is: rigid, puncture resistant, leak resistant, composed of a smooth cleanable material, properly labeled with biohazard stickers on all visible sides, and tightly lidded. Secondary containers are not color coded, i.e., they may be any color.

Labels on biohazardous waste containers must display the universal biohazard symbol, labeled "BIOHAZARD", be intact, nonporous, legible, and visible on the lid and from all lateral sides.

If a container is labeled biohazard solid waste collection, then it must be lined with a RED biohazard bag—even if it is empty.

Tight fitting lids must be secured on all biohazardous waste containers. Lids must be closed shut when you are not actively collecting waste.

Secondary containers must be intact, in proper working condition (no broken foot pedals) and sanitized after each use. No other items other than red biohazard waste bags should be in the container when it is prepared for use, i.e., no absorbent pads or deodorizers.

No cardboard biohazardous waste containers are used, as these are not leak proof, nonporous or cleanable.

No ring stands are used with red biohazard bags.

Items must not be placed on top of the secondary solid waste containers (e.g. ethanol spray bottle, notebook or Kimwipes).

Biohazard waste bags or containers are not overfilled to allow room for proper closure of the bags (typically <3/4 full).

Waste is never removed, compacted, or packed-down before closing the bags.

Red biohazard bags above 0°C are treated or removed from the facility within 7 days from the start of waste accumulation.

Biohazard bags must be closed with a gooseneck or overhand knot prior to transport.

All biohazard waste containers must be in a secured location (locked rooms) where only authorized trained personnel are permitted (e.g., no unattended biohazardous waste left in public hallways, autoclave rooms, or deposited outside of an authorized accumulation site).

Liquid Biohazard Waste* 6

Liquid waste is collected in a container and decontaminated with a chemical disinfectant with documented effectiveness against the agents in the waste prior to disposal (e.g., final 10% vol./vol. bleach for >30 min).

Vacuum aspirator traps are equipped with inline HEPA filters and a secondary flask to protect the vacuum line from contamination.

Liquid human/NHP tissue culture waste is aspirated into a container with full strength household bleach and the bleach is diluted maximally to 10% final vol./vol. Alternatively, liquid biohazard waste is collected and not stored for more than 7 days at room temperature.

Liquid biohazard waste is not disposed of in solid medical waste containers.

Mixed biological and chemical hazardous waste is first treated to deactivate the biological materials and then disposed of via the EHS Hazardous Waste Program.

Bleach treated liquid waste is permitted for sink disposal with an excess of water. If you are using chemical hazards, including pharmaceuticals, chemotherapy agents or chemical disinfectants other than bleach, then the liquids are disposed of through the EHS Hazardous Waste Program.

All Sharps Waste* 10

Any waste with acute rigid corners, edges or protuberances capable of cutting or piercing human skin must be discarded in a sharps waste container (e.g. needles, glass pipets, fine wires and broken glass).

RED biohazard sharps containers are not used for any purpose other than collection of biohazard sharps; no mixed waste such as liquid, household, chemical, or radioactive material is permitted in a biohazard sharps container.

Sharps containers are single use and unlined

Re-purposed biohazardous sharps containers are clearly marked as “non-biohazardous”, and all biohazard markings are covered completely.

Sharps containers do not have sharps above the fill line (typically ~2/3 full).

No items are placed on top of the sharps containers.

Sharps containers are maintained in an upright position.

Sharps containers and lids must be completely intact, never cracked or broken (A smaller cracked container must be re-packaged inside a larger sharps container, if necessary).

When full, biohazardous sharps containers are taped shut, autoclaved and then picked up by EHS Hazardous Waste or brought to the “Autoclaved Sharps Waste” accumulation site in Bio II room 4106, LSB room 2204, or LSB room 4218 where it is picked up without a request. Closed/secured biohazardous sharps waste containers may be hand carried to the autoclave.

Disposable needles are uncapped in sharps waste containers

Pathology Waste* 10

Any recognizable human tissues, infectious animal carcasses or unfixed recognizable animal tissues must be discarded as pathology waste.

Carcasses and tissues are collected in red biohazard bags in secondary containers labeled with “PATHOLOGY WASTE” or “PATHOLOGY, INCINERATION ONLY”.

Fixed tissues are disposed of via the EHS Hazardous Waste Program

Liquid fixatives or preservatives should be decanted and discarded through Chemical Hazardous waste.

Any pathology waste (human tissues or infectious animals carcasses/tissues) which are stored frozen (below 0°C) must not be retained for more than 90 days from the start date of accumulation.

Pathology waste is bagged in red biohazardous waste bags, tied closed, and stored in a secured -20°C freezer.

Pathology waste is hand carried to the pickup location used by the licensed commercial medical waste hauler in a rigid and lidded container labeled as "PATHOLOGY WASTE" on the lid and sides so as to be visible from any lateral direction.

The pathology waste container does not need to be lined if the pathology waste is lined in a red biohazard bag. If the carcass is not already in a biohazard bag then it would be expected that the pathology waste container be lined with a red biohazard bag.

Infectious animal carcasses may be stored in a dedicated freezer with signage on the freezer OR Infectious animals carcasses may be stored in a shared freezer with signage on the secondary container within the freezer

Signage on transport and secondary containers needs to read "Pathology ONLY" with the biohazard symbol.

Trace Chemotherapy and Pharmaceutical Waste* 5

Items containing chemotherapy agents which can be scraped or poured must not be disposed as medical waste; dispose of this waste as chemical hazardous waste through the EHS Hazardous Waste Program.

Pharmaceutical waste not meeting the definition of a RCRA hazardous waste or a Controlled Substance is disposed of through the EHS Hazardous Waste Program as chemical hazardous waste.

Pharmaceutical wastes are not discarded as biohazardous sharps, but in a labeled and dedicated pharmaceutical waste container.

Trace chemotherapy and pharmaceutical waste is disposed of within 9 months.

Trace chemotherapy and pharmaceutical sharps waste is segregated from biohazardous sharps waste.

Medical Waste Transport* 5

Red biohazard bags are prepared for transport outside of the lab with a gooseneck or overhand knot.

Prior to transport, bags are secured and closed inside the lab and then transported to the medical waste accumulation site inside labeled, rigid, secondary containers (described above). The transport container lid must be secured shut and the exterior of the container must be decontaminated before leaving the lab.

All solid medical waste is transported in a clean, tightly lidded secondary container using a cart or dolly, i.e., never hand-carried or transported on open carts or bins.

The secondary transport container must be rigid, puncture-proof, leak-resistant, and be labeled with the biohazard symbol and the word "BIOHAZARD" on the lid & all lateral sides.

Ensure all members of the laboratory are aware of these standard operating procedures. CDPH selects personnel for random quizzing each year.

Accumulation Site* 6

The accumulation area has signage reading "CAUTION - BIOHAZARDOUS WASTE STORAGE AREA – UNAUTHORIZED PERSONS KEEP OUT; CUIDADO – ZONE DE RESIDUOS BIOLÓGICOS PELIGROSOS – PROHIBIDA LA ENTRADA A PERSONAS NO AUTORIZADAS," the word "BIOHAZARD" and the universal biohazard symbol.

At the accumulation site, bags containing biohazardous waste (but not pathology waste, trace chemo or pharma) are transferred into a container labeled "BIOHAZARD".

At the accumulation site, bags containing Pathology waste are transferred to secondary container labeled "PATH" in the -20°C freezer.

Only Medical Waste (biohazard, biohazard sharps, pharma, pathology, trace chemo) is deposited in the accumulation site. No municipal, chemical/hazardous, radiation or mixed waste is permitted.

The accumulation site space, floors, and waste containers are visibly clean and sanitary. There should be no evidence of spills, leakage or expulsion of material at the accumulation site.

UCSB is considered a Large Quantity Generator and the medical waste holding times are as follows: Red biohazard bags above 0°C are treated or removed from the facility within 7 days from the start of waste accumulation. Red biohazard bags stored at or below 0°C are treated or removed from the facility within 90 days.

Onsite Medical Waste Treatment Documentation for Annual Review* 5

Records of Attainment, i.e., the print out or analog graph paper that has recorded the temperature and autoclave run duration, indicating treatment for at least 30 minutes and 121 degrees Celsius

Training records and dates for the operators of the onsite treatment unit within the last year

Estimate of waste in kilograms treated per month or year

Monthly spore test results complete

Calibration/preventative maintenance records for the OST unit

Offsite Medical Waste Treatment Documentation for Annual Review* 3

Tracking documents are retained for 3 years

Medical waste vendor:

For offsite transport, biohazard bags must be marked and certified by the manufacturer as having passed both the tear resistance (ASTM D1922) and impact resistance (ASTM D1709) tests.