



Origination	12/2005	Owner	Sherie Goldbach
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Guidelines for Disposal of Regulated Medical Waste

I. Description

Describes Infection Prevention guidelines, rules, and regulations for the management of regulated medical waste

II. Rationale

Health care facilities are required to follow state and federal rules and regulations for transport and disposal of medical waste to reduce the risk of disease transmission within the health care facility and to the community.

III. Policy

A. North Carolina Waste Management

1. The North Carolina Solid and Hazardous Waste Management Branch developed regulations relating to the disposal of regulated medical waste in sanitary landfills. The types of medical waste designated as regulated medical waste are: microbiological waste, pathological waste, non-hazardous pharmaceutical waste, trace chemotherapy waste, and blood and body fluids. Blood and body fluids does not include dialysates, feces, or urine not removed during surgeries and autopsies.
2. The following are approved methods of treatment of infectious wastes prior to disposal in a sanitary landfill:
 - a. **microbiological wastes** (cultures of specimens from medical, pathological and research laboratories) – steam sterilization, incineration, ozonation, microwave or chemical treatment.

- b. **pathological wastes** (human tissue, organs, and body parts) – incineration or ozonation. Refer to the Infection Prevention policy: [Custody of Internal Body Tissue, Organs, or Body Parts](#) for management of pathological wastes such as placentas.
 - c. **blood products** (includes blood, serum, plasma, emulsified human tissue, spinal fluid, pleural and peritoneal fluids) in volumes of greater than 20 milliliters – incineration, steam sterilization, or sanitary sewer if the local sewage treatment authority has been notified.
 - d. **sharps**, defined as needles, syringes with attached needles, capillary tubes, slides and cover-slips, lancets, auto injectors, connection needles and sets, exposed ends of dental wires, scalpel blades and objects that can penetrate the skin, should be placed into a rigid, puncture-proof container, and then may be incinerated or placed into the sanitary landfill. Sharps with an activated safety device (e.g., safety scalpel, protective IV catheter, needle with safety cap) are classified as sharps and must be disposed of in an appropriate sharps container.
3. The following UNC Medical Center practices are developed to comply with the North Carolina rules governing regulated medical waste and should lead to the disposal of regulated medical waste in a safe, efficient, environmentally sound, and cost-effective manner. (See [Attachment 2 - Requirements for Regulated Medical Waste](#) for specific requirements for generators of regulated medical waste.)
 4. For specific information on the process for disposing of hazardous drugs, to include trace chemotherapy waste, refer to the Environmental Health and Safety policy: [Handling and Disposal of Hazardous Drugs \(Antineoplastic, Biologic, Cytotoxic and Immunosuppressant Drugs\)](#).
 5. Refer to the Infection Prevention policy: [Custody of Internal Body Tissue, Organs, or Body Parts](#) for management of pathological wastes such as placentas.

B. UNC Medical Center Practices

1. All microbiological wastes (cultures and stocks of etiologic agents) except mycobacterial isolates and possible select agents of bioterrorism are placed in red bags and steam sterilized. Mycobacterial isolates/possible select agents of bioterrorism are steam sterilized before disposal in general hospital waste.
2. All anatomical pathology wastes are placed in an appropriately marked disposal container (red bag labeled with BIOHAZARD label) and picked up by the contract incinerator service.
3. Tubes containing small volumes (≤ 20 mL per individual container) of blood and blood products from the Hospital Laboratories will be placed in containers indicated for steam sterilization.

4. All other laboratory solid waste (except bulk (>20mL per container) blood and pathological waste) may be placed in a regular trash receptacle (white bag) and discarded in general hospital waste.
5. Discard sharps to include needles, needles with attached syringes, sharps with activated safety devices, cover-slips, slides, capillary tubes, scalpels, and disposable razors in the appropriate containers (i.e., rigid, puncture resistant and leak-proof when in an upright position).
 - a. Needles should not be bent, cut or recapped.
 - b. When the sharps disposal container contents are visible at the window in wall-mounted units or contents are 1-2 inches from the top (i.e., $\frac{3}{4}$ full) in counter-top units or portable units on wheels), it shall be disposed of in the designated regulated medical waste container.
 - c. The needle disposal unit top must be securely closed before disposing in the proper container.
6. Small volumes (\leq 20 mL per individual container) of blood and blood products from nursing units and outpatient clinics will be disposed of in regular trash receptacles and discarded with general hospital waste.
7. Bulk (>20 mL per individual container) blood or blood products can be discarded by carefully pouring the fluid down a clinical sink (e.g., hopper or non-hand washing sink in soiled utility room) while wearing appropriate personal protective equipment (PPE) (i.e., gloves, face protection and gown) if indicated. Do not pour down a handwashing sink.
 - a. If > 20 mL of blood or bloody fluid remains in blood transfusion bags or tubing, it will be disposed of in the regulated medical waste container.
 - b. Empty bulk blood and blood product containers (e.g., bags and bottles) and tubing may be disposed of in a regular trash receptacle.
 - c. Bulk blood which cannot be safely emptied (e.g., pleurevacs, evacuated containers, hemovacs) will be disposed of in the regulated medical waste container.
8. Containers (e.g. urine drainage bag, suction canisters) containing >20 mL per container of patient excretions, body fluids and/or blood should be discarded by carefully pouring the fluid down a clinical sink (e.g., hopper or non-hand washing sink in soiled utility room), while wearing appropriate PPE, and discard the empty container in the regular trash receptacle.
 - Suction canisters from the OR are emptied via a fluid disposal system (e.g., Saf-T-Pump). Alternatively, the canister may be treated with a solidifier product, securely closed and placed in an upright position in a regular trash

container.

9. Containers of fluids (e.g., intravenous infusion bags, tubes feedings, irrigation fluids) with >20 mL per container or fluid remaining after use must be emptied down a clinical sink, (e.g., hopper or non-hand washing sink in soiled utility room) before placement in the regular trash receptacle. Do not pour down a handwashing sink.
 - To comply with HIPAA, remove patient identifiers prior to disposal. Refer to UNC Health HIPAA - Privacy policy: [Disposal/Destruction of PHI](#) regarding patient identifiers.
10. Solid wastes from isolation rooms and operating rooms (other than blood/body fluids >20 mL per unit vessel and pathological waste) are non-regulated waste and may be placed in a regular trash receptacle and discarded with general hospital waste.
11. Refer to the Environmental Health and Safety policy: [Handling and Disposal of Hazardous Drugs \(Antineoplastic, Biologic, Cytotoxic and Immunosuppressant Drugs\)](#) for proper disposal of regular and hazardous pharmaceuticals and chemotherapeutic drugs/tubings.

12. Waste Containers

- a. Regulated Medical Waste. Containers will display a BIOHAZARD label and will be lined with a red bag and placed in the soiled holding/utility room. Only regulated medical waste should be placed in these containers. See [Attachment 1 - Regulated Waste Management Plan](#), for a list of items classified as regulated medical waste.
- b. All non-regulated medical waste will be placed in a white bag. Psychiatry units will use brown paper bags which are placed in trashcans.

13. Waste Removal

- a. Waste will be picked up by Environmental Services at least once daily and as needed (i.e., if containers are becoming over-filled, contact Environmental Services or building management for additional pickups or additional containers).
- b. Trash receptacles which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials will be decontaminated on a routine basis (e.g., daily, weekly) with an EPA-registered disinfectant, or as soon as feasible when visibly contaminated.
- c. Regulated Medical waste is managed by a contracted company, which removes the bins from the Medical Center and cleans them off-site. Environmental Services is responsible for supplying the bins to the units and are responsible for picking them up.
- d. Sharps containers will be checked by Environmental Services staff daily and

replaced by either Nursing or Environmental Services personnel if contents are visible at the window in the wall-mounted units or when contents are 1-2 inches from the top in counter-top units.

C. Cleaning of Equipment

Transfer carts used for transporting infectious waste inside the hospital should be cleaned by Environmental Services personnel with an EPA-registered disinfectant weekly and immediately or as soon as feasible when visibly contaminated with blood.

D. Policy Implementation

The Director of Environmental Services in cooperation with the Infection Prevention Department will be responsible for monitoring and implementing this policy.

IV. Reference

I5A NCAC 13B .1200. NC Medical Waste Management Rules. Effective 1 October 1990; amended Eff. April 1, 1993. Readopted November 1, 2019.

V. Related Policies

[Infection Prevention Policy: Custody of Internal Body Tissue, Organs or Body Parts](#)

[Environmental Health and Safety policy: Handling and Disposal of Hazardous Drugs \(Antineoplastic, Biologic, Cytotoxic and Immunosuppressant Drugs\)](#)

[UNC Health HIPPA - Privacy policy: Disposal/Destruction of PHI](#)

Attachments

[1: Regulated Waste Management Plan](#)

[2: Requirements for Regulated Medical Waste](#)

Approval Signatures

Step Description	Approver	Date
Policy Stat Administrator	Kimberly Novak-Jones: Nurse Educator	03/2022

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