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Policy Area Infection Prevention
Applicability UNC Medical Center

Guidelines for Disposal of Regulated Medical Waste

I. Description

Describes Infection Prevention guidelines for the management of regulated medical waste to reduce the risk of disease transmission within the health care facility and community in compliance with state and federal rules and regulations.

II. 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 if 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) 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 coverslips, 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, leak proof, 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 Hospitals 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 : [Handling and Administration of Hazardous Drugs](#) and [Hazardous Materials Waste Management Plan](#).
 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 Hospitals Practices

1. All microbiological wastes (cultures and stocks of etiologic agents) except mycobacterial isolates and possible select agents of bioterrorism are placed in appropriately marked regulated medical waste disposal containers (yellow bags inside rigid outer container). Mycobacterial isolates/possible select agents of bioterrorism are steam sterilized before disposal in appropriately marked regulated medical waste disposal containers (red bags).
2. All anatomical pathology wastes are placed in an appropriately marked disposal container (yellow 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 disposed of in a leak proof manner and placed in appropriately marked regulated medical waste disposal containers (yellow bags inside rigid outer container).

4. All other laboratory solid waste (except 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, coverslips, 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 yellow regulated medical waste container.
 - c. The needle disposal unit top must be securely closed before disposing in the proper container.
6. 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 blood or bloody fluid visibly remains in blood transfusion bags or tubing, it will be disposed of in a leak proof manner within an appropriately marked regulated medical waste disposal container (red bag).
 - b. Bulk blood which cannot be safely emptied (e.g., pleurevacs, evacuated containers, hemovacs) will be disposed of in a leak proof manner in an appropriately marked regulated medical waste disposal container (red bag).
7. 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.
 - a. 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 an appropriately marked regulated medical waste disposal container (red bag).
8. 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.
 - a. To comply with HIPAA, remove patient identifiers prior to disposal. Refer to UNC Health HIPAA - Privacy policy: [Disposal/Destruction of PHI](#) regarding

patient identifiers.

9. Solid wastes from isolation rooms and operating rooms (other than blood/body fluids and pathological waste) are non-regulated waste and may be placed in a regular trash receptacle and discarded with general hospital waste.
10. Refer to the Environmental Health and Safety policies: [Handling and Administration of Hazardous Drugs](#) and [Hazardous Materials Waste Management Plan](#) for proper disposal of regular and hazardous pharmaceuticals and chemotherapeutic drugs/tubing.

11. Waste Containers

- a. Regulated Medical Waste. Containers will display a BIOHAZARD label and will be lined with a red bag and a separated container with a yellow 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.

- i. Items that can go in YELLOW biohazard bags:

- Pathological waste
- Chemotherapy/hazardous drug waste
 - Waste contaminated with bodily fluids from patients on hazardous drug precautions
- Sharps
- Hazardous chemicals (e.g., formalin, solvents)
- Radionuclear waste
- All Laboratory waste including cultures, blood tubes, testing supplies

- ii. Items that can go in RED biohazard bags:

- Bloody items, surgical waste, suction canisters
- Dialysis waste, IV bags
- Waste from patients with Category A special pathogens (e.g., Ebola virus disease)
- Mycobacteriology waste or laboratory cultures from high consequence pathogens/agents of bioterrorism
- All other regulated medical waste not listed above for yellow biohazard bag trash

- b. All non-regulated medical waste will be placed in a regular trash receptacle

(white bag). Psychiatry units will use brown paper bags which are placed in trashcans.

12. 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. Yellow bag waste will be picked up by Environmental Services at least once daily on a schedule and as needed. Areas will call the Service Response Center (SRC) at 984-974-5611, Option 3 for Environmental Services.
- c. 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.
- d. 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.
- e. Sharps containers will be checked by Environmental Services staff daily and replaced by either Nursing or Environmental Services staff 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. Staff will call the Service Response Center (SRC) to alert Environmental Services of the need to pick-up sharp containers.

C. Cleaning of Equipment

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

D. Collection and Movement of Regulated Medical Waste from Collection/Holding Areas

1. Transportation of regulated medical waste from collection/holding areas to the Central Storage/Shipping area must be completed using regulated medical waste shipping containers only. Loose red bags should not be transported in trash carts.

III. Implementation

The Director of Environmental Services in cooperation with the Infection Prevention Department will be

responsible for monitoring and implementing this policy.

IV. Responsible for Content

Infection Prevention

V. Reference

15A NCAC 13B .1200. NC Medical Waste Management Rules. Effective 1 October 1990; amended Eff. April 1, 1993. Readopted November 1, 2019.

VI. Related Policies

[Environmental Health and Safety Policy: Handling and Administration of Hazardous Drugs](#)

[Environmental Health and Safety Policy: Hazardous Materials Waste Management Plan](#)

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

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

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All Revision Dates

03/2026, 02/2026, 04/2024, 04/2023, 03/2022, 06/2020, 03/2017, 03/2014, 02/2011, 02/2008, 12/2005

Attachments

[1: Regulated Waste Management Plan](#)

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

Approval Signatures

Step Description	Approver	Date
Policy Stat Administrator	Judith Strubin: Mgr Program-IP	03/2026
	Emily Vavalle: HCS Exec Dir Infection Prevention	03/2026
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Applicability

UNC Medical Center

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