PURPOSE
The purpose of this document is to specify the procedures used to handle and dispose of medical waste for the UCLA Henry Samueli School of Engineering and Applied Science (HSSEAS).

This SOP supplements the Campus Medical Waste Management Plan maintained by UCLA Office of Environment, Health & Safety (EH&S) Biosafety Program.

SCOPE
This SOP applies to Biohazard Waste Accumulation Site to support biohazard waste generated from HSSEAS research laboratories.

See definition for the types of medical waste that will be disposed at this location site.

RESPONSIBILITIES
EH&S has been charged with oversight of medical waste management at UCLA.

The Principal Investigator is responsible for:
   a. Maintaining current approval from the Institutional Biosafety Committee (IBC) prior to generating biohazard waste. Laboratory must be inspected by EH&S Biosafety as part of the IBC approval and by other applicable EH&S programs prior to generating biohazard waste.
   b. Compliance to CA Medical Waste Management Program (Medical Waste Management Act: The CA Health and Safety Code, sections 117600 – 118360 (Division 104, Part 14 California Health and Safety Code) and other federal, state, and institutional requirements involving biohazard.
   c. Adhering to all the procedures on this SOP.
   d. Ensuring all personnel complete the required safety training prior to handling, generating, transporting, etc of biohazard waste in addition to laboratory specific training.
   e. Immediately reporting exposure or spills involving biohazard materials including biohazard waste.

All personnel generating biohazard waste are responsible for reading and complying with the provisions herein.

HSSEAS is responsible for maintenance of the biohazard accumulation waste storage site and facilitate the pick-up of biohazard waste barrels including sharps waste with the
contracted medical waste hauler, Stericycle, Inc. HSSEAS loading dock personnel or other assigned key personnel will complete the Medical Waste Management and Bloodborne Pathogen training. These individuals will be in charge of signing the manifest document to the Stericycle driver. These individuals will help manage and maintain the storage site for compliance and report noncompliance by the laboratories to EH&S Office.

SAFETY TRAINING REQUIREMENTS
In addition to receiving laboratory specific training for handling biohazard waste, all research personnel must take the following EH&S safety training requirements. Please note that there might be additional institutional requirements depending upon the type of research involving biohazard agents and/or other laboratory hazards:

A. Bloodborne Pathogens (annually)
B. Medical Waste Management (at least every 3 years)

At a minimum, all research/laboratory personnel handling medical waste from the campus must attend the UCLA EH&S Biosafety Program Medical Waste Management within 90 days from start of employment and every 3 years thereafter or as needed per MWMA. All personnel will participate in the CAL/OSHA Bloodborne Pathogen Standard training prior to start of employment and annually thereafter when there is a potential exposure to bloodborne pathogens. All training records will be kept by the EH&S Office.

DEFINITIONS
For HSSEAS, medical waste will be specific to laboratory biohazard waste and sharps waste only.

- **Laboratory waste** -- human or animal specimen cultures from medical and pathological laboratories, cultures and stocks of infectious agents, live attenuated vaccines, and dishes and devices used to culture infectious agents.
- **Sharps** -- hypodermic needles, hypodermic needles with attached syringes, needles with attached tubing, blades, broken glass, acupuncture needles, root canal files, (in UCLA pipette tips are considered sharps) contaminated with biohazardous waste.
- **Recognizable fluid blood** -- waste contaminated with recognizable human blood, fluid human blood, fluid blood products, containers or equipment containing fluid blood, or blood from animals known to be infected with a disease highly communicable to humans.

REFERENCES:
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.
MATERIALS and/or EQUIPMENT
EH&S Office does not supply containers or bags needed for disposal of biohazard waste. However, EH&S Biosafety can provide biohazard waste stickers for start of laboratory operation.

- Red biohazard bag with a minimum thickness of 1 mil (must only use red for biohazard waste)
- Sharps container (can be in any color, must be labeled with a biohazard sticker, must be leak-proof, puncture proof)
- Biohazard waste container (can be in any color, must be labeled with a biohazard sticker visible on all lateral sides, must have a lid that fits, must be leak-proof and puncture proof)

Contracted vendor will provide the biohazard waste barrels located in the accumulation waste storage site. These barrels will come as red 44 gallon tubs with a tight fitting lid and labeled “UCLA”. Sharps container can be placed inside these barrels, but if the sharps containers are too big (at or more than 20 lbs), these containers can be placed next to the barrels.

PROCEDURES
Solid Biohazard Waste – non-pathological, non-pharmaceutical, non-chemotherapeutic waste, and non-mixed waste:
- All biohazard waste must be stored in a red biohazard bag that is at least 1.5 mil thick. When a bag is ready for disposal, tie the bag in a square-knot or a goose-neck tie (twist, bend, and secure with a tape).
- A biohazard waste bag must be packaged for disposal when it reaches 75% capacity, or 7 days in storage, whichever comes first. Do not keep biohazardous waste in your lab for more than 7 days even if the bag is not ¾-full.
- Separate serological pipettes from solid biohazard waste as they can puncture a bag when the bag is closed. Dispose serological pipettes separately in a double red biohazard bag, so the pipettes are all going in the same direction or see sharps biohazard waste for disposal.
- For BSL2 work, there is no need to autoclave the waste. For BSL2+ (BSL2 facility using BSL3 practices or higher), contact EH&S Biosafety for proper disposal.
- All biohazard bags must be labeled (using autoclave tape) with PI’s last name, date, and initial of the person who packaged the waste.
- Biohazard waste bag must be transferred using a solid container, labeled with a biohazard sticker and has a lid that fits to the accumulation waste area. The sides and bottom of the transfer container must be leak proof. Laboratories may use the same container that is used in the lab to hold the biohazard bag.
- Do not carry biohazard bag by hand, or place the biohazard bag on top of a transport cart.
Sharps Biohazard Waste

- Dispose sharps contaminated with medical waste including pipette tips in sharps container (leak-proof, puncture proof) labeled with a biohazard sticker. Do not dispose of sharps contaminated with hazardous chemicals, radioactive materials, or non-biohazard in this manner. Follow the EH&S Sharps Disposal Policy (see below).
- Do not fill sharps container above recommended fill line.
- When full, **tightly close and shut the lid** before disposal to the accumulation area. Do not keep full sharps container for more than 7 days.
- For sharps container, label the container using a permanent marker with the following information: the PI’s last name, date, and initial of the person who packaged the sharps container.
- Do not bring sharps container that is open/broken/overfilled in the accumulation waste area. Broken lids can be fixed by using a strong adhesive tape (e.g., packing tape, duct tape).
- Do not mix serological pipettes with solid biohazard waste as serological pipettes can go in different directions and poke through the bag. Place them in a large sharps container that is able to fit the entire pipette. Close the lid and dispose the entire container. Another option is to place all serological pipettes in the same orientation into a waste container lined with double biohazard bags. Transfer the biohazard bag as described above.
- Sharps that have come into contact with radioactive materials must be disposed as radioactive waste if the isotope has a long half-life that cannot decay by the accepted method. Use a non-red sharps container and remove any biohazard label on the container. Label the container “RADIOACTIVE SHARPS CONTAINER” and dispose as solid waste to EH&S Radiation Safety, contact x55396 for packaging and disposal of radioactive sharps. If the isotope has decayed and is no longer radioactive, the sharps can be disposed as biohazard sharps if contaminated with biohazard; otherwise, disposed as non-biohazard sharps.

Sharps contaminated with non-biohazard materials:

- Sharps that have come into contact with hazardous chemicals must be disposed as hazardous waste sharps. Use a non-red sharps container and remove any biohazard label on the container. Label the container “NON-BIOHAZARD SHARPS CONTAINER” and dispose as solid waste to EH&S Hazardous Chemical Waste, contact x61887 for packaging and disposal of hazardous sharps.
- Sharps that are not hazardous (chemical, biological, or radiological) are disposed as regular trash. Use a non-red sharps container and remove any biohazard label on the container. Label the container “NON-BIOHAZARD SHARPS CONTAINER” and the word “TRASH”. These sharps container can be disposed as regular trash by placing next to other waste containers or glass boxes. These items will be picked up by Facilities Management Custodial Services.

**MAINTENANCE OF BIOHAZARD WASTE ACCUMULATION SITE**
Maintaining a clean and sanitary biohazard waste accumulation site is a shared responsibility between the laboratory personnel, loading dock personnel, and EH&S.
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 return the biohazard waste to the lab and contact EH&S Biosafety or any of the loading dock personnel until the proper corrections are taken. EH&S Biosafety will contact Stericycle to make the necessary arrangements.

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

**EXCEPTIONS**
The HSSEAS biohazard accumulation waste storage site is **not** designed for disposal of the following: (Note: For these items, the laboratory must contact EH&S Biosafety for assistance prior to generating and/or disposal of such waste).

- **Contaminated animals** -- animal carcasses, body parts, tissues, fluids, bedding materials determined to be contaminated with an infectious agent known to be contagious to humans.

- **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.

- **Fixed human tissues** -- human surgery or autopsy tissues which have been fixed in formalin or another fixative.

- **Chemotherapy wastes** -- waste which previously contained or had contact with chemotherapeutic agents including tubing, bags, bottles, vials containing trace amounts and gloves, paper, gowns, towels which have contacted chemotherapy agents.

- **Non-hazardous pharmaceutical wastes** -- unused, expired non-hazardous pharmaceuticals.

- **Mixed Waste** -- biohazard waste which previously contained or had contact with hazardous chemical waste or radioactive waste must be separated at the time of point of generation and disposed using the following guidelines:

  - **Hazardous Chemical Wastes** -- Hazardous chemical waste contaminated with medical waste is disposed of as a hazardous chemical waste through the UCLA Hazardous (Chemical) Waste Program. These wastes are ultimately incinerated. Contact EH&S Hazardous Waste Materials Division for disposal of these materials.

  - **Radioactive Waste** -- Medical waste contaminated with radioactive waste is allowed to decay to less than three times background and then
disposed of as medical waste. Waste is allowed to decay at a temperature below freezing. Contact EH&S Radiation Safety Division for decay and/or disposal of radioactive materials.

**NON-COMPLIANCE**
Laboratory personnel that are not in compliance with the medical waste management regulation and all other regulations involving biohazard will be subject to suspension and could result in suspension of access to work with biohazard materials by the IBC. Continued non-compliance is subject to suspending the PI’s protocol by the IBC and reporting to appropriate institutional committees/Dean/Chairs/ and regulatory agencies.

**REPORTING AND DOCUMENTATION**
EH&S Biosafety has electronic access to all of the tracking documents including archive records for medical waste generated on campus. EH&S Biosafety also receives by email electronic records of the monthly/yearly poundage report of medical waste generated from campus.

Tracking documents for HSSEAS will be kept by EH&S Biosafety to be reconciled and verified against the vendor’s invoice to ensure the waste was treated at the terminal site. All tracking documents are kept for at least a minimum of three years.

**IMPORTANT CONTACT INFORMATION**
UCLA, Environment, Health & Safety Office  
501 Westwood Plaza, 4th Floor, Los Angeles, CA, 90095-1605  
Main office: (310) 825 – 5689 | Fax: (310) 825-7076 | [www.ehs.ucla.edu](http://www.ehs.ucla.edu)

Rowelle Enriquez, M.S. (EH&S Biosafety Officer)  
Phone (direct): (310) 825-3323 | email: enriquez@ehs.ucla.edu

General Biosafety:  
Phone: (310) 206-3929 | email: biosafety@ehs.ucla.edu

The registered hauler and treatment facility contracted by UCLA is:  
Stericycle Inc. (location: 2775 E. 26th Street, Vernon, CA, 90023)
  - Pick-up Services (direct line)  
    Monday – Friday, 8:00 – 5:00 pm  
    323-362-3060

  - Customer Service  
    Monday – Friday 8:00 – 5:00 pm:  
    866-783-7422