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Document Contact	Jennie Green: Mgr, Division Laboratory
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Applicability	All Beaumont Hospitals
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Laboratory Waste Disposal

Document Type: Procedure

I. PURPOSE AND OBJECTIVE:

Beaumont Laboratory is committed to abiding by all federal, state and local laws, regulations and guidelines regarding disposal of hazardous chemical, biohazard, radioactive and universal waste. The Laboratory works closely with Safety Department and will dispose of such materials according to policies established to correctly disposal of materials appropriately for the health and safety of personnel, the health and safety of waste haulers; and to provide a safe environment.

II. CHEMICAL MATERIALS WASTE:

Refer to the following policies for the proper disposal of chemical materials:

A. Hazardous Chemical and Waste Management
B. Hazardous Materials and Waste Management Plan
C. Laboratory Chemical Hygiene Plan
D. Laboratory Precautions and Control Measures for Handling Chemicals and Chemical Waste
E. Mercury Minimization
F. Each location has a specified vendor for disposal of chemical waste that cannot be disposed of in the regular trash or the sewage system. Refer to the Safety Data Sheet (SDS). For the site specific process of chemical waste pick up including contacts, pick up location and pick up schedule, refer to the Lab Safety Officer and/or Corporate Safety. The vendor names are listed below.

1. Beaumont Royal Oak-Valicor Environmental Services
2. Beaumont Troy-ValicorEnvironmental Services
3. Beaumont Grosse Pointe-Valicor Environmental Services
4. Beaumont Farmington Hills-Veola N.A.
5. Dearborn-U.S. Ecology
6. Taylor-Stericycle
7. Trenton-Clean Earth
8. Wayne-Stericycle

III. REGULATED MEDICAL WASTE (RMW):

RMW is handled according to Hazardous Materials and Waste Management Plan and Management and Disposal of Infectious Waste & Sharps.

A. Place infectious material into sealed biohazard bag. Dispose of in red bin.
B. Paper, gauze, etc., contaminated with dried blood may be discarded into the normal trash.
C. Discard all specimens, except for urine, into "Biohazard" bags. This includes any pour-over tubes, analyzer specimen cups, stoppers etc.
D. Urine samples may be poured down the drain, unless otherwise directed in a section's environmental control policy.
E. Sharps (such as, needles, lancets, glass capillary tubes or specimen tubes) or anything that can cause puncture injury capable of transmitting infection should be discarded into plastic properly labeled sharps containers.
F. Used needles should not be bent, recapped or clipped prior to disposal.
G. Dispose of used gloves into the regular trash, unless grossly contaminated.
H. Grossly contaminated gloves are to be disposed of in red bin.
I. Dispose of all microbiological plates into biohazard bags.
J. Dispose of glass slides into sharps containers.
K. Small amounts of liquid, such as test tubes containing patient serum, may be disposed of as solid materials.
L. Large quantities are neutralized with sodium hypochlorite. A one percent (1%) solution of sodium hypochlorite is made by adding one part bleach (5.25% sodium hypochlorite, Clorox) to four parts water. After one hour, discard this neutralized solution down the drain.

IV. RADIOACTIVE MATERIAL WASTE:

Radioactive Material waste is handled according to Hazardous Materials and Waste Management Plan.

A. The Histology and Electron Microscopy laboratories use small amounts of naturally occurring uranium salts for staining tissue sections. Both of these chemicals contain very minute amounts of radioactive Uranium – 238. Small amounts of uranyl nitrate and uranyl acetate

liquid solutions may be disposed down the laboratory sink. Empty containers of uranium salts or the liquids must have their radioactive labels removed or defaced before being disposed in the regular trash.

B. Royal Oak, Troy and Grosse Pointe refer to Radiation Safety Precautions for the Use of Uranyl Chemicals.

V. UNIVERSAL WASTE:

Universal Waste is handled according to Hazardous Materials and Waste Management Plan.

Approval Signatures

Step Description	Approver	Date
CLIA Site Licensed Medical Directors	Vaishali Pansare: Chief, Pathology	2/10/2023
CLIA Site Licensed Medical Directors	Jeremy Powers: Chief, Pathology	2/8/2023
CLIA Site Licensed Medical Directors	Ann Marie Blenc: System Med Dir, Hematopath	2/1/2023
CLIA Site Licensed Medical Directors	Muhammad Arshad: Physician	1/30/2023
CLIA Site Licensed Medical Directors	Ryan Johnson: OUWB Clinical Faculty	1/27/2023
CLIA Site Licensed Medical Directors	Kurt Bernacki: System Med Dir, Surgical Path	1/27/2023
CLIA Site Licensed Medical Directors	John Pui: Chief, Pathology	1/27/2023
Policy and Forms Steering Committee Approval (if needed)	Gail Juleff: Project Mgr Policy	1/27/2023
Policy and Forms Steering Committee Approval (if needed)	Jennie Green: Mgr, Division Laboratory	1/26/2023
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Operations Directors	Joan Wehby: Dir, Lab Operations C	1/26/2023

Operations Directors	Elzbieta Wystepek: Dir, Lab Operations B	1/24/2023
Operations Directors	Kimberly Geck: Dir, Lab Operations B	1/23/2023
Operations Directors	Amy Knaus: Dir, Lab Operations C	1/23/2023
Operations Directors	Brittnie Berger: Dir, Lab Operations C	1/23/2023
Quality Best Practice	Jennie Green: Mgr, Division Laboratory	1/23/2023
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