Policy: Hazardous Waste: Handling & Disposal

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>SA 20-10.05</th>
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</thead>
<tbody>
<tr>
<td>Chapter</td>
<td>Safety</td>
</tr>
<tr>
<td>Effective Date</td>
<td>July 2012</td>
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<td>Approval Date</td>
<td>June 2012</td>
</tr>
<tr>
<td>Supersedes</td>
<td>July 2009</td>
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</tbody>
</table>

Applicable to

- VUH
- Children’s Hospital
- VMG
- VMG Off-site locations
- VPH
- VUSN
- VUSM

Other:

Team Members Performing

- All faculty & staff
- Faculty & staff providing direct patient care or contact
- MD
- House Staff
- RN
- LPN

Other:

Lead Author & Content Experts

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Specific Education: YES

NO Specific to faculty/staff who handle cytotoxic medications. General education for faculty/staff who handle any of the other hazardous wastes

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Inquiries: Accreditation & Standards (615) 322-1117
I. Purpose:

To provide guidelines for the handling or disposal of hazardous waste, including infectious waste, radioactive waste, chemical waste, chemotherapy waste, pharmaceutical wastes, and protected health information.

II. Policy:

Vanderbilt University Medical Center (VUMC) staff use the following procedures in the safe handling or disposal of hazardous waste. The guidelines of the Environmental Protection Agency (EPA), Tennessee Department of Environmental and Conservation (TDEC), Department of Transportation (DOT), Centers for Disease Control and Prevention (CDC), Occupational Safety and Health Administration (OSHA), and other agencies are used in the development of these procedures.

III. Specific Information:

A. VUMC and Vanderbilt Medical Group (VMG) entities do not accept any type of biohazardous or chemical wastes from other facilities or individuals (including patients).

B. Hazardous wastes (e.g., red bags, sharps containers, chemical waste containers) are not placed directly on the floor. Red bags and chemical waste containers are maintained in a secondary container while being staged for pick-up.

C. Infectious Waste (Regulated Medical Waste):

1. The Infection Control and Prevention Committee/Office is responsible for the definition of infectious waste (See Attachment A), and is responsible for developing guidelines concerning the handling or disposal of infectious waste.

2. Waste items considered infectious include, but are not limited to, needles and sharps, items contaminated with blood or body fluids, isolation room waste, all microbiological waste, anatomical pathology wastes, and surgical waste (See Attachment A).

3. Handling, Storage, and Transport:

   a. Items defined as infectious waste are segregated from non-infectious waste at the point of generation and not co-mingled. Infectious wastes are handled and transported separately from
regular non infectious wastes. Secondary containers used for red bag waste are red or labeled with a biohazard sticker.

b. Rooms used for storage of potentially infectious waste are identified by signage with the biohazard symbol.

c. Infectious waste is transported by Environmental Services or other designated housekeeping services to the autoclave in closed leak-proof red or biohazard labeled containers with tight fitting covers. Infectious wastes are treated either on site or by a third party medical waste contractor to render waste non infectious.

d. Sharps containers, pathological waste, and body fluid collection devices which cannot be emptied are managed by incineration or autoclaving according to applicable state and federal regulations, by a commercial medical waste contractor vendor.

e. For the offsite VMG practices, infectious waste is discarded in red bags, or sharps containers. All infectious wastes including pathological waste and body fluid collection devices which cannot be emptied are managed by incineration or autoclaving, according to applicable state and federal regulations by a third-party medical waste contractor vendor. Faculty and staff do not transport infectious waste to main campus for disposal (exception Home Health).

4. Red Bag Wastes:

a. Items that are placed in red bags or other biohazard bags marked with the biohazard symbol include:

i. Items that are visibly contaminated with blood or other potentially infectious materials (OPIM) (e.g., dressings, blue disposable pads, bandages, sponges.)

ii. Any wastes from an isolation room.

b. Infectious wastes NOT placed in red bags/biohazard bags:

i. Large liquid volume containers (e.g., suction containers); and

ii. Sharps.
c. Red bags/biohazard bags are closable and constructed to contain all contents and prevent leakage. They are labeled or color coded and closed prior to removal or transport.

d. Red bags/biohazard bags are placed in leak-proof secondary receptacles that are either red or labeled with the biohazard sticker. The secondary receptacles are cleaned when visibly soiled.

5. Needles and sharps wastes:
   a. Are properly discarded immediately or as soon as feasible.
   b. Sharps containers are NOT placed in red bags/biohazard bags.
   c. Are placed in designated sharps containers which:
      i. Are closeable, color coded or labeled, puncture resistant and leak proof on sides and bottoms.
      ii. Must be checked and replaced, as needed, to prevent overfilling. They are sealed when three fourths full or at the designated full line.
          (NOTE: Sharps containers are not reusable.)
      iii. Are easily accessible to personnel and located as close as is feasible to the area where sharps are used.
      iv. Are maintained in the upright position.
      v. Close securely immediately prior to removal or replacement to prevent spillage or are placed in a secure secondary container meeting the criteria provided above, if the original container is compromised.

6. Blood and body fluids in easily emptied containers, such as suction canisters:
   a. May be carefully emptied into hoppers, utility sinks, or commodes in a manner that minimizes splashing and splattering. Personal protective equipment is used since there is a reasonable likelihood for exposure.
   b. If the containers are not emptied prior to disposal, the liquid contents are solidified using a solidifying agent added to the containers.
c. These containers are not placed in red bags but are placed directly into the red infectious waste bins for disposal by Environmental Services or other designated housekeeping services.

7. Closed systems containing blood, such as pleura-vacs and blood collection/administration systems, are not emptied.
   a. These containers of blood or body fluids are sealed according to manufacturers’ instructions.
   b. These containers are not placed in red bags but are placed directly into the red infectious waste bins for disposal by Environmental Services, or other designated housekeeping services.
   c. Certain closed body fluid collection systems, such as 1 liter glass vacuum bottles, may require special handling arranged through Environmental Services and Vanderbilt Environmental Health and Safety (VEHS).

8. Pathologic waste:
   a. Includes tissues, placentas, organs, and body parts that are removed during surgery and autopsy.
   b. Pathologic wastes are incinerated by an off-site contracted biohazard waste disposal company, third party medical waste contractor.
   c. Pathologic waste is not placed in any regular red bag disposal container.
   d. Pathologic waste is bagged and placed in a designated pathologic waste container.

9. For the main VUMC campus, red bag waste is autoclaved on site prior to placement in the municipal waste compactor for transport to the landfill. NO untreated infectious waste is placed in the municipal waste compactor.
10. Infectious wastes that are not treated (autoclaved) on site are segregated and managed by a third party medical waste contractor.

D. Radioactive and Chemical Waste:

1. VEHS is responsible for developing guidelines concerning the handling or disposal of radioactive and chemical waste. Detailed procedures are available from the VEHS web site. For areas that do not have access to the Internet, a hard copy of the procedures may be obtained by contacting VEHS.

2. Faculty and staff in areas that generate chemical and radioactive waste follow the procedure below:

   a. Waste is properly packaged for transport. Liquid waste is in a chemically compatible container (such as the container it came in), sealed with a screw-on cap, and free of any residue on the outer surface of the container. VEHS does not accept any waste in water bottles, milk jugs, household detergent containers, or other unapproved containers. All Solid waste must be in an approved VEHS bag or box and sealed with tape. The bag or box should not be leaking or have any residue on the outer surface. (NOTE: If unsure of proper container for transport, contact VEHS).

   b. Items containing lead are packaged separately from all other waste.

   c. Chemical waste is stored by compatibility in secondary containment until collection. Waste containers are closed at all times except when adding waste.

   d. Waste is tagged for disposal with the appropriate tag. These tags can be ordered free of charge through the VEHS Waste Collection Program. Available tag types are as follows:

      i. Chemical waste;
      ii. Radioactive waste (solid);
      iii. Radioactive waste (liquid); and
      iv. Radioactive waste (biowaste).

   Note: Radioactive liquid waste requires both the “radioactive waste (liquid)” tag and the “chemical waste” tag.
e. Request a hazardous waste pick-up through the VEHS website at [www.safety.vanderbilt.edu](http://www.safety.vanderbilt.edu).

E. Cytotoxic Waste:

1. Trace contaminated cytotoxic drug waste includes:
   
   a. Items used to prepare drugs— including personal protective equipment.
   
   b. Items used to clean areas and waste from patient rooms where drug is administered.
   
   c. Empty bags, vials, and IV tubing.
      
      i. These items are placed in a securely closed cytotoxic bucket or cytotoxic waste bag prior to transport.
      
      ii. **On-campus:** Cytotoxic waste is picked up by Environmental Services or other designated housekeeping service and transported to the dock for pick-up by a third party medical waste contractor.
      
      iii. **Off-site:** Cytotoxic waste is placed in a secure soiled utility room.
      
      iv. Cytotoxic wastes (Trace chemo) is transported to an offsite medical waste incinerator for disposal by a third party medical waste contractor.

      (NOTE: Sharps may not be discarded in cytotoxic waste liners).

      Bulk contaminated cytotoxic drug waste (partially administered or unused IVs and vials of drug) is returned to the Chemo Pharmacy for disposal.

2. Faculty/staff who have regular contact with preparing, administering, removing, and destroying cytotoxic drugs are oriented to the hazards of handling cytotoxic drugs. Special instructions are given on the disposal of designated cytotoxic drug waste and the cleaning of areas where these medications are in use.

3. Cytotoxic waste containers are available on units for the disposal of waste from patients receiving cytotoxic drugs.
4. Faculty/staff wear appropriate personal protective equipment when handling cytotoxic drug waste containers. (See References SA 20-10.04 Handling of Cytotoxic Drugs)

F. Pharmaceutical Wastes

1. VUMC manages Pharmaceutical wastes to comply with applicable regulations and to minimize environmental contamination.

2. General information about managing pharmaceutical wastes:
   a. Controlled medications (i.e. narcotics) are managed according to VUMC policy CL 30-06.06. Controlled medications are not discarded in any regular, biohazard, or pharmaceutical waste containers.
   b. Cytotoxic waste is managed according to information previously provided in this policy.
   c. Keep wastes in their original closed container; do not shake, squirt, or drain liquids, or empty tablets or capsules directly into the waste holding container. Place any leaking container/bag into a closable zip-lock baggie prior to disposal.

3. Some pharmaceuticals, other than cytotoxic preparations, are specifically regulated by the Environmental Protection Agency. EPA regulated pharmaceutical wastes are identified by:
   a. Inclusion on the EPA Regulated Pharmaceutical Waste list. (See references.)
   b. Alert provided in the automated medication dispensing device upon medication removal.
   c. Indicators provided on patient-specific medication labels (A, B, P, V)

4. Categories and management of EPA Regulated Pharmaceutical Wastes
   a. “A” Category regulated pharmaceutical waste
      i. Aerosol products (such as inhalers and cetacaine spray) are EPA regulated pharmaceutical waste
      ii. Place discarded inhaler/aerosol in designated black container with green label for A-coded pharmaceutical waste.
   b. “B” Category EPA regulated pharmaceutical waste
i. EPA regulated pharmaceutical waste considered toxic or otherwise hazardous when UNUSED drug is discarded.

ii. Only container that is NOT empty (contains dosable portion of unused drug) is considered regulated and placed in the BLACK pharmaceutical waste container for B- & P-coded pharmaceutical waste.

c. “P” category regulated pharmaceutical waste
   i. EPA regulated pharmaceutical waste considered acutely toxic according to EPA regulations
   ii. Includes only the following medications:
      a. Coumadin / warfarin,
      b. Physostigmine,
      c. Nicotine
   iii. Place unused medication and empty container/packaging in BLACK pharmaceutical waste container for B- & P-coded pharmaceutical waste.

d. “V” category EPA regulated pharmaceutical waste
   i. EPA regulated pharmaceutical waste that is incompatible with other waste categories
   ii. Place unused/expired item in zip-lock baggie and call VEHS (322-2057) for pick-up.

5. Disposal of non-EPA regulated pharmaceutical waste:
   a. IV solutions (glucose, electrolytes, etc) that have not been spiked/mixed with medications can be discharged to the sewer.
   b. Non-EPA regulated pharmaceutical wastes (IV preparations, general compounding, spills/breakage, partially use vials/needleless syringes) are placed in the clearly labeled BLUE container for pharmaceutical waste.

G. Items containing patient Protected Health Information (PHI);

1. Items with PHI placed in sharps containers, chemo waste containers, hazardous pharmaceutical waste containers are rendered unidentifiable by autoclave or incineration.

2. If waste labeled with PHI is not managed as a hazardous waste:
   a. Remove and shred any label containing PHI. Place the waste in the regular trash; or
b. Discard IV bags, other labeled non glass containers in red bio hazard bag.

3. Discard written or printed documents that contain PHI in a shredder bin or process through a shredding device.

IV. References:

VUMC e-docs (2014). Retrieved from………..
EPA Regulated Pharmaceutical Waste List


Clinical Policy Manual
CL 30-06.09 Cytotoxic Drug (Chemotherapy/Biotherapy) Administration and Management: Cancer Therapy

CL 30-06.06 Controlled Substance Administration and Accountability

CL 30-07.06 Blood Product Administration

Information Management Manual
IM 10-30.18 Disposal of Confidential Information

OP 10-40.22 Disposal of Confidential Information

Safety Policy Manual
SA 20-10.04 Handling of Cytotoxic Drugs


Vanderbilt Environmental Health and Safety Laboratory Guide for Managing Chemical Waste

Vanderbilt Environmental Health and Safety Radiation Safety Policy and Procedure Manual


V. **Endorsement:**

Safety Policy Committee  
Luke Gregory  
Executive Director & CEO  
Monroe Carell Jr. Children’s Hospital at Vanderbilt  

David Posch  
CEO, Vanderbilt University Hospital and Clinics  
Executive Director, Vanderbilt Medical Group  
President, Vanderbilt Integrated Providers

VI. **Approval:**

Colleen Conway-Welch PhD, CNM, FAAN, FANCM  
Nancy & Hilliard Travis Professor of Nursing  
Dean, Vanderbilt School of Nursing

Marilyn Dubree MSN, RN, NE-BC  
Executive Chief Nursing Officer

C. Wright Pinson MBA, MD  
Deputy Vice Chancellor for Health Affairs  
CEO of the Hospitals and Clinics for VUMC

David Raiford MD  
Associate Vice Chancellor for Health Affairs  
Senior Associate Dean for Faculty Affairs
Attachment A: Definition of Infectious Waste:

VANDERBILT UNIVERSITY MEDICAL CENTER
INFECTIOUS WASTE POLICY
DEFINITION OF INFECTIOUS WASTE

The Tennessee Department of Health and Environment, Chapter 1200-8-1-.01(32) of the hospital rules and regulations, defines infectious waste as follows:

"solid or liquid wastes which contain pathogens with sufficient virulence and quantity such that exposure to the waste by a susceptible host could result in an infectious disease"

The following categories of waste are classified as infectious:

1. Cultures and stocks of infectious agents; including specimen cultures collected from medical and pathological laboratories, cultures, and stocks of infectious agents from clinical and research labs, wastes from the production of biological agents, discarded live and attenuated vaccines, and culture dishes and devices used to transfer, inoculate, and mix cultures.

2. Human blood, blood products, serum, plasma, and waste blood. Any medical device or item (blood bags and corresponding tubing, dialysis lines, wound dressings, and the like) that are contaminated with blood.

3. Pathological wastes, tissues, organs, body parts, and body fluids removed during surgery or autopsy.

4. Discarded sharps (e.g., needles, syringes, scalpels, pipettes, broken glass, scalp blades, capillary tubes) used in clinical or research areas. All sharps, including those not contaminated with blood or body fluids shall be placed in a sharps container.

5. All solid waste contaminated with body fluids from isolation rooms, or labor and delivery rooms, the emergency department, and all intensive care units.

6. Contaminated animal carcasses, body parts, animal bedding from animals exposed to pathogens in research, production of biological agents, or in vitro testing, or pharmaceutical vaccines.

Other medical devices wastes are summarized in the following table. In general, medical waste contaminated by blood or other body fluids is incinerated or autoclaved to destroy all pathogens prior to deposit in the landfill.
Applicable OSHA definitions from 29 CFR 1910.1030(b)

*Contaminated* means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

*Other Potentially Infectious Materials* means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

*Regulated Waste* means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
### Attachment B: Hazardous Waste Disposal Guidelines:

**VANDERBILT UNIVERSITY MEDICAL CENTER HAZARDOUS WASTE DISPOSAL GUIDELINES**

<table>
<thead>
<tr>
<th>TYPE OF WASTE</th>
<th>EXAMPLES</th>
<th>CONTAINER USED</th>
<th>DISPOSAL METHODS</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharps</td>
<td>Needles, Syringes, scalpels, lancets, capillary tubes, glass pipettes, disposable/sharp instruments, etc.</td>
<td>Sharps container</td>
<td>Autoclave Service or Incineration, For Offsite practices: biohazard collection co.</td>
<td>Check and replace container as needed to prevent overfilling. Close securely when 2/3's full. Do not place container in red bag for disposal. Always place sharps in designated sharps container.</td>
</tr>
<tr>
<td>Pathological Waste</td>
<td>Human tissue (placenta, OR tissue, etc.)</td>
<td>Red Bag - may need to double bag if leaks are possible; place pathologic waste in special labeled path waste container</td>
<td>All path waste is incinerated offsite by Biohazard collection co.</td>
<td>Small, unrecognizable pieces of tissue or parts of organs are autoclaved or disposed of as regular red bag waste.</td>
</tr>
<tr>
<td>Contaminated patient care devices that cannot be emptied</td>
<td>Pleuravacs, vacuum bottles, blood bags, etc</td>
<td>Red bin; do not place within red bag. A solidifying agent is added to containers to cause secretions to gel prior to being discarded in the biohazardous waste container.</td>
<td>Incineration or autoclave Service, For Offsite practices: biohazard collection co.</td>
<td>Pleuravacs must be clamped before discarding. Areas generating high volume of containers with liquid contents that cannot be solidified contact VEHS for assistance. The liquid containers must be overpacked in secondary collection containers with an absorbent material (i.e. vermiculite).</td>
</tr>
</tbody>
</table>

*NOTE: For patients with transfusion reactions, send blood bag with bag copy of tag and administration tubing to the Blood Bank.*
<table>
<thead>
<tr>
<th>TYPE OF WASTE</th>
<th>EXAMPLES</th>
<th>CONTAINER USED</th>
<th>DISPOSAL METHODS</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contaminated patient care devices that can be emptied</td>
<td>Suction canisters, wound drainage systems, (hemovacs, JP drains), dialysis lines, etc.</td>
<td>If not flushed to the sanitary sewer, refer to information about items that cannot be emptied.</td>
<td>If not flushed to the sanitary sewer, waste is incinerated or autoclaved.</td>
<td>Carefully empty into a hopper, clinical sink, or commode. Use personal protective equipment if there is a reasonable likelihood for exposure due to splashing/ splattering.</td>
</tr>
<tr>
<td>Isolation</td>
<td>Any waste from an isolation room (including paper and food wastes)</td>
<td>Red bag all waste from the isolation room</td>
<td>Autoclave For Offsite Practices: biohazard collection co.</td>
<td>All trash cans in an isolation room use red biohazard bags as all waste from an isolation room is considered potentially infectious (per VUMC policy IC 10-10.01)</td>
</tr>
<tr>
<td>Items visibly contaminated with blood or other potentially infectious materials (OPIM)</td>
<td>Items contaminated with blood or OPIM and which would release these substances in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling</td>
<td>Red bag - may need to double bag if leakage is possible</td>
<td>Autoclave For Offsite Practices: biohazard collection co.</td>
<td>For human tissue (placenta, OR tissue) see Pathological Waste in this table.</td>
</tr>
<tr>
<td>Patient care devices (not contaminated with blood)</td>
<td>Foley bags, IV bags and tubing, blue pads, urine cup (if no blood), vaginal speculums, etc.</td>
<td>Clear or tan bag</td>
<td>Landfill</td>
<td>Any patient item that is not visibly contaminated with blood/body fluid.</td>
</tr>
<tr>
<td>General Waste</td>
<td>Pizza boxes, soda cans, fast food wrappers, flowers, newspapers, magazines, paper wrappings from sterile items, paper towels, etc</td>
<td>Clear or tan bag</td>
<td>Landfill</td>
<td>Do not place these items in red bags even if they are from an isolation room.</td>
</tr>
<tr>
<td>Recyclable</td>
<td>Soda cans, paper</td>
<td>Clear</td>
<td>Recycled</td>
<td>Rinse prior to placement in recycling container</td>
</tr>
<tr>
<td>TYPE OF WASTE</td>
<td>EXAMPLES</td>
<td>CONTAINER USED</td>
<td>DISPOSAL METHODS</td>
<td>COMMENTS</td>
</tr>
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<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Chemotherapy Waste</td>
<td>Chemotherapy bags, etc. * Refer to sharps section above for needle disposal</td>
<td>Cytotoxic waste bucket or container lined with cytotoxic waste bags</td>
<td>Incineration Service, For Offsite practices: biohazard collection co.</td>
<td>Return unused drug to pharmacy</td>
</tr>
<tr>
<td>Pharmaceutical Waste</td>
<td>Controlled Meds</td>
<td></td>
<td></td>
<td>Follow VUMC Policy CL 30-06.06</td>
</tr>
<tr>
<td>Pharmaceutical Waste</td>
<td>“B” and “P” listed EPA regulated pharmaceutical waste</td>
<td>BLACK container for B/P waste</td>
<td>Incinerated as chemical waste</td>
<td></td>
</tr>
<tr>
<td>Pharmaceutical Waste</td>
<td>“A” listed EPA regulated pharmaceutical waste</td>
<td>BLACK container with green label</td>
<td>Managed and Incinerated as aerosol waste</td>
<td></td>
</tr>
<tr>
<td>Pharmaceutical Waste</td>
<td>Unused, partial bags/vials of NON-EPA regulated Pharm waste</td>
<td>BLUE pharm waste container</td>
<td>Incinerated</td>
<td></td>
</tr>
<tr>
<td>Pharmaceutical Waste</td>
<td>Electrolyte/glucose/ lactated ringers IV fluids (NO medications)</td>
<td>Sewer disposal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemical</td>
<td>Collodion, xylene, toluene, formalin, etc and “V” listed pharmaceutical waste</td>
<td>Liquid Waste - chemically compatible container (such as the container it came in) Solid Waste - Approved VEHS sealed bag or box</td>
<td>Licensed disposal service Incinerated as chemical waste</td>
<td>Pick-up managed by VEHS. Request a hazardous waste pick-up through the VEHS website at <a href="http://www.safety.vanderbilt.edu">www.safety.vanderbilt.edu</a>.</td>
</tr>
<tr>
<td>Radioactive</td>
<td>Radioactive isotopes</td>
<td>Yellow bag with special markings</td>
<td>Decay to background on-site or sent to NRC location</td>
<td>Pick-up managed by VEHS. Request a hazardous waste pick-up through the VEHS website at <a href="http://www.safety.vanderbilt.edu">www.safety.vanderbilt.edu</a>.</td>
</tr>
<tr>
<td>Protected Health Information</td>
<td>Defined in VUMC Policy IM 10-30.18</td>
<td></td>
<td></td>
<td>Refer to VUMC Policy IM 10-30.18</td>
</tr>
</tbody>
</table>

NOTE: A printable copy of the VUMC Hazardous Waste Disposal Guidelines is available on edocs.