DEPARTMENT OF THE ARMY
U.S. Army Medical Department Activity
Fort Huachuca, Arizona 85613-7079

MEDDAC MEMORANDUM March 24, 2008
No. 40-131

Environmental Quality

MANAGEMENT OF REGULATED MEDICAL WASTE (RMW)

1. HISTORY: This issue publishes a revision of this publication.

2. PURPOSE: To establish policies and procedures for the management of regulated medical waste (RMW) formerly called infectious waste or biomedical waste. RMW managed appropriately will minimize occupational exposure, protect the environment and the public, and ensure compliance with federal, state, and Army regulations.

3. SCOPE: This memo applies to all personnel assigned, attached, or otherwise employed by the MEDDAC, DENTAC, and VETCOM on Fort Huachuca, Arizona.

4. REFERENCES: See Appendix A.

5. DEFINITIONS:

5.1 General Waste - Waste that is disposed of by normal waste disposal methods without pretreatment. This includes garbage, rubbish and non-regulated medical waste.

5.1.1 Garbage - Putrescible waste resulting from handling, preparation, cooking or serving of food.

5.1.2 Rubbish - Non-putrescible solid waste comprised of two categories.

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*This Memo supersedes MEDDAC MEMO 40-131 dated 12 August 2006

5.1.2.1 Combustible - Primarily organic material including paper, plastic, cardboard, wood, rubber and bedding.

5.1.2.2 Noncombustible - Primarily inorganic-materials including glass, ceramics, and metal.

5.2 Non-regulated Medical Waste (NMW). Solid material intended for disposal, which is produced as the direct result of patient diagnosis, treatment or therapy. Such waste is generated in patients' treatment, therapy or isolation rooms (except where the patient is isolated for a Center for Disease Control and Prevention (CDCP) Group IV Agent and rooms used for diagnostic procedures, doctors' offices and nursing units. Examples of items included in this category are soiled dressings, bandages, disposable catheters, swabs, used disposable drapes, gowns, mask and gloves, empty used specimen containers and gauze or cotton rolls in Dental Clinics, to include blood tinged gauze. This waste requires no further treatment and will be disposed of as general waste.

5.3 Biohazardous Medical Waste. This is the term the Arizona Department of Environmental Quality (ADEQ) has chosen to identify medical waste. This term is used throughout the proposed medical waste rules, Title 18 Environmental Quality, Chapter 13 Department of Environmental Quality, Solid Waste Management, and Article 14 Medical Waste (Rl8-13-14). This term is synonymous with the term Regulated Medical Waste (RMW) adopted by the Department of the Army Medical Command. When the term RMW is used throughout this document it is intended to identify the waste that ADEQ has defined as Biohazardous Medical Waste.

5.4 Regulated Medical Waste (RMW). Waste which is potentially capable of causing disease in humans and may pose a risk to both individual and community health if not handled or treated properly. Consists of the following classes as defined in 40 Code of Federal Regulation 259 (40 CFR 259). (Liquid human blood, plasma and other derivatives whether dried, dripping or free flowing, are considered in this category).

5.4.1 Class 1 – Cultures, Stocks, and Vaccines. Examples include cultures and stocks of infectious agents and associated biologicals, including cultures from medical and pathological laboratories; discarded live and attenuated vaccines; and culture dishes and devices used to transfer, inoculate and mix cultures. (All other Lab waste except class 2 and class 3 is considered general waste.)

5.4.2 Class 2 – Pathological Waste. Examples are human pathological wastes, including tissues, organs, body parts, extracted human teeth, and body fluids that are removed during surgery or autopsy, or other medical procedures, and specimens of body fluids.

5.4.3 Class 3 – Blood and Blood Products. Examples include:

5.4.3.1 Free flowing liquid human blood, plasma, serum, and other blood derivatives that are waste (e.g., blood in blood bags, blood and/or bloody drainage in suction containers).

5.4.3.2 Items such as gauze or bandages, saturated or dripping with human blood, including items produced in dental procedures, such as gauze or cotton rolls saturated or dripping with saliva. Included are contaminated items that could release blood or related fluids if compressed.

NOTE: The following items saturated or dripping with blood or human waste are not subject to the requirements of this publication: Products used for personal hygiene, such as diapers, facial tissues, and sanitary napkins/tampons (or feminine hygiene products). There was never intent in law, or by implementing regulations, to manage, as RMW, the contents of trash receptacles in public areas. MTF personnel need to use judgment in deciding when and where these items, from patients, need to be managed as RMW.

5.4.3.3 Items caked with dried blood and capable of releasing the blood during normal handling procedures.

5.4.4 Class 4 and 7 – All used (class 4) and unused (class 7) SHARPS. Examples include SHARPS used in animal or human patient care or treatment in medical, research or support laboratories (including hypodermic needles, syringes (with or without the attached needle)), Pasteur pipettes, scalpel blades, blood collection tubes and vials, test tubes, needles attached to tubing, and culture dishes (regardless of presence of infectious agents). Other examples include broken or unbroken glassware that was in contact with infectious agents (i.e., used slides and cover slips).

NOTE: Unused glassware may be discarded in designated and labeled “broken glass” boxes usually found in laboratories.

5.4.5 Class 5 – Animal Waste. Examples include contaminated animal carcasses, body parts, and bedding of animals known to have been exposed to infectious agents during research (including those produced in veterinary facilities), production of biologicals, or testing of pharmaceuticals.

NOTE: Carcasses of road kills, euthanized animals, animals dying of natural causes, and waste produced by general veterinary practices are not considered class 5 animal waste.

5.4.6 Class 6 – Isolation wastes, including bedding from patients or animals with etiologic agents classified by the CDC as Category 4. Examples include biological waste and discarded materials contaminated with blood, excretion exudates, or secretion from humans who are isolated to protect others from highly communicable diseases, or isolated animals known to be infected with highly communicable diseases caused by agents designated by the CDC as Category 4 in classification of Etiologic

Agents on the Basis of Hazard (1974) and Biosafety in Microbiological and Biomedical Laboratories (1999). This category includes pox viruses and arboviruses (shown in MEDCOM Regulation 40-35, Appendix B).

5.4.7 Other – Fluids that are designated by the local Infection Control authority. They may include but are not limited to semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. These designated fluids are RMW when free flowing, dripping, saturated on substrates.

6. GENERAL:

6.1 Components of this program are: minimizing the use of disposable items, enhancing the use of reusable materials, and recycling to the maximum extent.

6.2 The MEDDAC, DENTAC, and VETCOM waste management system includes the segregation of waste at the point of origin and the appropriate packaging, transporting and treatment/disposal of waste in each category. A combination of three basic approaches is used to define RMW: the infectious characteristics of the waste; types or categories of waste; sources of generation.

6.3 The facility has assessed its entire waste stream to determine areas that generate RMW. A list of areas that normally do and do not generate RMW is at Appendix B.

7. RESPONSIBILITIES:

7.1 The Commanders, MEDDAC, DENTAC and VETCOM will ensure that RMW is identified and disposed of according to the procedures established here.

7.2 Preventive Medicine (PM):

7.2.1 Has joint responsibility with the HM/HW Manager, Infection Control, Logistics, and Safety for identifying and characterizing RMW properly and for providing training.

7.2.2 Is responsible for preparation of local publications, monitoring all aspects of RMW management including the timely collection, transportation, treatment, storage, and disposal of RMW.

7.3 The Environmental Science Officer (ESO):

7.3.1 Provides guidance and technical consultation to departments responsible for RMW.

7.3.2 Provides policies and procedures related to RMW.

7.3.3 Governs RMW disposal contract in cooperation with Great Plains Regional Medical Command and MEDCOM.

7.4 Infection Prevention and Control Officer (IPCO)/Functional Management Team:

7.4.1 Provides guidance and technical consultation to departments responsible for RMW.

7.4.2 Reviews policies and procedures pertaining to RMW.

7.5 Logistics Division: supervises the housekeeping personnel responsible for the collection, storage, transportation, and disposal of RMW.

7.6 Housekeeping personnel:

7.6.1 Collect and transport RMW to the designated holding area. Transport containers will be available to staff members to transport RMW during night shift, weekends and holidays.

7.6.2 Will be responsible for timely transportation of waste within the MTF, maintenance of carts and weekly or more frequent cleaning if needed.

7.6.3 Will clean RMW spills during all weekday shifts and first shift on weekends and holidays.

7.6.4 Will clean the cart immediately if a spill occurs.

7.6.5 Will secure bags containing RMW during evening or weekend shift.

7.6.6 Will weigh RMW by clinic and log results appropriately.

7.7 The Health Center Safety Manager: monitors worksites for compliance with applicable safety standards, ensures that all appropriate personal protective measures are implemented, and participates, as needed, in providing relevant training on RMW practices.

7.8 The section NCOIC/Safety NCO:

7.8.1 Ensures that all individuals are trained initially and every two years thereafter. The training will include local RMW work site policies and procedures.

7.8.2 Maintains training records and documentation for each employee that handles RMW for three years. Documentation will include topic(s), content summary, date, instructors' name, number of hours, printed name, and signature of attendees.

7.9 All individuals who generate RMW will strictly comply with all policies and procedures outlined in this and other memos and/or guidelines.

8. WASTE MANAGEMENT PROCEDURES:

8.1 General waste will be managed and disposed of in accordance with AR 40-5 and AR 420-47.

8.2 Regulated Medical Waste.

8.2.1 Packaging and handling of RMW.

8.2.1.1 RMW will be segregated from general waste at its point of generation and securely packaged in red bags or SHARPS containers to provide a barrier between waste and personnel. The bag is the primary barrier for non-sharps medical waste, and the SHARPS container the primary barrier for SHARPS waste.

8.2.1.2 RMW will be deposited in leak-proof, puncture resistant, plastic-bag-lined receptacles. Bag used must be sturdy, tear resistant, 3 mils in thickness, and of a red color that denotes RMW. Red bags will not be used for any other purpose. The bags will be in a designated hard-walled container. Red bags will not be placed in designated SHARPS containers.

8.2.1.3 When sealing, the bag will not be shaken or squeezed in an attempt to reduce volume. RMW will never be compacted prior to disposal. The neck of the bag will be sealed using masking tape or equivalent material.

8.2.1.4 The generator will seal the bag and mark with the location of generation, date when sealed, and point of contact (POC), (e.g., OR, DC1, etc.).

8.2.1.5 Sealed bags will be carried by their necks to the transportation containers. Bags will not be lifted or held by the bottom or sides. Bags should be carried away from the body.

8.2.1.6 Care should be taken to ensure bags are not broken, opened or dropped. Bags will not be thrown into containers or from one individual to another.

8.2.1.7 Wear gloves appropriate to the task when handling bagged RMW. If necessary, obtain guidance from the Safety Manager.

8.2.1.8 Put regular trash and recycling containers at appropriate locations in the workplace to aid in convenience and to minimize improper segregation. Use RMW bags on an “as needed” basis. In most instances, they are not placed in clinic/patient rooms unless they are required for a specific procedure or case.

8.2.1.9 Class 1 - Cultures and stocks. Microbiologic waste (cultures and stocks of etiologic agents) will be separated from general waste for decontamination. Once steam sterilized, these may be disposed of as non-regulated medical waste. Items not sterilized will be disposed of as RMW.

8.2.1.10 Class 1 - Vaccines. Empty vials of vaccine agents will be deposited in Sharps containers. Full or partially full vaccines will be turned into the Materiel Branch and removed under the guaranteed returns program.

8.2.1.11 Class 2 - Pathological waste. Examples are human pathological wastes, including tissues, organs, body parts, extracted human teeth, and body fluids that are removed during surgery or autopsy, or other medical procedures, and specimens of body fluids.

8.2.1.12 Class 3 - Blood products. Breakable containers used for bulk blood or blood products will be placed in rigid, puncture-resistant, leak-proof (SHARPS) containers. Non-breakable containers, (i.e., blood bags and blood filter tubing) will be placed in plastic RMW bags.

NOTE: Needles must be removed from the tubing (not by hand) and placed in a Sharps container for disposal. Items saturated or dripping with blood will be placed in plastic RMW bags.

8.2.1.13 Class 4 - Sharps. All Sharps will be discarded in a rigid, puncture-resistant, plastic Sharps container immediately after use. Disposable needles and any syringes will be discarded intact and not cut, broken, bent or recapped. In order to prevent unauthorized removal of its contents, the containers must be of a tamper resistant design and must be locked to a mounting device which is securely fastened to the building structure or be located in a room or area which is under continuous supervision by clinic personnel. Sharps containers will be located as close as practical to the area of use. Sharps containers will be taped closed and labeled with date and generating unit when 3/4 full and transported to the clinic designated RMW holding area and transported by housekeeping personnel to the Health Center RMW holding area.

8.2.1.14 Class 5 - Animal Waste. Contaminated animal carcasses, body parts, and bedding of the animals that were known to have been exposed to infectious agents during research (including that produced in veterinary facilities), production of biological or testing of pharmaceuticals will be turned into the off post contractor for incineration.

8.2.1.15 Class 6 - Isolation waste (CDC Category 4). The IPCO / Functional Management Team will be consulted for specific instructions on handling isolation wastes.

NOTE: See MEDCOM Regulation 40-35, Appendix B, for a listing of isolation wastes in CDC Category 4.

8.2.2 Transportation of RMW.

8.2.2.1 Red canisters, properly labeled with biohazard symbol will be used to transport RMW within the MTF. Containers will be closed during transportation and storage. Carts transporting RMW containers will not be left unattended.

8.2.2.2 Containers used to transfer RMW will be cleaned weekly using an EPA registered hospital detergent/disinfectant. Housekeeping personnel will be responsible for timely transportation of waste within the MTF, maintenance of carts and weekly or more frequent cleaning if needed. If a spill occurs, the cart will be cleaned immediately.

8.2.2.3 Bags of RMW will be placed in leak-proof rigid containers marked with the universal biohazard symbol.

8.2.2.4 RMW from outlying MTF buildings will be collected on a schedule approved by the ESO, ICO, and Safety Manager.

8.2.2.5 RMW destined for disposal will not be transported in privately owned vehicles. The transporting vehicle must be disinfected if a leak or spill occurs during transportation.

8.2.2.6 A spill containment, clean-up kit, and emergency response guidebook will be maintained in each vehicle transporting RMW. The kit will include appropriate PPE, a disinfectant approved by the MTF, and appropriate absorbent and housekeeping equipment for cleaning up a spill. The kit may either be developed and assembled locally or be commercially procured.

8.2.2.7 RMW is defined by the U.S. Department of Transportation (DOT) as a hazardous material. When transported in commerce (over public roads), RMW will be prepared for shipment following the requirements in 49 CFR Parts 172, 173, and 177. When RMW is transported on Ft. Huachuca, the precautions in 8.2.2.1 through 8.2.2.6 above are sufficient.

8.2.2.8 Persons who transport RMW over public roads will receive driver training specified in 49 CFR 177.816 AR 600-55 and RWBAHC SOP 14. A commercial driver's license (CDL) is not required provided the gross weight of the vehicle used is less than 26,001 pounds.

8.2.2.9 Transportation of RMW by the off-post contractor will be in accordance with state and federal guidelines that will be covered in the implementing service contract.

8.2.3 Storage of RMW.

8.2.3.1 RMW, excluding pathological waste, will be stored in the RMW storage Conex adjacent to the IMD Class room. This area will be secured properly, identified, and kept clean and free from pests, (e.g., insects, rats and animals). The universal biohazard sign shall be displayed and warning signs shall be posted and worded as follows: in English, "CAUTION--REGULATED MEDICAL WASTE STORAGE AREA--UNAUTHORIZED PERSONS KEEP OUT" and in Spanish, "PRECAUCION--ZONA DE ALMACENAMIENTO DE DESPERDICIOS BIOLOGICOS PELIGROSOS--PROHIBIDA LA ENTRADA A PERSONAS NO AUTORIZADAS."

8.2.3.2 Storage of RMW, in the Conex at the MEDDAC, will not exceed 7 days: point of generation 1 day, storage area 5 days, and transport vehicle 1 day. SHARPS containers are exempt from these guidelines. Seal the SHARPS containers when they are ¾ full, and/or picked up for disposal. (NOTE: MEDCOM Regulation 40-35 allows 5 days for RMW storage. Due to the remote location, cost, availability, and risk assessment of the RMW disposal services at Ft. Huachuca, this is an identified variance from the MEDCOM Regulation. USACHPPM – West has identified this in its previous assistance visits, and approved the local policy.)

8.2.3.3 When storing RMW, bags will not be shaken or squeezed in an attempt to reduce volume. RMW will never be compacted prior to disposal.

8.2.3.4 This MTF does not have refrigerated RMW storage capabilities. For this reason, when the Veterinary Clinic has Class 5 animal waste for disposal, they will freeze waste on site and notify the ESO when they are ready for disposal. The ESO will notify the contractor, and a special pick-up will be arranged at the Veterinary Clinic for disposal transportation and incineration.

8.2.4 Management of RMW spills:

8.2.4.1 Policies and procedures that govern the management of RMW spills will be approved by the Infection Control and Safety Committees. Housekeeping will be responsible for the clean-up of the spill; the department/service/activity that generates the spill will be responsible for the proper management of the spill.

8.2.4.2 RMW spills will be cleaned up immediately with an EPA registered hospital grade detergent/disinfectant which acts as a mycobactericide. Remove most organic matter from the spill before final disinfection of the surface is attempted. When using Cavicide the contact time is 3-5 minutes. Wiping down surfaces with a cloth containing Cavicide is acceptable. For disinfecting non-instrument surfaces, including HIV-1, HBV and HCV applications: spray Cavicide directly onto precleaned surface, thoroughly wetting area to be disinfected. Allow surface to remain visibly wet for 5 minutes at room temperature (69 degrees F/20 degrees C). **For Tuberculocidal activity surface must remain visibly wet for a full 5 minutes. Wipe surface using a towel or allow to air dry.** EPA-registered germicides should be used according to the manufacturer's instructions for use, dilution and contact time. The manufactures requirements vary depending on the product so it is important to read the manufacturers labels. A room will be terminally cleaned and allowed to sit for an hour after terminal cleaning is conducted.

8.2.4.3 Aerosolization of RMW is rare. If it should occur, allow the aerosol to settle and isolate the spill until it is safe to begin the clean up.

8.2.4.4 PPE for clean-up workers: Wear disposable, waterproof gloves at a minimum; wear fluid-impervious gowns or other protective clothing when there is danger of soiling

the workers' clothes; wear a mask and protective eyewear when there is danger of splashes or aerosols coming in contact with the workers' face and eyes; use engineering controls (such as a broom and dust-pan) to pick-up and dispose of any broken glass and/or larger volumes of RMW.

8.2.5 Treatment/Disposal of RMW.

8.2.5.1 Blood and blood products require no treatment prior to disposal in the sanitary sewer system provided they do not contain known etiologic or infectious agents which are identified by the local Infection Control authority, or by the CDC Category 4 guidelines. If they are in containers, these containers may be disposed of without pre-treatment, either in RMW bags or SHARPS containers (depending on whether the container is breakable or non-breakable).

8.2.5.2 Pathological waste is uncommon at RWBAHC. If this waste were generated in any health care facility, it should be refrigerated and/or frozen at the Veterinary Clinic until disposal can be arranged by the ESO.

8.2.5.3 Vaccine waste requires no treatment prior to steam sterilization or off-post contract disposal.

8.2.5.4 Disposal of known infectious waste and prionic waste must be coordinated separately through the HM/HW Manager or the ESO. This is because the disposal contractor will need to mark this waste for incineration and make special arrangements for its disposal.

9. CONTINGENCY PLANNING:

9.1 A written, detailed contingency plan for disposal in the event the primary means of disposal becomes inoperable is on file in the Logistics Division and can be activated by the Chief, Logistics Division.

9.2 The contingency plan designates Envirosolve, in Tucson, AZ as an alternate off-post contractor.

10. TRAINING REQUIREMENTS:

10.1 The section NCOIC/Safety NCO will ensure all employees who have direct contact with patients, or who segregate, package, store, transport, treat or dispose of RMW, will be provided training in RMW that is pertinent to the primary job of the employee being trained. Consult the IPCO or Safety Manager for technical assistance in determining pertinent information to be included in the training.

10.1.1 The training will include topics related to general awareness, specific functions, safety, and spill clean-up.

10.1.2 Persons who sign shipping papers/manifests, will be certified IAW the USACHPPM Transportation of Biomedical Materials Class, or USACHPPM Transport of Regulated Medical Waste class, or another CHPPM approved course.

10.1.3 Drivers will have appropriate driver's training IAW all local, federal, and Army regulations.

10.2 The IPCO, Environmental Science Officer, and Safety Manager will provide training and technical assistance to the section NCOIC/Safety NCO as requested.

10.3 Initial training will include an orientation to local RMW work site policies and procedures before the employee begins work. Recurrent training will be conducted at least every 2 years and will include a report of work site policies, procedures, and new technologies.

10.4 Bloodborne Pathogen training will include an initial training session and annual recurrent training thereafter.

10.5 Training will be documented in accordance with MEDDAC training memo and will be maintained by the department/service/activity for three years. Documentation will include topic(s), content summary, date, instructor name, number of hours, printed name, and signature of attendees.

10.6 Department/service/activities will monitor and evaluate the training. Training topics will reflect assessment of the needs of the work center. For example, an increase in needle sticks may indicate a need to increase training in use of SHARPS disposal systems.

The proponent of this memorandum is Preventive Medicine (PM). Users are invited to send comments and suggested improvements on DA Form 2028 directly to PM, RWBAHC, ATTN: MCXJ-PM-EH, Fort Huachuca, AZ 85613-7079

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Appendix A
References

1. AR 40-5, Preventive Medicine

2. AR 40-61, Medical Logistics Policies

3. AR 200-1, Environmental Protection and Enhancement

4. AR 385-10, The Army Safety Program.

5. AR 420-49, Utility Services

6. TG 126, Waste Disposal Instructions

7. TG 147, Infectious Hazardous Waste Handling and Disposal

8. Title 10 and 49 Code of Federal Regulations

9. USAEHA TG-149, Guidelines for the Preparation, Administration, and Disposal of Cytotoxic Drugs.

10. EPA Guide for Infectious Waste Management, U.S. Environmental Protection Agency, May 1986

11. 40 CFR, Part 259, Standards for the Tracking and Management of Medical Waste, U.S. Environmental Protection Agency, March 1989

12. CDC Guidelines for Hand washing and Hospital Environmental Control, 1985.

13. CDC Guidelines for Isolation Precautions in Hospital, Infection Control, 4 (Suppl): 245-325, July/September 1983.

14. Arizona Revised Statutes, (ARS) HB 2121, 1 October 1991

15. MEDDAC MEMO 200-1, Hazardous Materials and Hazardous Waste (HM/HW) Management

16. MEDDAC MEMO 350-4, Training and Education

17. MEDCOM Regulation 40-35, Regulated Medical Waste

APPENDIX B
GENERATION SITES

1. All areas that generate sharps use a rigid puncture-resistant sharps container for disposal of sharps that have been used in animal research or human patient care or treatment in medical, research, or support laboratories, including hypodermic needles, syringes (with or without the attached needle), Pasteur pipettes, scalpel blades, blood collection tubes and vials, test tubes, needles attached to tubing and culture dishes regardless of presence of infectious agents). Other types of broken or unbroken glassware that were in contact with infectious agents such as used slides and cover slips are also included in this category.

2. All administrative areas that have a direct or indirect patient contact generate non-regulated medical waste. The waste generated is general waste and will be disposed of as such.

a. Headquarters.

b. Patient Administration.

c. Personnel.

d. Logistics.

e. Mobilization, Education, Training, and Security.

f. Nutrition Care.

g. Resource Management.

h. Information Management.

3. The following areas with direct and indirect patient contact generally generate non-regulated medical waste. The waste generated is general waste and will be disposed of as such. SHARPS generated in these areas are always considered RMW.

a. Allergy/Immunization Clinics (SHARPS waste)

b. Social Work Service.

c. General Outpatient Clinics.

d. Optometry Clinic (Minimal SHARPS waste)

f. Orthopedic Clinic (infrequent red bag use)

g. Radiology, including Ultrasound.

h. Pharmacy service (Minimal SHARPS waste)

i. Occupational Health Clinic.

j. Physical Examination.

k. Community Mental/Behavioral Health Clinic.

l. Veterinary Service. (SHARPS waste - infrequent red bag use)

m. Central Material Supply (SHARPS waste)

n. Post Anesthesia Care Unit. (infrequent red bag use)

o. Internal Medicine. (SHARPS waste)

p. Specialty Clinics. (infrequent red bag use)

q. Preventive Medicine.

r. Physical Therapy.

s. Army Substance Abuse Program.

t. Operating Room. (SHARPS waste - infrequent red bag use)

4. The following areas generate regulated medical waste (selected items) and will dispose of it as such. Sharps generated in these areas are always considered RMW.

a. General Patient Clinics.(AFCC/DMM/Ray) (occasional red bag use)

b. Laboratory Services.

c. Dental Clinic.(occasional red bag use)