Title	Biohazardous Material Waste Management
SOP Code	SOP003_01
Effective Date	01-Sep-2012

Site Approvals

Name and Title (typed or printed)	Signature	Date dd/Mon/yyyy

1.0 PURPOSE

This Standard Operating Procedure (SOP) outlines processes that must be followed in order to dispose of biohazardous waste in a manner compliant to safety regulations and ensure contamination risks are minimized.

2.0 SCOPE

All biospecimens whether fixed, fresh, frozen, or paraffin embedded should be considered biohazardous and treated with universal precautions. The purpose of this document is to minimize the risk biohazardous material poses to the environment and to personnel during disposal. Procedures should ensure adherence to Canadian, provincial, and institutional guidelines.

3.0 RESPONSIBILITIES

This SOP applies to clinical research and biorepository personnel involved in biospecimen management. Roles and responsibilities may vary at specific sites.

4.0 DEFINITIONS

See Glossary of Terms.

5.0 PROCEDURE

5.1 Human Anatomical Waste

5.1.1 Place all human anatomical waste and materials that have come into contact with such waste into a bag that is clearly labeled with the universal biohazard symbol.

5.1.2 Decontaminate biohazardous waste before disposal to a landfill site.

5.1.3 Decontaminate by heat sterilization (autoclaving) and take to the institutional designated area for pick-up and disposal.

5.1.4 Optional: Biohazardous waste that has not been decontaminated can be picked-up by an established waste disposal company for disposal. This may require that the facility obtains a special ministerial permit granting approval for generation and disposal of waste by this procedure.

5.2 Biohazardous Liquids (Human Blood and Body Fluids Waste)

5.2.1 Dispose of blood and liquid biohazardous waste generated during specimen processing by pouring the waste into a leak proof container containing freshly prepared 10 % chlorine bleach solution or other suitable chemical disinfectant.

5.2.2 Discard the solution down the drain, after 30 minutes or a suitable time-interval ensuring decontamination (if permitted by local regulations).

5.2.3 Avoid the creation of aerosols or spills during this process.

5.3 Sharps

5.3.1 Do not recap needles, if possible.

5.3.2 Dispose of all sharps waste into a readily available, CSA-approved puncture-resistant container, labelled with the biohazard symbol.

5.3.3 Decontaminate sharps containers (preferably by incineration or autoclaving), and dispose of in accordance with institutional, national, and provincial guidelines.

6.0 REFERENCES

Health Canada, Food and Drug Regulations, Part C, Division 5, Drugs for Clinical Trials Involving Human Subjects, (Schedule 1024), June 20, 2001.

Health Canada, Guidance for Industry, Good Clinical Practice: Consolidated Guideline, ICH Topic E6, 1997.

2011 NCI Best Practices for Specimen Resources. Office of Biorepositories and Biospecimen Research, National Cancer Institute, Bethesda, MD. http://biospecimens.cancer.gov/bestpractices/2011-NCIBestPractices.pdf

ISBER Best Practices for repositories: Collection, storage, retrieval and distribution of biological materials for research. Cell Preservation Technology 6(1), 3-58, 2008 http://www.isber.org/Pubs/BestPractices2008.pdf

CTRNET Standard Operating Procedures, Canadian Tumour Repository Network, http://www.ctrnet.ca/operating-procedures

7.0 REVISION HISTORY

SOP Code	Effective Date	Summary of Changes
SOP003_01	01-Sep-2012	Original version