# Section 8 Disposal of Hazardous Waste

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**Record Keeping of Infection Waste**

Disposal 3
Disposal of Hazardous (Infectious) Waste

**Sharps**
Disposable syringes, needles, scalpel blades and discarded burs, endo-files, and dental instruments must be placed in red puncture-resistant containers labeled with the biohazard symbol or the word "SHARPS."

These red plastic sharps containers are placed so that the operator is able to see the top of the container to prevent getting stuck should something be protruding. Sharps containers may be found:

- on the counter in every unit in the clinic
- on the counter between units in the pre-patient care clinic
- mounted on the operatory wall in some surgical areas

Sharps containers should be checked regularly by dental assistants and must be replaced when it reaches 75% of its capacity following the procedure described below.

**Full Sharps Containers**
Full sharps containers are left open (or opened if closed) and turned in to sterilization. A piece of indicator (autoclave) tape is placed on the container, and the container is then autoclaved in an upright position for at least 30 minutes. Processed containers are then closed and placed in sturdy, red plastic bags and given to the maintenance department, who moves them to the dock for pick-up and destruction by physical plant. Please contact the Office for Clinical Affairs (room 301, 996-3544) if you have any difficulties with the replacement of full sharps containers.

**Human Tissue (Extracted teeth, blood, suction fluids, etc.)**
Human tissues that are not to be fixed or disinfected for future use should be handled in the same manner as sharps.

Extracted teeth containing amalgam restorations should not be placed into sharps containers. Please follow guidelines listed under Amalgam.

Extracted teeth may be given to the patient after removing any excess soft tissue and rinsing under water and drying with paper towels.

Blood and suctioned fluids may be carefully poured into any drain that is connected to the sanitary sewer system. Use the sink.
Spills of Blood or Body Substances

1. Wear nitrile gloves, and protective eyewear.
2. Wipe up spill with paper towel(s) or other absorbent material.
3. Dispose of the paper towels or absorbent material as regulated or unregulated medical waste as described below.
4. Clean the area with warm water and detergent using a disposable sponge, cloth or paper toweling. Dispose of the sponge, cloth or paper toweling appropriately.
5. If contact with bare skin is likely, disinfect the area by placing paper towels over the area and wetting them with 1:10 bleach. Leave in place for 5 minutes. Flooding the area with Cavicide disinfectant is also effective.
6. Clean and disinfect eyewear and gloves.
7. Wash hands.

Regulated Medical Waste

If a porous material contains a quantity of blood or saliva such that, when squeezed, the liquid can be squeezed out, or if the dried blood or saliva is likely to flake off it is considered regulated medical waste. Regulated medical waste is disposed of in the red-bag-lined biohazard waste containers present in certain clinics. In the Oral Surgery and Periodontics clinics, all materials that have been contaminated with blood or saliva must be disposed of in these biohazard waste containers.

Because the disposal of regulated medical waste is very expensive, unregulated waste must never be placed in biohazard containers.

Unregulated Medical Waste

In other clinical areas, materials that have been contaminated with blood or other fluids do not require special precautions. Gloves, masks, wipes, drapes, etc. must be placed in sealed, sturdy, impervious bags to prevent human contact and disposed of in the same manner as other solid waste.

Amalgam

Dental amalgam has been studied and reviewed extensively, and has established a record of clinical safety and effectiveness. Mercury in the environment is bioaccumulative, which means that it can build up in fish and cause health problems in humans and other animals that eat fish. Less than one percent of the mercury released into the environment comes from amalgam, and even this amount is in the form of amalgam and not methylmercury, the form of particular environmental concern. Nevertheless, because dentists are good stewards
of the environment, it is prudent to limit the release of any dental amalgam waste to the environment, when feasible.

Mercury may enter the body by ingestion, inhalation or absorption through the skin. In order to minimize mercury exposure, the operator and the environment the following guidelines must be followed:

1. In the dental clinics only pre-capsulated amalgam may be used in order to ensure optimum mercury to metal ratios.

2. Any time that amalgam is to be used the operator must wear personal protective equipment including gloves and a mask. If the amalgam contacts bare skin then the operator should immediately stop and wash the area of contact with soap and water.

3. Mercury vapor is released from the amalgam when the amalgam is heated. Never heat amalgam and NEVER PLACE AMALGAM IN THE SHARPS CONTAINER as mercury vapor will be released during the sterilization and disposal process.

4. When working with amalgam in the clinics and pre-patient care areas:
   - An amalgam waste container with a screw on lid is found next to the sharps container in every dental unit. This container is labeled with biohazard and environmental hazard stickers.
   - All waste amalgam is disposed of in this container. Waste amalgam includes but is not limited to:
     - excess unused amalgam
     - open capsules with improperly mixed amalgam
     - the capsule that contained the amalgam (as there may be mercury left in the capsule)
     - amalgam collected in the dental unit traps that is recovered during routine maintenance of the unit.
   - The amalgam waste container must be kept tightly closed to prevent the leakage of mercury vapor.
   - Waste must be sprayed with disinfectant.
   - During their monthly preventive maintenance in the clinics the maintenance department will dump the smaller containers in to a larger
The dental traps containing amalgam waste will also be changed and placed into the larger collector.

- Extracted teeth containing amalgam restorations will not be placed into sharps containers and disposed of in accordance with amalgam waste guidelines.
- If the amalgam waste container becomes full between the scheduled preventive maintenance the dental assistant will contact the maintenance department to collect the amalgam waste.
- The maintenance department will empty the larger containers containing the amalgam waste into a large drum that is housed on the loading dock.
- The waste recyclers are called by the maintenance department to collect the large drum once it is full or every 90 days, whichever comes first.
- The waste recycler will replace large drum with a new, empty drum.
- The waste recycler supplies the College of Dentistry with proof of proper recycling once the process is complete.

**Record Keeping of Infection Waste Disposal**

The Office for Clinical Affairs keeps records of the disposal and recycling of all hazardous waste.