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GUIDELINES FOR CHEMOTHERAPEUTIC/ANTINEOPLASTIC WASTE DISPOSAL

Chemotherapeutic/antineoplastic wastes include spent or excess cytotoxic compounds, liquid and solid waste from cell cultures treated with such agents, expended personal protective equipment, and spill cleanup materials. Some examples of chemotherapy/antineoplastic agents include adriamycin (doxorubicin), bleomycin, cisplatin, cyclophosphamide, etoposide, fluorouracil, streptozotocin, taxol and vincristine. Internet resources for chemotherapy, genotoxic, and antineoplastic agents include the NIOSH List of Antineoplastic and Other Hazardous Drugs and PubChem.

- Chemotherapeutic wastes that are mingled with biohazardous wastes are classified as chemotherapeutic wastes and must be managed as such. Chemotherapeutic/antineoplastic wastes must be disposed separately from biohazardous or regular municipal waste according to state regulations.
- 2. Solid chemotherapeutic wastes **cannot** be disposed in the regular trash or in biohazard bags.
- 3. Liquid chemotherapeutic wastes **cannot** be disposed down the drain or sanitary sewer.
- 4. Chemotherapeutic waste containers are yellow waste bags or yellow and white, puncture-proof and leak-proof, hard plastic containers. The bags and containers **must** be labeled "Chemotherapeutic Waste." Containers are available through the UPMC Purchasing Warehouse, or the University's Biological Sciences stockroom, and scientific suppliers. The chemotherapeutic plastic waste containers may be listed as "chemotherapy sharps containers."

5. Chemotherapeutic/Antineoplastic Disposal Guidelines

- 5.1 Unused portions of chemotherapy agents (powders and liquids) are disposed through the EH&S chemical waste disposal program.
 - 5.1.1 An orange chemical waste label must be completed and placed on the container.
 - 5.1.2 EH&S picks up chemical waste on a regular basis. Contact EH&S at 412-624-9505 for the schedule, locations, and with questions regarding chemical waste disposal.
- 5.2 Used liquid chemotherapeutic waste must be collected in leak proof containers which are constructed from glass or plastic with tight fitting lids. This liquid waste includes spent chemotherapeutic waste, as well as liquid cell culture waste from cells treated with chemotherapeutic agents.
 - 5.2.1 When the collection container is ¾ full, an absorbent such as Green Z should be added to thicken the liquid waste. Absorbent is used to protect custodians and waste handlers from exposures to spills and splashes.
 - 5.2.2 The waste container should be capped and placed in a chemotherapeutic waste bag or container.

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- 5.3 Solid chemotherapeutic waste, including items such as contaminated plastic ware from cell cultures treated with chemotherapy agents, should be collected in bags and then placed in the yellow chemotherapeutic waste bags or containers.
 - 5.3.1 Solid waste does **not** include syringes used to inject animals with chemotherapeutic agents.
 - 5.3.2 <u>Empty</u> used syringes can be disposed in sharps containers and do not require special handling.
 - 5.3.3 Empty all syringes of remaining chemotherapeutic agent per section 5.1.
- 5.4 When the chemotherapy waste bag or container is full, it should be sealed and placed in a standard biohazard box.
 - 5.4.1 The box should be labeled with the name of the investigator and a phone number.
 - 5.4.2 "Chemotherapeutic waste" should be written on the box, and the box should be placed in the normal biohazard waste pickup area.

NOTE for Hillman Cancer Center (HCC) laboratories: The use of chemotherapeutics in patient areas is at all times governed by the UPMC Presbyterian Shadyside Waste Management Plan. In accordance with UPMC waste management policy, blood drawn from a patient undergoing chemotherapy, along with any associated sharps & materials, would be considered chemotherapeutic waste if collected within 48 hours from the last treatment.