



# **Infectious Waste Contingency Plan**

**Office of Environmental Health and Safety**

September 2025

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## **I. Introduction**

In accordance with amendments set forth by the Ohio Environmental Protection Agency (OEPA) to the Ohio Administrative Code (OAC) Chapter 3745, Cleveland State University (CSU) has declared itself a large quantity generator of infectious waste (generates greater than fifty or more pounds of infectious waste per month) and has developed this Infectious Waste Contingency Plan in order to comply with the provisions of Chapter 3745 that regulate the generation, management and disposal of infectious waste on campus.

## **II. Facility Identification and Contact Information**

Cleveland State University  
Science Research Building  
2351 Euclid Avenue  
Cleveland, Ohio 44115  
216-687-2000

Generator Registration Number: 18-G-00234

Mailing Address:

Cleveland State University  
Office of Environmental Health and Safety  
2121 Euclid Avenue, PS 233  
Cleveland, Ohio 44115  
216-687-2500

## **III. Emergency Contacts**

During an emergency, contact CSU Police by dialing 9-1-1 from a campus phone or dial 216-687-2020 from a cellphone. Cellphone users may also dial 9-1-1 and tell the operator to transfer you to CSU Police.

EHS Contact Information:  
Business Hours 8:00 am – 4:00 pm: 216-687-2500  
After-Hours: 216-687-2020

If emergency involves Science Research 289, you must contact:

Carrie Millward  
Laboratory Manager,  
BGES Science Research 289  
Office Phone: 216-687-2443

In the event of a major spill or release, employees are instructed to contact Campus Safety Dispatch x2020 – they will in turn immediately notify the Environmental Health and Safety (EHS). Outside agencies that potentially may be called upon to provide support in the event of a major spill:

| Agency                            | Telephone      |
|-----------------------------------|----------------|
| Police, Fire, Medical Emergencies | 9-1-1          |
| District OEPA & Emergency Spills  | (800) 282-9378 |
| Cuyahoga County Health Department | (216) 201-2000 |
| Cuyahoga Emergency Management     | (216) 443-5700 |

Environmental Health and Safety will inform appropriate university administration and personnel of incidents and emergencies involving infectious waste.

#### **IV. Scope and Responsibilities**

Environmental Health and Safety has been charged with the institutional responsibility for infectious waste management at CSU and has developed this plan to assist the University in maintaining compliance with applicable regulations as identified above.

Individual generators of infectious waste at Cleveland State University shall comply with the provisions outlined in this plan in order to manage infectious waste in their respective areas. Supervisors shall review the provisions of this plan with all personnel working in areas where infectious waste is generated.

#### **V. Infectious Waste Defined**

In general, materials considered infectious waste are cultures and stocks of infectious agents including but not limited to microbiological cultures, helminths and viruses, human blood and urine, and pathological wastes. This also includes material that comes into contact with infectious waste and sharps. The complete definition is provided in Appendix A – Definitions.

#### **VI. Procedures for Infectious Waste Generators**

University departments that potentially may generate infectious include, but are not limited to the College of Science, College of Engineering, College of Education and Human Services, Health and Wellness Services, Athletics, Campus Police, and EHS.

1. All employees that generate infectious waste are required to notify EHS (see definitions in Appendix A or contact OEHS for assistance).
2. Infectious waste that also meets the definition of hazardous and/or radioactive waste must be handled differently than infectious waste – contact EHS to determine appropriate storage and disposal procedures.
3. All labs and rooms that accumulate infectious waste must be labeled with the international biohazard symbol. Refrigerators and freezers that contain infectious agents shall also be labeled. (See Figure 1).



**Figure 1**

4. Individual generators shall segregate infectious waste from non-infectious waste at the point of generation. Never put non-infectious waste in an infectious waste container.
5. Infectious waste (other than “sharps”) shall be placed in bags designed for such use that are labeled with the international biohazard symbol, and then placed in a second such bag (double-bagged).
6. All sharps infectious waste must be accumulated in approved containers specifically designed for management and disposal of “sharps” and **must both be labeled with the international biohazard symbol and with the words “SHARPS”.**
7. Not all “sharps” are considered infectious. Please refer to Appendix B – “Sharps” Management to determine proper storage and segregation procedures.
8. Individual infectious waste generators are responsible for acquiring and maintaining appropriate biohazard bags and sharps containers for their areas.
9. Do not overfill bags or sharps containers greater than three-quarters (3/4) full - seal them and initiate a waste pickup as follows:
  - a. Contact the FAST coordination desk at extension 2500.
10. Individuals generating liquid or semi-liquid infectious waste that consists only of blood, blood products, body fluids, and excreta may discharge this material to a properly licensed sanitary sewer without any prior treatment.
11. In the event of an accidental release of infectious waste, the individual responsible for the spill shall initiate containment and cleanup procedures (See Infectious Waste Spill Containment and Cleanup Procedures below). All supervisors (including lab supervisors) shall periodically review these procedures with their staff in order to ensure continued familiarity with them.

## **VII. Infectious Waste Storage Area - OEHS**

Following pickup by OEHS, infectious waste containers shall be transported to the University's Infectious Waste Storage Area located in Science Research 386. The containers are to be weighed and then placed in bins that meet OEPA specifications; these bins are provided by the infectious waste disposal contractor. Guidelines for storage are as follows:

1. Weigh each container and ensure it is not overfilled – record the weight on the Infectious Waste Inventory Form, along with the date the material is placed in SR 386.
2. Place only bags or “sharps” containers in boxes – never place loose or un-bagged infectious material in the waste boxes.
3. Boxes are to be kept on pallets – never place or leave infectious waste containers on the floor
4. Do not place hazardous waste or radioactive waste in the boxes
5. Do not fill a box greater than its maximum weight capacity
6. Do not compact infectious waste
7. Once a box is considered full, be sure the interior liner bag is closed and seal the box as per instructions of the infectious waste disposal contractor.

## **VIII. Infectious Waste Disposal – OEHS**

Solid infectious waste in biohazard bags and “sharps” containers are transported off-site to be properly rendered non-infectious and disposed of. The university has a contract with the following licensed infectious waste transporter to perform this service:

Sterile Waste Solutions [Complinacepublishing.com/login.php?logoutsuccess=true](http://Complinacepublishing.com/login.php?logoutsuccess=true)

As part of their services the licensed infectious waste contractor shall:

1. Provide CSU with puncture resistant biohazard containers, labeled with the international biohazard symbol, for placement of solid infectious waste and “sharps”
2. Prepare accurate and compliant waste manifests that are reflective of the material being transported/disposed of
3. Perform all work in compliance with applicable federal, state, and local regulations.

EHS shall perform weekly inspections of the SR 386 storage area to ensure the waste does not become putrescent or a food source or breeding grounds for insects, rodents, or other vermin.

EHS will facilitate the disposal of infectious waste materials on a bi-weekly basis and shall ensure the time between disposal shipments does not exceed fourteen (14) calendar days per Cuyahoga County Health Department.

NOTE: Only authorized EHS personnel may sign a waste manifest on behalf of the University for the removal and disposal of infectious waste.

#### **IX. Autoclaving - BGES**

Liquid infectious waste (biological material including stock cultures) is intended to be treated on-site and rendered non-infectious via autoclaving by BGES. Upon receipt in SR 289, liquid infectious waste shall be tagged with the date of receipt. Liquid infectious waste materials treated on-site will be processed as soon as feasible, but shall not remain untreated (in storage) for more than fourteen (14) calendar days.

#### **X. Spill Containment and Cleanup Procedures**

Only individuals who received bloodborne pathogen training are permitted to clean up a spill of infectious waste. Individuals reporting a spill should be prepared to provide the following information: type of spill (liquid, solid, etc.) quantity, location, and any other pertinent information.

If an untrained employee is made aware of an infectious waste spill, they are to contact EHS via the Campus Safety Dispatch by Dialing 9-1-1.

The following procedures shall be employed by trained responding personnel (non-EHS):

4. Isolate the spill by securing the area to prevent unauthorized entry
  - a. If the spill is inside a room – close and lock the door and place a written notification that there is to be no entry until further notice.
  - b. If the spill is in a public area (hall, lobby, etc....) isolate the affected area using physical barriers such as chairs, couches, trash cans, etc.... and place a written notification that patrons cannot enter the area. If necessary, remain in the area to prevent patron entry and request assistance from someone else to notify Campus Safety Dispatch.
5. Dial 9-1-1 and notify Campus Safety Dispatch of the incident, location (building, room/area) and whether or not the spill is inside a room or in a public area.
6. Obtain a spill kit from one of the following locations:
  - (a) SR 289 – BGES
  - (b) SR 386 – EHS
7. Spill Kit Contents:
  - a. Disposable Gown
  - b. Disposable Shoe covers
  - c. Disposable Latex/Nitrile Gloves
  - d. Disposable N95 or other comparable HEPA filtered mask
  - e. Disposable safety goggles
  - f. Absorbent Material (pads/wipes/pillows)
  - g. EPA-registered disinfectant (bleach or other)
  - h. Empty bottle for making 10% solution sodium hypochlorite
  - i. Biohazard bags
8. Verify the area is secured and isolated before beginning cleanup.
9. Put on the level of personal protective equipment deemed appropriate to safely and effectively handle and remediate the spill involved.
10. Disinfectants
  - a. For bacteriological spills, use Lysol Hospital Grade disinfectant (pre-made)
  - b. For blood, urine, and all other infectious waste materials, prepare a 15% solution of sodium hypochlorite using concentrated household bleach
    - i. Carefully fill the empty spray bottle to the black line (pre-measured to achieve a 15% solution upon mixing with water) with household bleach.
    - ii. Fill the remaining volume of the spray container with tap water.
    - iii. Invert the container carefully to ensure adequate mixing

- iv. This solution must be made up fresh prior to each spill cleanup – do not use solutions from previous spills.
- 11. Place spill pillows (ABSORBENT MATERIAL) around the perimeter of the spilled material so they completely encircle the spill.
- 12. Spray area with disinfectant –begin at the perimeter of the spill and work inward. Allow the disinfectant to remain in contact with the spilled material for at least fifteen (15) minutes before proceeding to the next step.
- 13. Use the spill pillows (ABSORBENT MATERIALS) to mop up/ absorb the spilled material along with the disinfectant applied. Place in biohazard bag (double-bag)
- 14. Reapply a quantity of the disinfectant to the area where the spilled material originally was found. Allow the reapplication to remain in place for at least fifteen (15) minutes.
- 15. Using (Absorbent Material) mop up disinfectant and place material in biohazard bag.
- 16. Place used absorbent materials and all other waste generated during the cleanup into a biohazard bag (double-bag).
- 17. Any non-disposable items shall be cleaned using disinfectant use in the spill cleanup and allowed to air dry.
- 18. Remove personal protective equipment and place in biohazard bags (double-bagged) along with any other disposable equipment items. Process as any other infectious waste
- 19. Contact EHS to facilitate delivery of contents of biohazard bag(s) to the University's Infectious Waste Storage Area (SR 386).
- 20. If the spill is one cubic foot or greater, it shall be recorded using a Spill Log Form (Appendix E)
- 21. Facilitate re-stocking and/or replacement of spill equipment used by contacting EHS

## **XI. Training**

Applicable departmental employees will be provided training on the provisions of this plan, which shall be included as part of the University's Bloodborne Pathogen Training Program,

## **XII. Records**

EHS maintains all records for management for infectious waste at CSU, with the exception of the BGES treatment records and spore tests (retained by BGES). All records pertaining to infectious waste management shall be retained for thirty (30) years on-site, after which they shall be archived

## **XIII. Contingency for Disposal**

### **22. Liquids**

Should the autoclave be non-functional for a period longer than ten (10) calendar days, liquid infectious waste shall be triple bagged using approved biohazard bags and disposed of by a licensed biohazardous waste removal contractor.

### **23. Solid Waste and "Sharps"**

Should a licensed contractor be unable to pick up and remove solid infectious waste and "sharps" within the fourteen (14) day period set forth in this document, said waste shall be autoclaved in the BGES unit that is maintained to EPA standards as set forth in OAC Section 3745-27-32. The autoclave cycle shall operate and subject infectious waste to a temperature of one-hundred twenty-one degrees Celsius ( $121^{\circ}\text{C}$ ) at fifteen (15) pounds per square inch (psi) pressure for a minimum duration of one (1) hour. Cycle time beyond one (1) hour may be used depending on the quantity and density of the load to ensure the waste is rendered non-infectious. Spore testing shall be performed on a weekly basis using *Bacillus stearothermophilus* to test for effective sterilization. Temperature sensitive tape will be included with every load autoclaved to verify and document the cycle achieved  $121^{\circ}\text{C}$ .

## Appendix A

### Definitions – OAC Chapter 3745-27-01

- A. “Infectious Agents” means a type of microorganism, pathogen, virus, or proteinaceous infectious particle that can cause or significantly contribute to disease in or death of human beings.
- B. "Zoonotic agent" means a type of microorganism, pathogen, virus, or proteinaceous infectious particle that causes disease in vertebrate animals, is transmissible to human beings, and can cause or significantly contribute to disease in or death of human beings.
- C. “Infectious Wastes” includes all of the following substances or categories of substances:
  - 1. Cultures and stocks of infectious agents and associated biologicals, including, without limitation, specimen cultures, cultures and stocks of infectious agents, wastes from the production of biologicals, and discarded live and attenuated vaccines;
  - 2. Laboratory wastes that were, or are likely to have been, in contact with infectious agents that may present a substantial threat to public health in improperly managed;
  - 3. Pathological wastes, including, without limitation, human and animal tissues, organs, and body parts, and body fluids and excreta that are contaminated with or are likely to be contaminated with infectious agents, removed or obtained during surgery or autopsy or for diagnostic evaluation, provided that, with regard to pathological wastes from animals, the animals have or are likely to have been exposed to a zoonotic or infectious agent.
  - 4. Waste materials from the rooms of humans, or the enclosure of animals, that have been isolated because of diagnosed communicable diseases that are likely to transmit infectious agents. Also included are waste materials from rooms of patients who have been placed on blood and body fluid precautions under the universal precaution system established by the “Center for Disease Control and Prevention” in the Public Health Service of the United States Department of Health and Human Services.

5. Human and animal blood specimens and blood products that are being disposed of, provided that with regard to blood specimens and blood products from animals, the animals were or are likely to have been exposed to a zoonotic or infectious agent. “Blood products” does not include patient care waste such as bandages, or disposable gowns that are lightly soiled with blood or other bodily fluids, unless such wastes are soiled to the extent that the generator of the waste determines that they should be managed as infectious waste;
6. Contaminated carcasses, body parts, and bedding of animals that were intentionally exposed to infectious agents from zoonotic or human diseases during research, production of biologicals, or testing of pharmaceuticals, and carcasses and bedding of animals otherwise infected by zoonotic or infectious agents that may present a substantial threat to public health if improperly managed;
7. Sharp wastes used in the treatment, diagnosis, or inoculation of human beings or animals or that have, or are likely to have, come in contact with infectious agents in medical, research, or industrial laboratories, including, without limitation, hypodermic needles and syringes, scalpel blades, and glass articles that have been broken. Such wastes are hereinafter in this rule referred to as “sharp infectious waste” or “sharps”;
8. Any other waste materials generated in the diagnosis, treatment, or immunization of human beings or animals, in research pertaining thereto, or in the production or testing of biologicals, that the Ohio Public Health advisory board created in Section 3701.33 of the Ohio Revised Code (ORC), by rules adopted in accordance with Chapter 119 of the ORC, identifies as infectious wastes after determining that the wastes present a substantial threat to human health when improperly managed because they are contaminated with, or are likely to be contaminated with, infectious agents;
9. Any other waste materials the generator designates as infectious waste

## Appendix B

### “Sharps” Management

OEPA groups needles, razor/scalpel blades, lancets, broken glassware, pipettes, pipette tips, and syringes to be sharps. Whether a sharp item is considered infectious depends on if that sharp item has come into contact with blood or other potentially infectious material. Upon completion of use, all sharp items shall be placed immediately into an approved sharps container as described below:

An approved sharps container is a puncture resistant container that can be specifically designed and manufactured for the accumulation of sharps. There are two types of sharps containers used on campus, provided by EHS:

Infectious sharps are to be placed in approved sharps containers (red and white in color) that are labeled infectious waste and bear the international biohazard symbol.

Non-infectious sharps are to be placed in sealed plastic containers or metal cans. The containers shall be listed as sharps.

Departments may contact EHS to request for a sharp's container.

FAST x2500

Appendix C  
Infectious Waste Storage Area Inspection Form

Cleveland State University  
Environmental Health and Safety

Infectious Waste Storage Area Inspection Form  
Science Research 386

DATE:\_\_\_\_\_ TIME:\_\_\_\_\_

\*Puncture resistant containers are in good physical condition with lids down  
☐ Yes ☐ No

\*Biohazard bags are double-bagged and sealed ☐ Yes ☐ No

\*Infectious waste materials are free from odors, putrescence, and vermin  
☐ Yes ☐ No

\*Spill kit is available and adequately stocked ☐ Yes ☐ No

\*Infectious waste present has not been in storage greater than 14 calendar days  
☐ Yes ☐

No Comments:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
EHS Inspector Signature

\_\_\_\_\_  
Date

**Appendix D**  
**Infectious Waste Spill Log**

**Cleveland State University**  
**Infectious Waste Spill Log**

Building\_\_\_\_\_ Room/Area\_\_\_\_\_

Name of Employee Involved\_\_\_\_\_

Date/Time of Spill\_\_\_\_\_

Summary of Spill Events:

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Comments: \_\_\_\_\_

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\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date of Report

**Appendix E**  
**Sharps Injury Form Needlestick Report**

To download a copy of the Sharps Injury Form Needlestick Report please click here:

<https://dam.assets.ohio.gov/image/upload/info.bwc.ohio.gov/forms/SH-12.pdf>