

SOP-CRF-3 - V4

Title: Disposal of Waste Materials from the Clinical Research Facility

Effective Date: 16-10-2025 | Review Date: 16-10-2028

Author: Mariella D'Alessandro, CRF Manager

QA Approval: Richard Cowie, Ethics & QA Manager

Approver:

Approver: Prof David Blackburn, Head of School



GRAMPIAN CLINICAL RESEARCH OFFICE



Document History

Version	Description of update	Date Effective
3	Scheduled review, no updates	06-09-22
4	Reformatted to GRO Technical Resources Officer updated at 3.2 Updated IMS handbook link added at 5	16-10-25

1. Scope

- 1.1 This procedure applies to all University of Aberdeen/NHS Grampian staff working in the Health Sciences Building (HSB) Clinical Research Facility (CRF).
- 1.2 To describe the procedure for the disposal of waste products from the CRF, in accordance with waste management and disposal policies.

2. Responsibilities

CRF Manager	Provide access to training in HSB CRF waste disposal processes.
Research Staff	To read and follow the policies and laboratory manuals as appropriate to their role.

3. Procedure

It is essential that waste is disposed of in an appropriate and timely manner. On a daily basis the following procedures need to be followed, so that the CRF is kept clean and tidy and without waste accumulation within the building.

- Hazardous materials, including 'Sharps', must be handled and dealt with in accordance with the correct procedures.
- All the surfaces need to be kept free of unnecessary clutter, leaving only the minimum equipment required for procedure.
- Individual staff members should ensure their own safety and that of others, when disposing of waste. Gloves should be worn when appropriate, and bags or sharps bins must not be overfilled—should be only three-quarters full at time of disposal.
- The appropriate disposal method should be used, as described below and as shown on laminated notices in all clinical rooms and in the laboratory.

Every CRF user will take responsibility for one of the clinic rooms and will make sure that the room is kept clean and tidy, and waste is regularly disposed of.

Uncontrolled when printed. Please ensure that you are working on the most up to date version of this SOP.

Key to symbols ⓘ = Important point to note ⚠ = Warning

! However, it is the responsibility of whoever is using a room to clean the clinic area with general purpose cleaning wipes and dispose of their own waste, at the end of their session.

Staff using the laboratory are responsible for disposing of their waste correctly, at the end of each working day. Blood waste should be put in an autoclave bag and the waste should be double bagged, tagged and labelled with the building name and lab number. The autoclave bags need to be taken to the ground floor wash-up facility, Institute of Medical Sciences (IMS), as shown at the CRF induction.

3.1 Waste and its disposal

! All staff have a duty to ensure that any waste material does not harm anyone likely to handle it.

This includes those who:

- Have to handle it between the point in the CRF where it is generated and the point of ultimate disposal (eg cleaners, porters, staff of waste disposal contractors).
- Might come into contact with the waste at its point of ultimate disposal (eg chemical sent by mistake to a landfill site for domestic waste could harm workers at the site as well as children who might play there and people who live near the site).

There are different waste streams at the point of generation. Each waste stream is stored separately and follows separate routes. Everyone in the CRF must:

- Be aware of the different waste streams within the University/NHSG.
- Ensure they know which waste goes into which stream.
- Know where to place waste for each of the waste streams.

Staff must ensure that waste is removed promptly and is not allowed to accumulate.

3.2 Waste streams

- **Solid Waste**

General Non-Toxic Domestic Waste (eg paper towels and wipes, uncontaminated waste, general waste, flowers, etc).

This waste goes in **black bags** and is disposed of by the cleaners.

- **Recyclable Waste**

General Uncontaminated Waste (cans, bottles etc).

This waste goes in the **recycling bin** located in HSB reception.

- **Confidential Waste**

This waste goes into **white sacks** or it can be shredded and then treated as domestic waste (black bag). To get the white sacks disposed of, please contact environment@abdn.ac.uk

- **Clinical Non-Bio-Hazardous Waste**

Uncontaminated, non-hazardous clinical and laboratory waste (eg blue roll).

This waste goes into **yellow bags** – these should be tagged with an appropriate black tag. The bags should be taken for disposal to the locked container opposite the stores delivery, at the back of Institute of Medical Sciences (IMS) and put into the container. The key to the container is available from the stores room in IMS and should be returned there once waste is disposed of.

- **Clinical and Bio-Hazardous Waste**

Please note that the CRF lab is designated as Containment Level 2 which means that the processing of unscreened bloods or bodily fluids is permitted but the processing of known positive samples for any blood borne virus is not

Contaminated, and bio-hazardous clinical and laboratory waste (eg dressings and swabs soiled or bloodstained, incontinence pads blood and liquid waste suitably stabilised).

This waste needs to be double bagged in two autoclave bags, tagged and labelled with the building name and lab number. The autoclave bags need to be taken to the ground floor wash-up facility- IMS, as shown at the CRF induction.

- **Equipment, Metals and Strip Light Bulbs**

For any old equipment, pieces of metal and fluorescent tubes please contact Claire Walker (Technical Resource Officer) on 437467. She will arrange for labels to be attached to the items for uplift and coordinate the collection. IT Department will arrange for removal and safe disposal of unwanted IT equipment.

- **Sharps** (eg syringe needles, scalpel blades and other metallic sharps, small amounts of broken glass, used test slides etc).

! This waste **must** be placed in the **YELLOW topped** yellow plastic sharps buckets (Pharmi Containers) - these should be sealed, signed and dated. The containers should be deposited in the large yellow bins in the wire cage immediately outside the rear of the IMS building. The key to the wire cage is available from the stores room in IMS and should be returned there once disposed of.

! From 2019 only yellow lidded sharps bins will be used in the CRF or purple lidded bins for cytotoxic and cytostatic waste.

! **Do not overfill waste containers and follow instructions on the label. Please ensure that no attempt is made to reopen these containers once closed.**

- **Broken Glass**

Uncontaminated broken glass too big for plastic safety bins should be placed in a stout cardboard box, sealed and then labelled as broken glass and reported to the porters, who will arrange uplift or alternatively can be taken to the cages located in IMS stores.

- **Liquid waste**

! Some chemicals can be safely disposed of down drains flushed with plenty of running tap water, but check the risk assessment and the MSDS form for the chemical first. If you have any queries please contact the health and safety officer for the lab.

3.3 Summary of colour code for waste

Black	Bags	General Domestic Waste
White	Bags	Confidential Waste
Yellow	Bags	Uncontaminated, non-hazardous clinical and laboratory waste and CFA Processing
Autoclave Bags	Bags	Laboratory waste & Clinical Waste for autoclaving
Yellow or purple lid- Yellow sharps bins (Labelled 'For incineration')	Plastic Bins	Metallic sharps, Sharps (pipette tips, glass slide), Needles & needle guards (do not separate), Vacutainers with blood cell waste

Uncontrolled when printed. Please ensure that you are working on the most up to date version of this SOP.

Key to symbols ! = Important point to note ! = Warning

4. Abbreviations and definitions

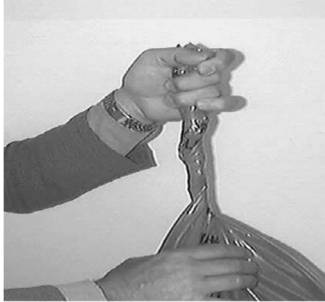
CRF	Clinical Research Facility
HSB	Health Sciences Building
IMS	Institute of Medical Sciences
MSDS	Material Safety Data Sheet

5. Related documentation and references

SOP-CRF-1	What to do in the Event of Spillage of Bodily Fluids and/or Specimens
SOP-CRF-4	Cleaning Procedures within the CRF and HSB

- Universal Precaution – How to Proceed in Accidental Spills charts
- University of Aberdeen, IMS Safety A-Z
<https://www.abdn.ac.uk/ims/about/safety/ims-safety-a-z/>
- ICH/GCP Guidelines - <https://www.ich.org/page/efficacy-guidelines>

APPENDIX 1 SEALING THE WASTE BAG



Hold the bag by the neck and twist until tight.



Fold over the neck of the bag to form a "Swan Neck".



Place ratchet type clinical waste tag around the folded neck of yellow bags and tighten until a sturdy, secure seal has been made. Black waste bags should be sealed with closure tape instead of ratchet tags.



When bags are securely sealed, they should be disposed of in accordance with NHS Grampian 'Waste Management Policy'. The 'swan neck' method of sealing should be used for all yellow and black bags.