



Ethidium bromide

Ethidium Bromide (EtBr), commonly used in research laboratories as a stain for the visualization of nucleic acids in electrophoresis gels, is a toxic chemical and a potent mutagen. When used in nucleic acid staining, ethidium bromide fluoresces a red-orange to pink color under ultraviolet light and with increased fluorescence when bound to double-stranded DNA. While it is not specifically regulated as a hazardous waste, the mutagenic properties may present health hazards and disposal concerns if it is not managed properly in the laboratory.



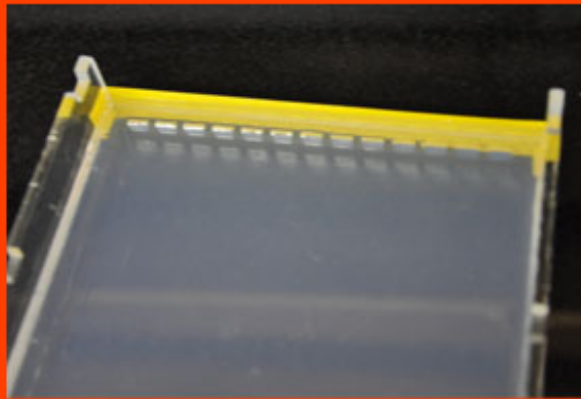
Preparing Agarose solution



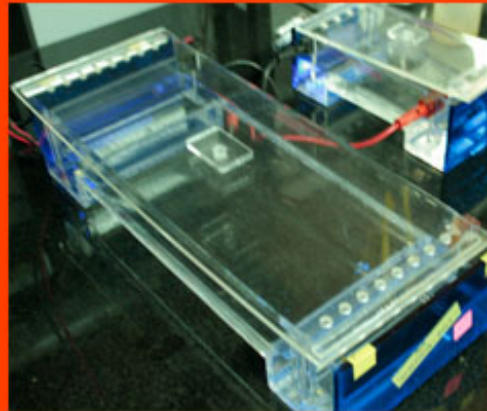
Ethidium Bromide + Agarose soln.



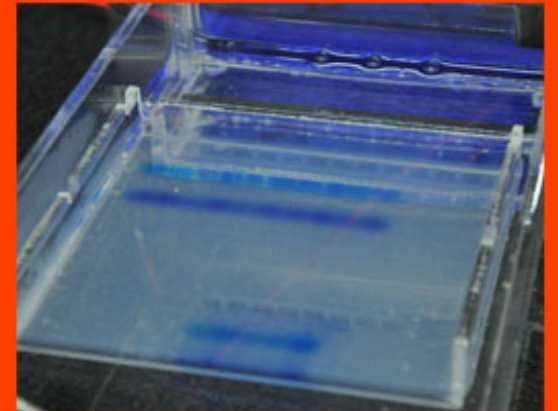
Setting the gel



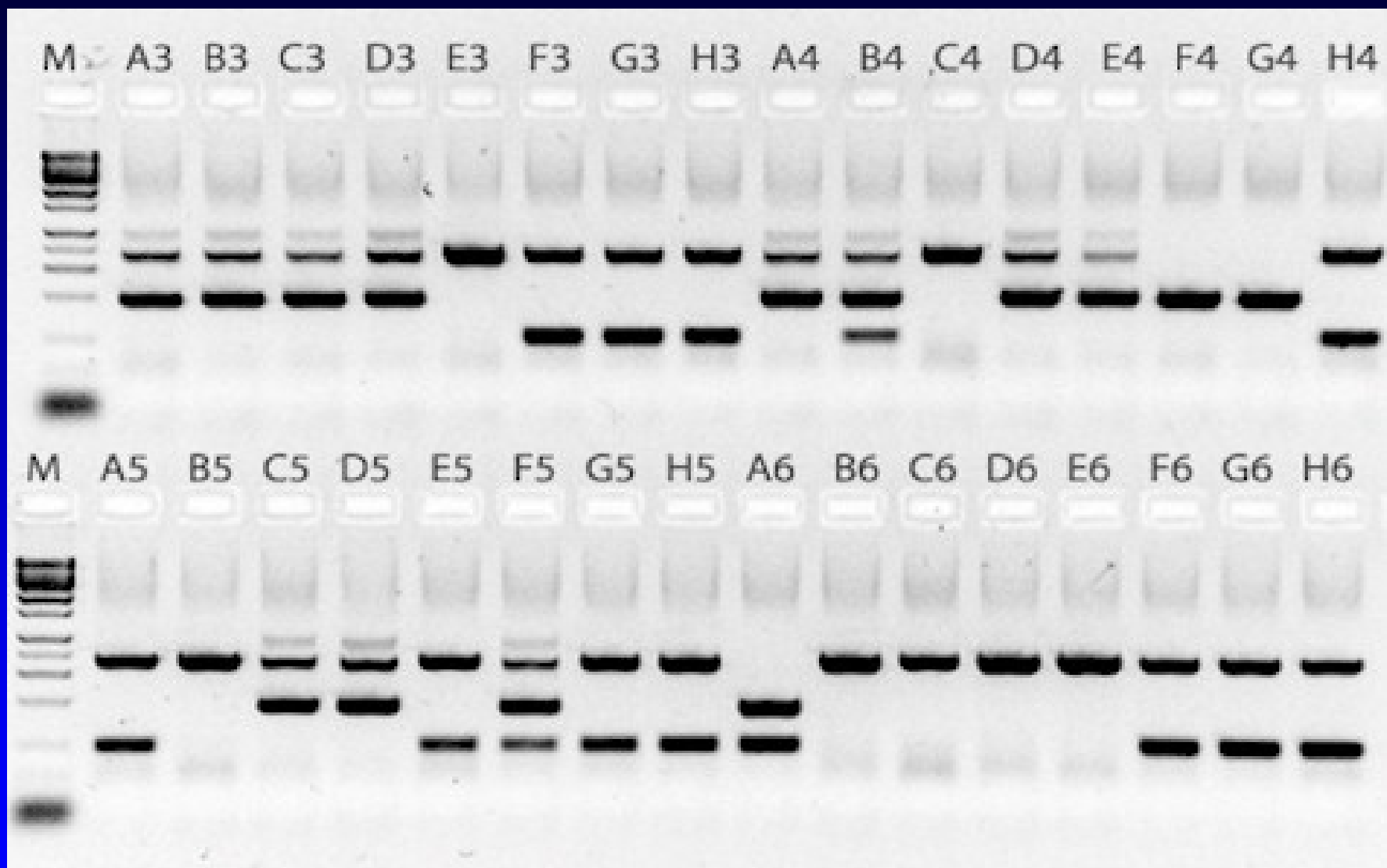
Gel (after half an hour)



The Equipment



The Gel, after electrophoresing



Solutions with a concentration of AT LEAST (\geq) 0.1%

Any waste solution of 0.1% (e.g. 1mg/ml) or higher is Special Waste (including: unwanted 5mg/ml or 10mg/ml stock solutions).

Solutions with a concentration of less than ($<$) 0.1%

Waste solutions of less than 1mg/ml (including: e.g. working solutions of 5 μ g/ml or 10 μ g/ml or staining solutions of 20 μ g/ml) are not Special Waste however, they are potentially still a Health & Safety risk. This type of waste solution must be decontaminated prior to disposal to drain.

Gels with a concentration of less than ($<$) 0.1%

Normal gels contain far less than 0.1% (1mg/ml) Ethidium Bromide and are therefore not Special Waste. Due to a small but potential Health & Safety risk, these gels must be disposed of via the Clinical Waste stream.

Gels...



Liquids

Fisher Scientific, Schleicher and Schuell, or VWR.



Ethidium Bromide Destaining Tea Bags



Transporting Biological Materials

Use secondary containers when moving biological materials from one room or building to another.

A secondary container must be leak-proof, lidded, and labeled with biohazard stickers.



GUIDE TO INFECTION PREVENTION FOR OUTPATIENT SETTINGS: Minimum Expectations for Safe Care



National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion



02/11/16

<http://www.cdc.gov/HAI/pdfs/guidelines/standatds-of-ambulatory-care-7-2011.pdf>

Infection control standard precautions in health care

Background

Standard precautions are meant to reduce the risk of transmission of bloodborne and other pathogens from both recognized and unrecognized sources. They are the basic level of infection control precautions which are to be used, as a minimum, in the care of all patients.

Hand hygiene is a major component of standard precautions and one of the most effective methods to prevent transmission of pathogens associated with health care. In addition to hand hygiene, the use of **personal protective equipment** should be guided by **risk assessment** and the extent of contact anticipated with blood and body fluids, or pathogens.

In addition to practices carried out by health workers when providing care, all individuals (including patients and visitors) should comply with infection control practices in health-care settings. The control of spread of pathogens from the source is key to avoid transmission. Among source control measures, **respiratory hygiene/cough etiquette**, developed during the severe acute respiratory syndrome (SARS) outbreak, is now considered as part of standard precautions.

Worldwide escalation of the use of standard precautions would reduce unnecessary risks associated with health care. Promotion of an **institutional safety climate** helps to improve conformity with recommended measures and thus subsequent risk reduction. Provision of adequate staff and supplies, together with leadership and education of health workers, patients, and visitors, is critical for an enhanced safety climate in health-care settings.

Important advice

- Promotion of a safety climate is a cornerstone of prevention of transmission of pathogens in health care.
- Standard precautions should be the minimum level of precautions used when providing care for all patients.
- Risk assessment is critical. Assess all health-care activities to determine the personal protection that is indicated.
- Implement source control measures for all persons with respiratory symptoms through promotion of respiratory hygiene and cough etiquette.

Checklist

Health policy

- Promote a safety climate.
- Develop policies which facilitate the implementation of infection control measures.

Hand hygiene

- Perform hand hygiene by means of hand rubbing or hand washing (see overleaf for detailed indications).
- Hands should always be washed with soap and water if hands are visibly soiled, or exposure to spore-forming organisms is proven or strongly suspected, or after using the restroom. For other indications, if resources permit, perform hand rubbing with an alcohol-based preparation.
- Ensure availability of hand-washing facilities with clean running water.
- Ensure availability of hand hygiene products (clean water, soap, single use clean towels, alcohol-based hand rub). Alcohol-based hand rubs should ideally be available at the point of care.

Personal protective equipment (PPE)

- ASSESS THE RISK of exposure to body substances or contaminated surfaces BEFORE any health-care activity. **Make this a routine!**
- Select PPE based on the assessment of risk:
 - clean non-sterile gloves.
 - clean, non-sterile fluid-resistant gown.
 - mask and eye protection or a face shield.

Respiratory hygiene and cough etiquette

- Education of health workers, patients and visitors.
- Use of source control measures.
- Hand hygiene after contact with respiratory secretions.
- Spatial separation of persons with acute febrile respiratory symptoms.



Health-care facility recommendations for standard precautions

KEY ELEMENTS AT A GLANCE

1. Hand hygiene¹

Summary technique:

- Hand washing (40–60 sec): wet hands and apply soap; rub all surfaces; rinse hands and dry thoroughly with a single use towel; use towel to turn off faucet.
- Hand rubbing (20–30 sec): apply enough product to cover all areas of the hands; rub hands until dry.

Summary indications:

- Before and after any direct patient contact and between patients, whether or not gloves are worn.
- Immediately after gloves are removed.
- Before handling an invasive device.
- After touching blood, body fluids, secretions, excretions, non-intact skin, and contaminated items, even if gloves are worn.
- During patient care, when moving from a contaminated to a clean body site of the patient.
- After contact with inanimate objects in the immediate vicinity of the patient.

2. Gloves

- Wear when touching blood, body fluids, secretions, excretions, mucous membranes, nonintact skin.
- Change between tasks and procedures on the same patient after contact with potentially infectious material.
- Remove after use, before touching non-contaminated items and surfaces, and before going to another patient. Perform hand hygiene immediately after removal.

3. Facial protection (eyes, nose, and mouth)

- Wear a surgical or procedure mask and eye protection (face shield, goggles) to protect mucous membranes of the eyes, nose, and mouth during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

4. Gown

- Wear to protect skin and prevent soiling of clothing during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
- Remove soiled gown as soon as possible, and perform hand hygiene.

5. Prevention of needle stick injuries²

Use care when:

- handling needles, scalpels, and other sharp instruments or devices
- cleaning used instruments
- disposing of used needles.

6. Respiratory hygiene and cough etiquette

Persons with respiratory symptoms should apply source control measures:

- cover their nose and mouth when coughing/sneezing with tissue or mask, dispose of used tissues and masks, and perform hand hygiene after contact with respiratory secretions.

Health care facilities should:

- place acute febrile respiratory symptomatic patients at least 1 metre (3 feet) away from others in common waiting areas, if possible.
- post visual alerts at the entrance to health-care facilities instructing persons with respiratory symptoms to practise respiratory hygiene/cough etiquette.
- consider making hand hygiene resources, tissues and masks available in common areas and areas used for the evaluation of patients with respiratory illnesses.

7. Environmental cleaning

- Use adequate procedures for the routine cleaning and disinfection of environmental and other frequently touched surfaces.

8. Linens

Handle, transport, and process used linen in a manner which:

- prevents skin and mucous membrane exposures and contamination of clothing.
- avoids transfer of pathogens to other patients and or the environment.

9. Waste disposal

- Ensure safe waste management.
- Treat waste contaminated with blood, body fluids, secretions and excretions as clinical waste, in accordance with local regulations.
- Human tissues and laboratory waste that is directly associated with specimen processing should also be treated as clinical waste.
- Discard single use items properly.

10. Patient care equipment

- Handle equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of pathogens to other patients or the environment.
- Clean, disinfect, and reprocess reusable equipment appropriately before use with another patient.

¹ For more details, see: WHO Guidelines on Hand Hygiene in Health Care (Advanced draft), at: http://www.who.int/patientsafety/information_centre/ghhad_download/en/index.html.

² The SIGN Alliance at: http://www.who.int/injection_safety/sign/en/

Formaldehyde/ Paraformaldehyde

If you are really interested in reading about fixatives and how they work there is a chapter devoted to this in the book by G. Griffiths. The ref. is "Fine Structure Immunocytochemistry" 1993 published by Springer Verlag, Heidelberg
: From: Sverker Eneström

Subject: Fixative Quality Control

To members interested in fixatives, formaldehyde solution in particular. Here are some additional informations about storage of commercial formaldehyde.

The principal changes which may take place in formaldehyde on storage are as follows (listed in their order of importance from a practical standpoint):

Formaldehyde/ Paraformaldehyde

- (1) Polymerisation and precipitation of polymer.
- (2) The Cannizzaro reaction, involving oxidation of one molecule of form- aldehyde to formic acid and reduction of another to methanol.
- (3) Methylal formation.
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- (5) Condensation to hydroxyaldehydes and sugars.

The changes are detrimental to product quality but may be avoided or kept at a minimum by maintenance of proper storage conditions. With optimum conditions of storage, commercial formaldehyde will remain unimpaired for long periods of time. In general, proper storage involves avoidance of temperature extremes and the use of storage in glass bottles, inert to corrosion by the mildly acidic solution. Low temperature favor polymer precipitation, high temperatures accelerate the reaction leading to chemical loss of formaldehyde. At improper storage temperatures, a form- aldehyde solution gradually becomes cloudy and eventually solid hydrated polymer separates as a precipitate.

-- * Sverker Enestr*,

Training on Medical Waste Management

**in Collaboration with
Al-Essa Medical & Scientific Equipment Co. W.L.L**

Management of Medical Waste in the Facility



**Kuwait University
Health Science Center
29 January – 1 February, 2012**

Categories of health-care waste

Waste category	Description and examples
Infectious waste	Waste suspected to contain pathogens e.g. laboratory cultures; waste from isolation wards; tissues (swabs), materials, or equipment that have been in contact with infected patients; excreta
Pathological waste	Human tissues or fluids e.g. body parts; blood and other body fluids; fetuses
Sharps	Sharp waste e.g. needles; infusion sets; scalpels; knives; blades; broken glass
Pharmaceutical waste	Waste containing pharmaceuticals e.g. pharmaceuticals that are expired or no longer needed; items contaminated by or containing pharmaceuticals (bottles, boxes)
Genotoxic waste	Waste containing substances with genotoxic properties e.g. waste containing cytostatic drugs (often used in cancer therapy); genotoxic chemicals
Chemical waste	Waste containing chemical substances e.g. laboratory reagents; film developer; disinfectants that are expired or no longer needed; solvents
Wastes with high content of heavy metals	Batteries; broken thermometers; blood-pressure gauges; etc.
Pressurized containers	Gas cylinders; gas cartridges; aerosol cans
Radioactive waste	Waste containing radioactive substances e.g. unused liquids from radiotherapy or laboratory research; contaminated glassware, packages, or absorbent paper; urine and excreta from patients treated or tested with unsealed radionuclides; sealed sources

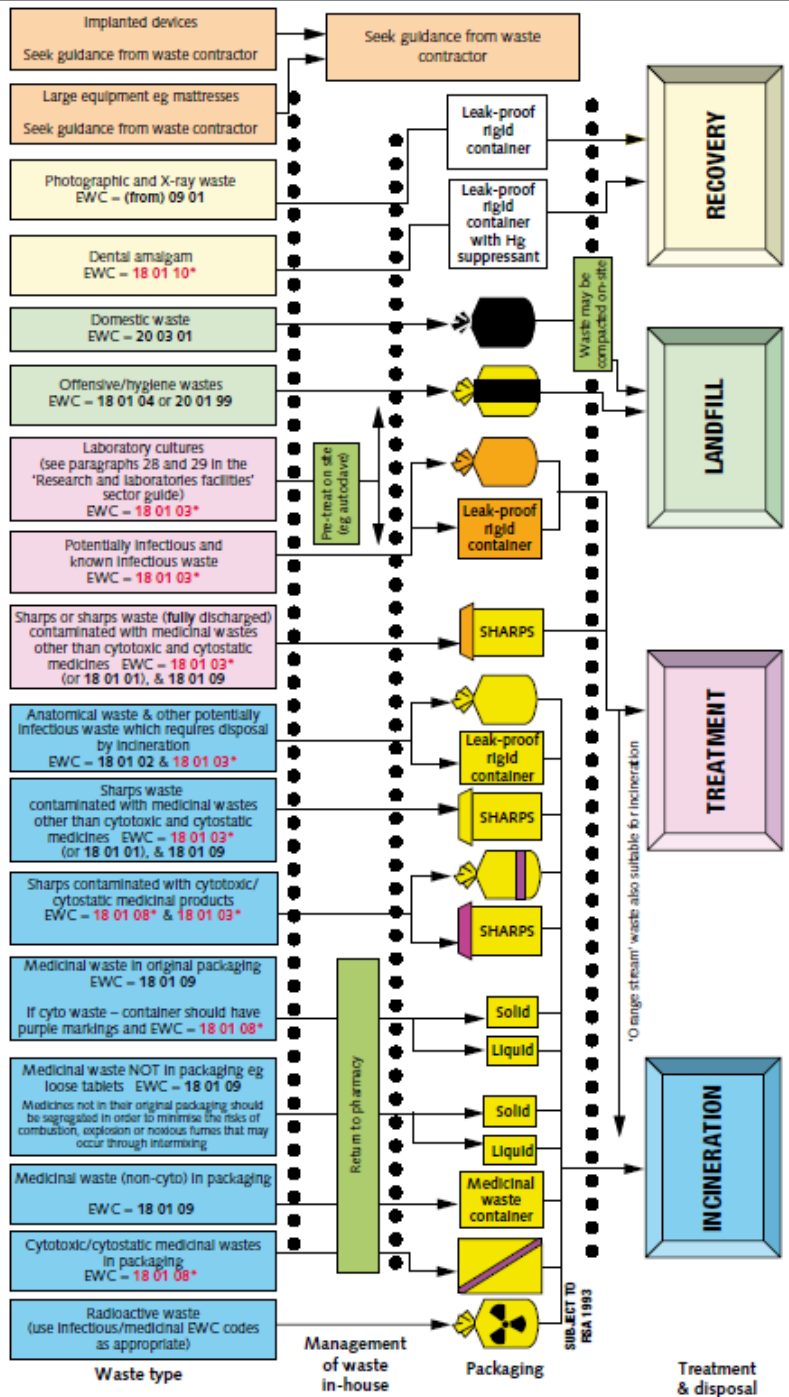
WHO Classification - Color Code

Waste Type

Waste Type	WHO Color Code
Biological Waste (including Pathological and Infectious)	YELLOW
Sharps	YELLOW
Pharmaceutical Waste(including Cytotoxic)	BROWN
Chemical Waste	BROWN
Radioactive Waste	None

Bag Colors

Bag Type	Color	Use
Chemotherapy Waste Liner	Brown	Safely transport hazardous chemotherapy waste products
Autoclavable Bag	Red	Keep contaminated medical equipment and supplies sterile and emit less odor when autoclaving (heat-resistant bag)
Biohazard/Infectious Waste Liner	Yellow	Disposal of infectious waste
Evidence and Property Star Seal	Yellow	Disposal of infectious waste
Contaminated Linen	Yellow	Hazardous or contaminated contents and is safe for landfill or incineration
Specimen Transport Bag (Self-sealing)	Clear	Transport specimen
Specimen Transport Bag (Heat Sealable)	Clear	Transport specimen



HTM 07-01 NHS UK

Is this what it really looks like???

It is all about Color Coding!!!!















LAB COATS &
SAFETY GLASSES REQUIRED



CAUTION BIOLOGICAL HAZARD



NO SMOKING, EATING OR
DRINKING



AUTHORIZED PERSONNEL ONLY



CAUTION RADIATION AREA



**LAB COATS &
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DRINKING**



AUTHORIZED PERSONNEL ONLY







FLAMMABLE
KEEP FIRE AWAY

202 Safety Storage Cab. 3

VWR Scientific
F301A

EAGLE





DEPOSIT BROKEN

1488

1488





ATTENTION

ALL SPILLS SHOULD BE CLEANED UP BY TRAINED PERSONNEL ONLY

EMERGENCY NUMBERS

- FIRE DEPT
- POLICE/RESCUE
- POLICE DEPT
- POLICE CENTER
- EMERGENCY COORDINATOR

LAB SAFETY SUPPLY

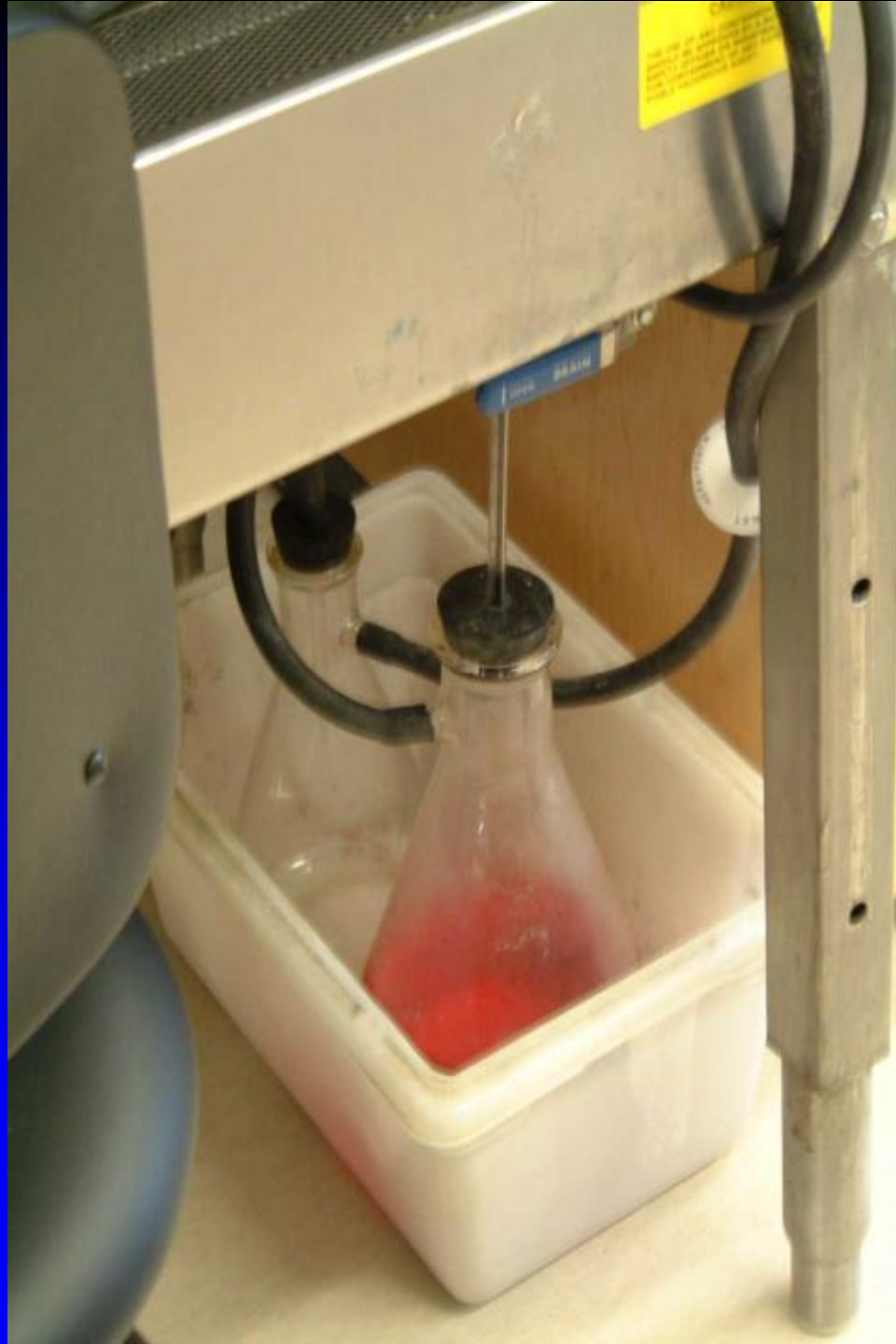
SPILLKART JUNIOR

BATTERY STATION
Spill Response Kit

LAB SAFETY SUPPLY
SPILLKART JUNIOR
CHEVROLET













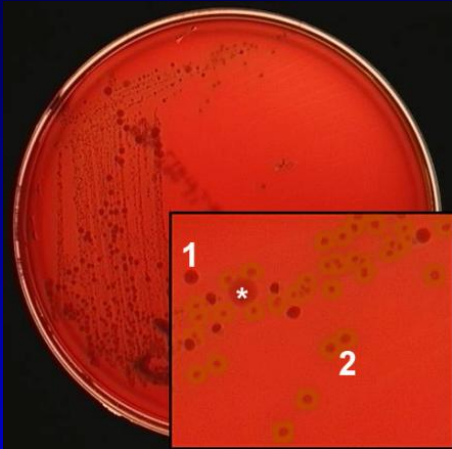
Not always Perfect!!



Infectious Waste



Infectious Waste



Autoclave bag



Sharps Containers



Changes to ordering codes for sharps containers from

 Daniels Healthcare
 'orange to orange, black to purple'

Old ordering codes

New ordering codes

Product name	NHS Supply Chain code	Daniels code	Product name	To order from NHS Supply Chain	To order from Daniels Healthcare in case quantities
SHARPSBIN™ 0.5	FSL091	DD42NR	SHARPSGUARD® orange 0.5	No change	DD42NR0L
SHARPSBIN™ 0.6	FSL094	DD509	SHARPSGUARD® orange 0.6	No change	DD5090L
SHARPSBIN™ mini	FSL179	DD478	SHARPSGUARD® orange mini	No change	DD4780L
SHARPSBIN™ 1	FSL045	DD477	SHARPSGUARD® orange 1	No change	DD4770L
SHARPSBIN™ com-plus	FSL433	DD479	SHARPSGUARD® orange com-	No change	DD4790L
SHARPSBIN™ 2.5	FSL182	DD472	SHARPSGUARD® orange 2.5	No change	DD4720L
SHARPSBIN™ 3.75	FSL086	DD474	SHARPSGUARD® orange 3.75	No change	DD4740L
SHARPSBIN™ 5	FSL121	DD471	SHARPSGUARD® orange 5	No change	DD4710L
SHARPSBIN™ 7	FSL135	DD473	SHARPSGUARD® orange 7	No change	DD4730L
SHARPSGUARD® 8.5	FSL109	DD580	SHARPSGUARD® EXTRA orange	No change	DD5800L
SHARPSBIN™ 11.5	FSL122	DD476	SHARPSGUARD® orange 11.5	No change	DD4760L
SHARPSBIN™ 22	FSL126	DD475	SHARPSGUARD® orange 22	No change	DD4750L
SHARPSBIN™ 22 xa	FSL058	DD439	SHARPSGUARD® orange 22 xa	No change	DD4390L
SHARPSBIN™ 22 ra	FSL092	DD440	SHARPSGUARD® orange 22 ra	No change	DD4400L
SHARPSBIN™ theatre	FSL110	DD530	SHARPSGUARD® orange theatre	No change	DD5300L
SHARPSBIN™ 0.6		DD609	SHARPSGUARD® cyto 0.6		DD609
SHARPSBIN™ cyto com-plus	FSL077	DD679	SHARPSGUARD® cyto com-plus	No change	DD679
			SHARPSGUARD® cyto 2.5	FSL004	DD672
SHARPSBIN™ cyto 5	FSL409	DD605	SHARPSGUARD® cyto 5	No change	DD605
SHARPSBIN™ cyto 11.5	FSL411	DD610	SHARPSGUARD® cyto 11.5	No change	DD610
SHARPSBIN™ cyto 22	FSL412	DD620	SHARPSGUARD® cyto 22	No change	DD620
SHARPSBIN™ cyto 22 xa	FSL081	DD639	SHARPSGUARD® cyto 22 xa	No change	DD639



Safe Management of Healthcare Waste - Which option will you chose ?

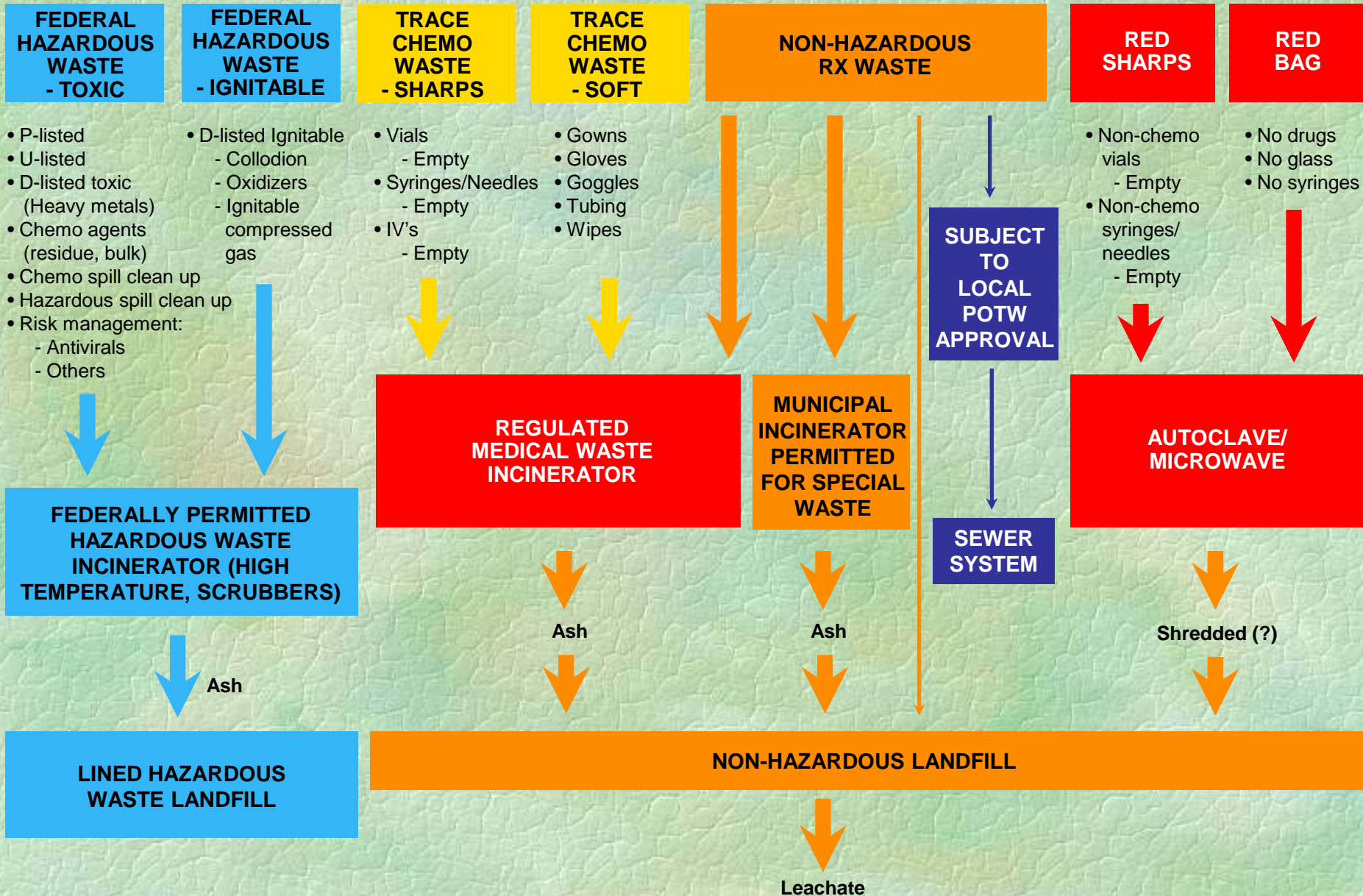
Pathological Waste



Cytotoxic / Genotoxic Waste



Recommended Pharmaceutical Waste Streams



Chemical Waste - Organics



Chemical Waste - Flammables



Chemical Waste Inorganics



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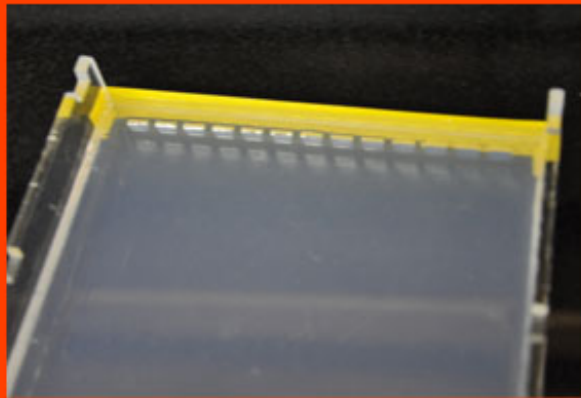
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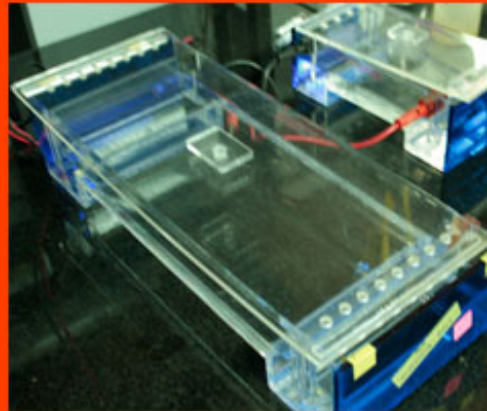
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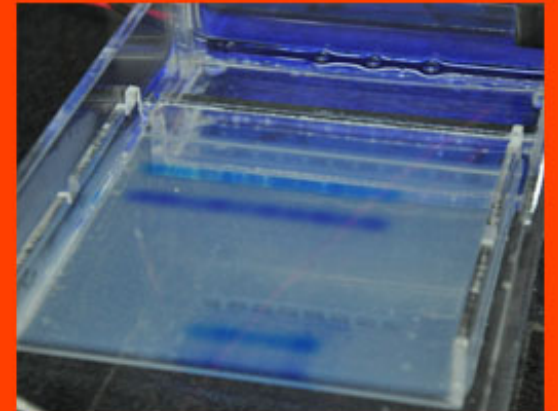
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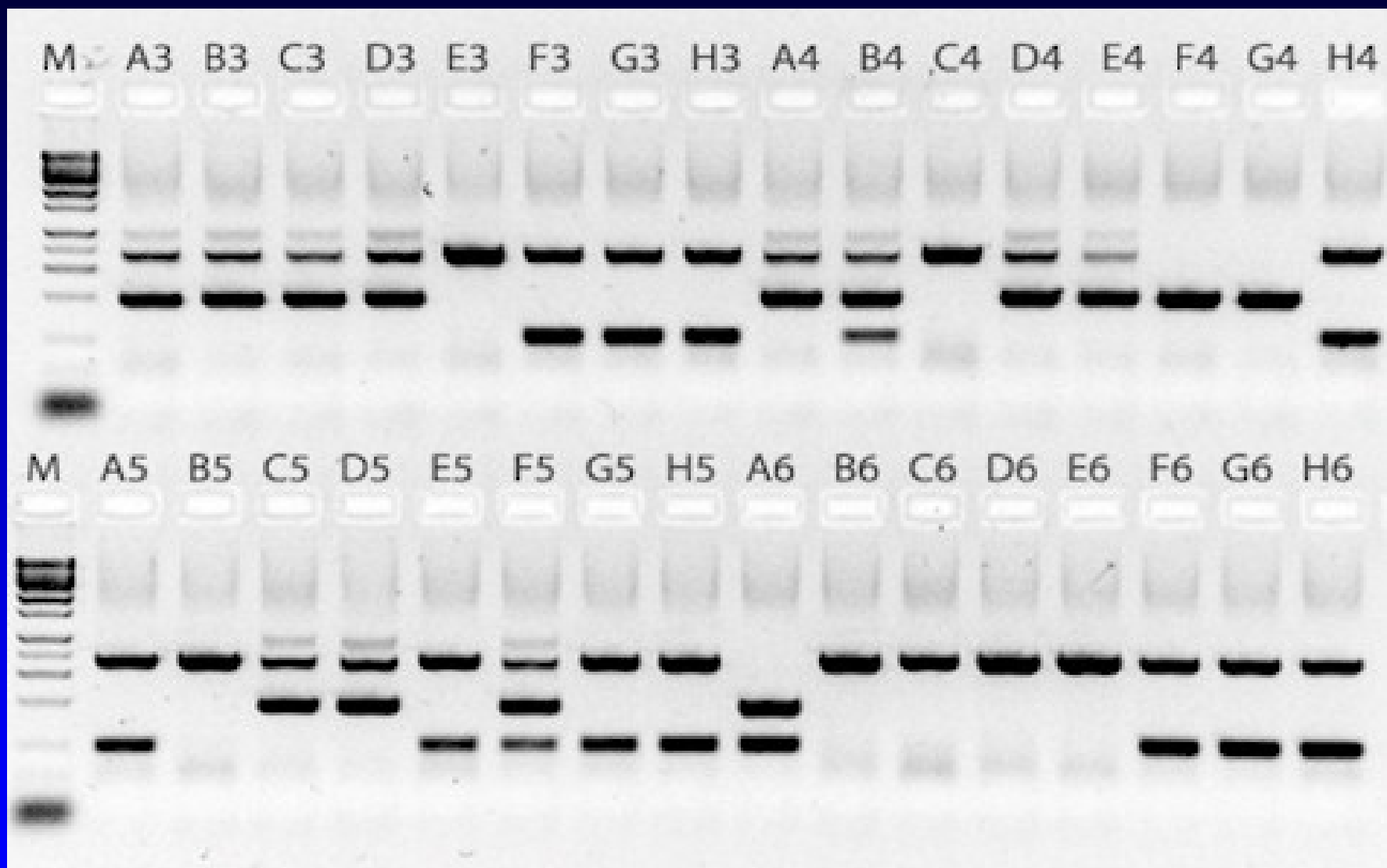
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Batteries



Glass/ Broken Glass



Amalgam Container



HAZARDOUS HEALTHCARE WASTE/ MEDICAL WASTE FLOWCHART



INFECTIOUS WASTE

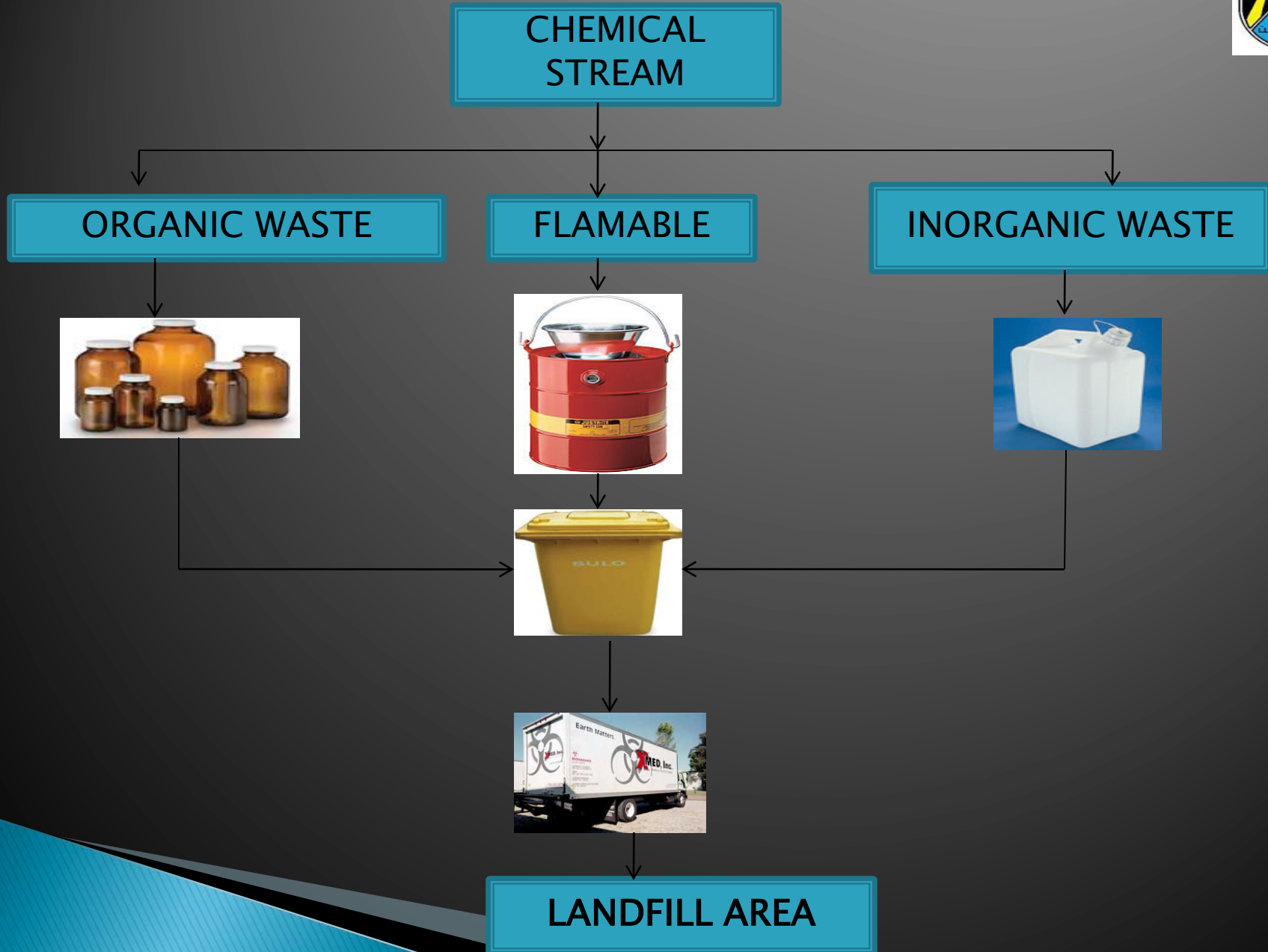
SHARPS

PATHOLOGICAL WASTE



LANDFILL AREA

CHEMICAL WASTE FLOWCHART



BATTERY/ BROKEN GLASS WASTE FLOWCHART



LANDFILL AREA