





What a WASTE!

Biohazardous Waste Disposal

In disposing of biohazardous waste, remember to begin the process by classifying the waste according to the following categories:

- Sharps
- Biohazardous or Infectious Wastes
- Uncontaminated Lab Waste
- Ordinary Trash
- Chemical Waste

Then dispose of as per the guidelines in your Chemical Safety Manual.

But remember that wastes which contain **both** chemical **and** another type of waste (e.g. animal parts stored in formalin) must be separated and disposed of according to **each pertinent waste policy**. In the example above, the animal waste would be treated as biohazardous waste and the formalin is disposed of as chemical waste. Don't assume compatibility of disposal procedures. Refer to your Safety Manual for specific details or call Safety Services.

Standard operating procedure dictates that all biowaste is to be autoclaved before being removed from the lab. However, sometimes material cannot be autoclaved, usually because of size or composition. Autoclaving such biowaste does make it safer to handle, but it still should be treated and labeled accordingly.

Remember that the labs are accountable for biowaste, so if you have non-autoclaved, un-sanitary waste, it is your responsibility to not only prep biowaste for disposal and removal, but also to label and handle it as such. Someone else might not be as informed as you about what dangers these hazardous materials might pose, so keep all lab personnel notified.

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2) Dispose of trash promptly — especially hazardous and radioactive waste. Call DOES (x2906) to arrange disposal (with the appropriate accompanying paperwork completed) as early as possible in the day so we can process the request.

3) Go over training materials so that they reflect any changes to the laboratory's safety procedures and protocols. New students beginning work in the summer (and especially next fall) will then have the most up-to-date set of materials and guidelines to follow.

Happy cleaning!



Upcoming Training Sessions

Radiation (x2906)

- New Training:** May 24, June 8, June 23 (call for times)
- Retraining:** June 14, June 29 (call for times)
- X-ray Training:** call office to set up training

Chemical (x2907)

- OSHA Lab Standard:** Mondays 1-3 (Service Building Conference Room)

Bloodborne Pathogen (x2907)

- New Training:** Mondays 3-4 (Service Building Conference Room)
- Retraining:** May 26, June 8, June 20, July 6 (call for times; Service Building Conference Room)

Don't forget: rad re-training is now also **ONLINE**

As always, call us for upcoming dates and times.



HOT TIPS



A large, empty rectangular frame defined by a thick black border, intended for the content of the 'HOT TIPS' section.

tuberculosis. Your risk of developing active TB is very small (less than 10%) and can be reduced to near-zero by preventive therapy.

- Any individual with a positive skin test but no active disease is **not infectious** to other people.
- The fact that this exposure was identified indicates the success of appropriate surveillance programs for those working with infectious organisms.

In the most recent case of active tuberculosis on campus, active TB was diagnosed on x-ray in a University worker. As soon as the individual was identified as carrying active TB, the worker's close associates were notified and immediate skin testing was made available to any and all individuals who felt they were at a risk of exposure.

Dr. Anita Redahan of the CWRU TB Unit wants to reiterate that even in the case of active TB, **the risk of spread of infection is very small and should not be cause for alarm.** In fact, Dr. Redahan hopes that through better education, this disease can be more easily understood and more students and workers will feel safer coming forth for voluntary PPD skin testing. She stresses: "our goal is to identify anyone with active TB so they can be started on medication as early as possible and get back to their normal studies and duties."

The wider concern of TB is that improper antibiotic usage often leads to the development of resistant strains of not only TB but other microbacterial diseases. For this reason, certain groups such as homeless people and drug users often provide fertile ground for these drug-resistant mutant strains to develop. As the world becomes smaller and these groups rise in population, instances of TB have risen commensurately.

Although TB is entirely curable and preventable, it will kill more people in the year 2000 than when the bacillus was first discovered in 1884. The National Tuberculosis Center and the World Health Organization estimate that eight million people get TB every year, of whom 95% live in developing countries such as Africa, Asia, and Latin America. An estimated three million die from TB each year.

Frequently Asked Questions About Tuberculosis

1. What is TB? It is a bacterial infection which usually affects the lungs.
 2. How would I get TB? TB is spread by breathing in the *Mycobacterium Tuberculosis* bacteria which has been coughed or sneezed out by someone with active TB. This can happen anywhere. You may never know from whom you get the disease.
 3. How would I know if I have TB? You may not know until you get a TB skin test or until you feel sick.
 4. What is a Tuberculin Test? It is a skin test placed on your left forearm. 48-72 hours after it is put on your arm, it is read by a healthcare provider.
 5. What is BCG? BCG is a vaccine which has been widely used in many countries to help modify the initial infection with TB. It is often given to babies and repeated at five to ten year intervals.
 6. I had BCG. Why do I need to be tested? Studies have shown that the vaccine **is often not effective in preventing TB infection.** Also, many who receive BCG as infants do not get the 5-year booster and thus are not effectively vaccinated. In countries where BCG is given, the most common cause of a positive TB test is not previous BCG vaccination but actual exposure to TB.
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The Gloves Are Off!



"Don't worry, my gloves are clean!" Have you ever heard that when you ask someone why they're wearing laboratory gloves outside of the laboratory? You might be tempted to say: "If they are clean, then why are you wearing them? To protect yourself from germs on doorknobs?"

Sure, it takes a little time and effort to pull off your gloves when you leave the bench, but think of the message you are sending to everyone else when you don't: "I'm wearing gloves because I've been working with chemicals/infectious agents/radioactive materials and I need to protect myself, but the heck with the rest of you who have to use the phone, turn the doorknob, or push the elevator button after me!"

Signs around your entrance/exits can usually help this. But good training is more important, and speaking up also helps. Principal investigators and supervisors need to reinforce the message for their staff and students: don't wear gloves outside of the lab.

So don't be afraid to speak up when you see someone about to grab that doorknob with their gloved hand. Remember your mother's words: you don't know where that hand has been!

The Safety News?!?!

Check out these true-life strange newspaper headlines, all with a safety twist:

Safety Experts Say School Bus Passengers Should Be Belted

Man Struck By Lightning Faces Battery Charge

Red Tape Holds Up Bridges

Enraged Cow Injures Farmer With Ax

This Stinks



When you open your chemical storage refrigerator or freezer, are you confronted by an odor that makes you fall to your knees and beg for mercy? This is a common occurrence. In some cases, lab workers want help identifying the offenders and cleaning the refrigerator, while in others, the unit no longer works and must be decontaminated before sending it out for disposal.

Refrigerators that are used to store chemicals are notorious for becoming so infiltrated with offensive odors that they just about induce the gag reflex when opened. Because refrigerators are commonly used to store volatile, noxious, and air-sensitive material, it is not uncommon for the atmosphere inside the unit to be saturated with chemical vapors. Over time, these vapors can penetrate porous surfaces and lead to odor problems. Similarly, material from spills or leaking containers can impregnate surfaces that then give off odors long after the original material is cleaned up. If you smell something funny, **assume that there is a leak somewhere and fix it ASAP.**

Follow these guidelines to reduce the offensive odors in your chemical storage refrigerator or freezer:

- Use secondary, removable trays or containers to store all materials (this way, when spills occur, the storage container can be removed for easy cleaning).
- Promptly clean up any spilled material.
- Do not store flammables in regular refrigerators.
- Wrap caps of volatile materials in parafilm.
- Place volatile materials in ziplock bags.
- Regularly inspect container integrity (no cracked caps, no leaking containers, no excess pressure, no blurred labels, etc.).
- Do not overfill the refrigerator or freezer.
- Dispose of old materials in the proper way.

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and Environmental Safety****Staff**

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REMINDER: Commencement takes place Sunday,
May 21, 2000 at 9:30 a.m. in the Veale Center. Call
368-3836 for more details. Support your students and
colleagues by attending.

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Safety News For the Campus Community