

# QUEBEC BIOMEDICAL WASTE STREAM MANAGEMENT

Disclaimer: This is a GUIDE ONLY and is intended to provide general information. Users of this guide are strongly encouraged to check applicable local regulations.



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div><div><div>BLOOD<br/>WASTE</div><div></div><div>Green container with ivory lid</div></div><div><div>Liquid blood, items saturated with blood, fluids visibly containing blood, or microbiology lab waste.</div><div>EXAMPLES</div><div><ul style="list-style-type: none"><li>Blood tubing &amp; bags</li><li>Pleuravacs or hemovacs</li><li>Disposable items that are saturated with blood (dripping)</li><li>Used suction canisters</li><li>Microbiology specimens, cultures, and vaccines, and disposable lab supplies that have come into contact with them (pipette tips, swabs, etc.)</li></ul></div><div><div>NOT ALLOWED</div><div><ul style="list-style-type: none"><li>Feces, urine, sputum, vomit UNLESS there is visible blood</li><li>Items that are bloody but not saturated with blood</li><li>Packaging or trash</li></ul></div></div></div></div> | <div><div><div>ANATOMICAL<br/>WASTE</div><div></div><div>Red pail or cardboard box with red liner</div></div><div><div>All human and animal tissues, organs, and body parts, excluding hair, nails, and teeth.</div><div>EXAMPLES</div><div><ul style="list-style-type: none"><li>Biopsy material</li><li>Pathology samples</li><li>Amputations</li></ul></div><div><div>NOT ALLOWED</div><div><ul style="list-style-type: none"><li>Packaging and trash</li><li>Cytotoxic waste</li></ul></div></div></div></div> | <div><div><div>SHARPS<br/>WASTE</div><div></div><div>Yellow sharps container</div></div><div><div>Items capable of causing punctures or cuts.</div><div>EXAMPLES</div><div><ul style="list-style-type: none"><li>Empty needles and syringes</li><li>Empty vials</li><li>Empty ampoules</li><li>Scalpel blades</li><li>Trocars</li><li>Scissors</li><li>Disposable instruments</li><li>Suture sets</li><li>Other sharp objects</li></ul></div><div><div>NOT ALLOWED</div><div><ul style="list-style-type: none"><li>Medications</li><li>Packaging or trash</li></ul></div></div></div></div> | <div><div><div>CYTOTOXIC<br/>WASTE</div><div></div><div>Red sharps container, red pail, or cardboard box with red liner</div></div><div><div>CYTOTOXIC SHARPS WASTE<br/>Disposed into red sharps container.</div><div>Sharps contaminated with cytotoxic medication.</div><div>EXAMPLES</div><div><ul style="list-style-type: none"><li>Needles and syringes</li><li>Cytotoxic medication vials and ampoules</li></ul></div><div><div>NON-SHARP CYTOTOXIC WASTE<br/>Disposed into red pail or red bag.</div><div>Non-sharp items that have come into contact with cytotoxic medication.</div><div>EXAMPLES</div><div><ul style="list-style-type: none"><li>IV bags and tubing</li><li>PPE</li></ul></div><div><div>NOT ALLOWED</div><div><ul style="list-style-type: none"><li>Anatomical waste</li><li>Pharmaceutical waste</li></ul></div></div></div></div></div> | <div><div><div>PHARMACEUTICAL<br/>WASTE</div><div></div><div>White sharps container with blue lid, white Rx pail, or a cardboard box with a red liner</div></div><div><div>RX SHARPS WASTE<br/>Disposed into white sharps container with blue lid.</div><div>Sharps containing medication.</div><div>EXAMPLES</div><div><ul style="list-style-type: none"><li>Ampoules or vials containing medication</li><li>Syringes with residual medications</li></ul></div><div><div>NON-SHARP RX WASTE<br/>Disposed into white Rx pail or cardboard box with red liner.</div><div>Expired or unused medication.</div><div>EXAMPLES</div><div><ul style="list-style-type: none"><li>IV bags with residual medications</li><li>Pills</li><li>Patches</li><li>Ointments</li><li>Oral liquids</li></ul></div><div><div>NOT ALLOWED</div><div><ul style="list-style-type: none"><li>Cytotoxic medication</li><li>Packaging or trash</li></ul></div></div></div></div></div> | <div><div><div>CONTROLLED<br/>SUBSTANCES</div><div></div><div>Secure a Drug or Rx Destroyer container</div></div><div><div>Medications classified as controlled substances by Health Canada (narcotics, opioids, etc.)</div><div>Remove medication from all packaging prior to disposing into SaD/RxD. Liquid medications must be drawn up and squirted into the container. Empty vials/ampoules/syringes then go into sharps container. Pill bottles, blister packs, etc. go into the garbage (remove patient identifiers first).</div><div>EXAMPLES</div><div><ul style="list-style-type: none"><li>Pills containing controlled substances</li><li>Patches containing controlled substances</li><li>Liquid controlled substances (oral or IV/injectable)</li></ul></div><div><div>NOT ALLOWED</div><div><ul style="list-style-type: none"><li>Uncontrolled medications</li><li>Effervescent medications</li><li>Medication packaging</li></ul></div></div></div></div> | <div><div><div>REGULAR<br/>WASTE</div><div></div><div>Garbage bin</div></div><div><div>Waste that requires no further treatment before disposal to landfill.</div><div>EXAMPLES</div><div><ul style="list-style-type: none"><li>Food packaging</li><li>Chux/underpads and disposable patient items</li><li>Gloves</li><li>Wrappers</li><li>Masks</li><li>Briefs</li><li>Catheter bags</li><li>Saline IV bags</li><li>Empty IV bags</li></ul></div><div><div>NOT ALLOWED</div><div><ul style="list-style-type: none"><li>Biomedical waste of any type</li></ul></div></div></div></div> | <div><div><div>RECYCLABLE<br/>WASTE</div><div></div><div>Recycling bin</div></div><div><div>Paper, plastic, and metal items to be recycled.</div><div>EXAMPLES</div><div><ul style="list-style-type: none"><li>Non-confidential paper</li><li>Plastic medicine cups</li><li>Plastic bottles</li><li>Cans</li></ul></div><div><div>NOT ALLOWED</div><div><ul style="list-style-type: none"><li>Biomedical waste of any type</li></ul></div></div></div></div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## DEFINITIONS

\*Empty: As much waste as possible has been removed from the container, no more than 3% by weight of the total capacity of the container remains.