

Name: Albany Medical College of Union University [A001]

FOR OFFICE USE ONLY

Recd

Code A001

NEW YORK STATE DEPARTMENT OF HEALTH
WADSWORTH CENTER
LABORATORY ANIMAL WELFARE PROGRAM
EMPIRE STATE PLAZA, P.O. BOX 509
ALBANY, NEW YORK 12201-0509

2019 RENEWAL APPLICATION
FOR APPROVAL FOR USE OF LIVING ANIMALS

SECTION I - GENERAL LABORATORY/INSTITUTION INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Laboratory/Institution Name: Albany Medical College of Union University	
Address 1: 47 New Scotland Avenue, MC-6	
Address 2:	
City, State, Zipcode: Albany, NY 12208	
County: Albany	
Telephone Number: 518-262-5389	
Fax Number: 518-262-5063	
E-mail Address: cohnd@mail.amc.edu	

SECTION I - GENERAL LABORATORY/INSTITUTION INFORMATION

Ownership:

- ☐ Corporation ☐ Government ☐ Individual ☒ Not For Profit ☐ Partnership
☐ Other: _____

Facility Type:

- ☐ 2 Year College ☐ 4 Year College ☐ Clinical or Environmental Lab
☐ Hospital ☒ Medical School ☐ Product Testing Lab
☐ Public Health Lab ☐ Research & Development Lab ☐ Veterinary School
☐ Other: _____

SECTION II - PROGRAM INFORMATION

Animals (Check all that apply):

- | | | | |
|---|--------------------------------------|---|--------------------------------------|
| <input checked="" type="checkbox"/> Mice (genus mus) | <input type="checkbox"/> Hamsters | <input type="checkbox"/> Fish | <input type="checkbox"/> Sheep/Goats |
| <input type="checkbox"/> Mice (wild or other) | <input type="checkbox"/> Guinea Pigs | <input type="checkbox"/> Cats | <input type="checkbox"/> Cattle |
| <input checked="" type="checkbox"/> Rats (genus rattus) | <input type="checkbox"/> Rabbits | <input type="checkbox"/> Dogs | <input type="checkbox"/> Swine |
| <input type="checkbox"/> Rats (wild or other) | <input type="checkbox"/> Small Birds | <input type="checkbox"/> Non-Human Primates | <input type="checkbox"/> Poultry |
| <input type="checkbox"/> Other: _____ | | | |

Are you currently housing live animals at your institution? ☒ Yes ☐ No

If you are not currently housing live animals, do you anticipate having live animals in your facility during the next 12 months?* ☐ Yes ☐ No

*LAWP permits are issued to those institutions that maintain living animals for teaching and/or research and have the appropriate programs and facilities to properly and humanely care for those animals.

Does your laboratory/institution have an Animal Care Committee? ☒ Yes ☐ No
(If Yes, attach a copy of the Committee members)

Since your last application, have there been any changes in your animal care and use procedures (i.e. feeding programs, disease control, environmental management, humane care, euthanasia)? ☐ Yes ☒ No
(If Yes, please explain)

Note: Any procedures that require the withholding of feed and water or exposing the animals to adverse or unusual conditions should be documented in your animal use protocols and approved by your IACUC.

Living animals are used for (Check all that apply):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Diagnostic Procedures | <input checked="" type="checkbox"/> Education/Teaching Demonstrations |
| <input checked="" type="checkbox"/> Experimentation | <input type="checkbox"/> Farm Production |
| <input type="checkbox"/> Public Display | <input type="checkbox"/> Public Health/Disease Surveillance |
| <input type="checkbox"/> Other: _____ | |

Are animals used in studies with human infectious agents? ☒ Yes ☐ No * *ADD*
(If Yes, attach a copy of your procedures for processing medical waste generated by the animals)

Registration/Accreditation Type:

- | | | |
|---|---|-------------------------------|
| <input checked="" type="checkbox"/> AAALAC Accredited | <input checked="" type="checkbox"/> USDA Registered | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | | |

SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Laboratory/Institution Person In Charge (Name): Falzano, Michael	Feustel, Paul J.
Title: Executive Assistant Dean	Director, Research Administration, Basic Science
Telephone Number: 518-262-0671	518-262-5339
Work Hours: MON: 7:00 am to 6:30 pm TUE: 7:00 am to 6:30 pm WED: 7:00 am to 6:30 pm THU: 7:00 am to 6:30 pm FRI: 7:00 am to 6:30 pm	Work Hours: Mon: 8:30 AM to 6:00 PM Tue: 8:30 AM to 6:00 PM Wed: 8:30 AM to 6:00 PM Thu: 8:30 AM to 6:00 PM Fri: 8:30 AM to 6:00 PM Sat: to Sun: to

CURRENT DATA	INDICATE CHANGES HERE
Veterinarian in Charge (Name): Cohn, Douglas L.	
Title: Director, Animal Resources Facility	
Telephone Number: 518-262-5389	
Work Name/Address (if different from laboratory/institution):	
Work Hours: MON: 8:00 am to 4:30 pm TUE: 8:00 am to 4:30 pm WED: 8:00 am to 4:30 pm THU: 8:00 am to 4:30 pm FRI: 8:00 am to 4:30 pm	Work Hours: Mon: to Tue: to Wed: to Thu: to Fri: to Sat: to Sun: to

SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Contact Person (Name): Cohn, Douglas L.	
Title: Director, Animal Resources	
Telephone Number: 518-262-5389	
Work Hours: MON: 8:00 am to 4:30 pm TUE: 8:00 am to 4:30 pm WED: 8:00 am to 4:30 pm THU: 8:00 am to 4:30 pm FRI: 8:00 am to 4:30 pm	Work Hours: Mon: to Tue: to Wed: to Thu: to Fri: to Sat: to Sun: to

☒ Attach a list of all full-time and part-time animal care staff which includes the following information:
Name, Full-Time or Part-Time, Title and Education Level (Highest).

☐ No additional staff.

SECTION IV - ATTESTATION

I have read the Administrative Rules and Regulations concerning the use of living animals and understand that I am fully responsible for all work involving the use of living animals. I understand that the Certificate of Approval is not transferable and the New York State Department of Health (the Department) shall be advised promptly if the individual, in whose name approval has been granted, ceases to be in charge. The facility(ies) will be operated according to all applicable laws, rules and regulations.

I understand that by signing this application form I agree to cooperate with any investigations conducted by the Department to verify or confirm information given or any other investigation conducted in connection with animal welfare in any facility identified in this application. If additional information is requested, I will provide it.

In signing this application, I hereby certify that the information I have given the Department as a basis for obtaining or retaining a certificate of approval is true and correct. As information changes, I will promptly notify the Department. Further, I understand that filing a false instrument constitutes a crime under the Penal Law of the State of New York.

* 
Signature, Laboratory/Institutional Officer

INSTITUTIONAL OFFICIAL
DIRECTOR, OFFICE OF RESEARCH AFFAIRS
Title

10 Oct 2018
Date

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CURRENT DATA	INDICATE CHANGES HERE
Contact Person (Name): Cohn, Douglas L.	
Title: Director, Animal Resources	
Telephone Number: 518-262-5389	
Work Hours: MON: 8:00 am to 4:30 pm TUE: 8:00 am to 4:30 pm WED: 8:00 am to 4:30 pm THU: 8:00 am to 4:30 pm FRI: 8:00 am to 4:30 pm to to	Work Hours: Mon: to Tue: to Wed: to Thu: to Fri: to Sat: to Sun: to

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Signature, Laboratory/Institutional Officer

Title

Date

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

DIRECTORY OF ANIMAL RESOURCES FACILITY PERSONNEL (2018)

Douglas L. Cohn, DVM, MA (FT)	Director
Karen Krause, DVM (PT)	Clinical Veterinarian
Victoria Boppert, BS, CMAR, RLATG(FT)	Facility Manager
Erin Jeannotte, BS, LVT, RLATG, SRA(FT)	Research Coordinator
Angel Medina-Ramos, RLATG (FT)	Vet Research Technician
Tina Perone, BBA (FT)	Administrative Coordinator
Lana Thompson, LAT (FT)	Animal Tech III
Hatti Wang (FT)	Animal Tech III
Lee Ann Linindoll (FT)	Animal Tech II
Jay Brooker, RLATG (FT)	Animal Tech I
Melissa Renaud (FT)	Animal Tech I
Yiqiang Wu, ALAT (FT)	Animal Tech I
Jean Marie Strong (FT)	Animal Tech I
Cindy Van Vorst (FT)	Animal Tech I
Vacant (FT)	Animal Tech I

FT = Full time
 PT = Part time
 RLATG = AALAS Registered Laboratory Animal Technologist
 RLAT = AALAS Registered Laboratory Animal Technician
 LAT = AALAS Laboratory Animal Technician
 ALAT= AALAS Assistant Laboratory Animal Technician

**Albany Medical College
Institutional Animal Care and Use Committee (IACUC)
Membership – July 23, 2018
12 voting members**

#	Name of Member and Degree/Credential	Position Title/Occupational Background	PHS Policy Membership Requirements	Center/Department	A	V	Mail Code #	Location	Telephone
1	Shirley R. Anderson	Retired from State Government	Nonaffiliated	Community member	N	Y	-----		466-4516
2	Jeffrey Carlson, Ph.D.	Professor	Scientist	DNET	Y	Y	136	MS-516	262-5802
3	Douglas Cohn, D.V.M.	ARF Director, Attending Veterinarian	Veterinarian	ARF	Y	Y	6	MS-12	262-5389
4	Russell Ferland, Ph.D.	Professor, Chair	Scientist	DNET	Y	Y	136	J-414	262-0172
5	Paul Feustel, Ph.D.	Director, Research Admin, Basic Science / Professor, Institutional Official (IO)	Scientist	Research Administration	Y	N	1	R-102	262-5339
6	Kathleen Flansburg	IACUC Coordinator	Nonscientist	Research Compliance	Y	N	169	R-202	262-6965
7	Yunfei Huang, M.D., Ph.D.	Professor	Scientist	DNET	Y	Y	136	ME-408	262-5873
8	Karen Krause, D.V.M.	Clinical Veterinarian	Veterinarian	ARF	Y	Y	6	MS-14	262-5390
9	Susan LaFlamme, Ph.D.	Professor	Scientist	RCCB	Y	Y	165	ME-301	262-6256
10	Michelle Lennartz, Ph.D.	Professor	Scientist	RCCB	Y	Y	165	MS-310	262-5217
11	Katherine MacNamara, Ph.D.	Associate Professor	Scientist	IMD	Y	Y	151	MS-453	262-0921
12	Nil McManus, B.S.	Chemical Hygiene Officer	Nonscientist	EH&S	Y	N	96	Pediatric Emergency Dept. Building	262-0438
13	Antonio Paul, Ph.D.	Associate Professor	Scientist	MCP	Y	Y	8	ME-602	262-1159
14	Michael Robek, Ph.D.	Professor	Scientist	IMD	Y	Y	151	MR-317	264-2580
15	Donald Walker, J.D.	Sr. Associate Counsel	Nonscientist	AMC Legal	Y	Y	104	22NS, 4 th floor	262-3828

A= Affiliated with AMC: Y=Yes, N=No. V= Voting member: Y=Yes, N=No.

Acronyms:

ARF - Animal Resources Facility

DNET – Department of Neuroscience and Experimental Therapeutics

EH&S - Environmental Health & Safety

IMD – Department of Immunology & Microbial Disease

MCP – Department of Molecular and Cellular Physiology

RCCB – Department of Regenerative and Cancer Cell Biology



ALBANY MEDICAL CENTER
Environmental Health and Safety
Policy and Procedure Manual

Albany Medical Center
Environmental Health & Safety
Policy and Procedures
File No. 1.704.310
Page 1 of 4
Effective: 1/13/99

Reviewed:	3/97, 3/00, 11/03, 10/06, 12/09, 4/15, 11/17
Revised:	11/00, 8/12

SUBJECT: MANAGEMENT OF HAZARDOUS WASTE

I. POLICY:

It is the policy of Albany Medical Center to minimize hazardous waste generation to the least amount practicable. Albany Medical Center will implement and maintain procedures for the proper identification, collection, storage and disposal of all hazardous waste to reduce the risk of injury or illness to employees. This policy will be consistent with other policies in which hazardous materials are identified.

II. DEFINITIONS:

HAZARDOUS WASTE - In general, a waste is considered hazardous if it is ignitable, corrosive, toxic or reactive (as defined by EPA). The Department of Environmental Health and Safety will designate hazardous waste utilizing EPA and New York State guidelines and other pertinent guidelines.

HAZARDOUS WASTE MANIFEST - A document which must accompany each shipment of hazardous waste.

HAZARDOUS WASTE MINIMIZATION PROGRAM - A mandated element of a Hazardous Waste Collection and Disposal Management Program, which includes the following methods of controlling the amount of hazardous waste generated for disposal: Inventory, Minimizing Chemical Use, Neutralizing Hazardous Waste, Hazardous Waste Recycling and Consolidation of Hazardous Waste.

USEPA - (United States) Environmental Protection Agency

III. INTERPRETATIVE GUIDELINES:

A. Responsibilities:

1. Departments/Laboratories/Clinics/Offices will:
 - a. Notify the Department of Environmental Health and Safety whenever a new waste is generated.
 - b. Determine, with the Department of Environmental Health and Safety, if the waste meets the definition of a hazardous wastes.
 - c. Develop and implement Department/Laboratory/Clinic/Office procedures for collection, handling, storage and disposal of hazardous wastes. The Department of Environmental Health and Safety will provide technical assistance.
 - d. Label all hazardous waste with appropriate warning/informational labels. (Supplied by the Department of Environmental Health and Safety) Hazardous waste labels must be filled



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Revised:	11/00, 8/12

out completely. Containers which do not have an approved label or are not completed, will not be picked up.

- e. Full containers of hazardous waste shall not be stored for more than one week in a user area (Department/Laboratory/Clinic/Office). Hazardous waste pickup shall be made as soon as the container is full by submitting a Request Form for Hazardous Waste Pick Up (e-mail to EH&S) or calling ext. 2-8700 option#3.

2. Department of Environmental Health and Safety will:

- (a) The Department of Environmental Health and Safety has overall responsibility in the management of hazardous wastes including;
 - 1. Identify, with AMC departments, hazardous wastes that are generated. Assist in developing hazardous waste procedures for to that department, including use of protective equipment, type and location of container and labeling. Assist in training department staff on these procedures.
 - 2. Provide a scheduled collection of hazardous waste from locations internal to AMC (i.e. labs or departments). This collection is normally done weekly.
 - 3. Classify hazardous waste utilizing current regulatory guidance. Properly segregate, label and store hazardous waste in a central accumulation area.
 - 4. Arrange for disposal of hazardous wastes within regulatory time frames: not longer than 90 days without special permission from the State of New York, for large quantity generators (AMC Main Campus), 180 days for small quantity generators or 365 days for conditionally exempt small quantity generators (South Clinical Campus).
 - 5. Perform inspections of the hazardous waste storage facility in accordance with current regulations. Conduct periodic quality assurance surveys.
 - 6. Provide training of employees who collect and package hazardous waste.
 - 7. Be the point of contact for regulatory issues concerning hazardous waste including, accompanying outside agencies during inspection of Albany Medical Center's operations/facilities.
 - 8. Approve vendors for transport and disposal of hazardous waste. This may require review of compliance status, verification of licenses, permits and an on-site audit of disposal facilities.
 - 9. Assure the vendor selected for disposal maintains current and accurate waste profiles.



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Revised:	11/00, 8/12

10. Assure all hazardous waste manifests are completed correctly, accurate and returned to AMC in a timely manner. All hazardous waste manifests will be maintained for a period of not less than 3 years.
11. Initiate payment of special taxes, fines, fees which may be incurred for generation of hazardous waste and maintain records for 10 years.
12. Initiate a Hazardous Waste Minimizing Program as outlined by regulatory guidance.

ASSOCIATED REFERENCES:

- New York State Department of Environmental Conservation regulations,
- Occupational Safety and Health Administration Hazard Communication Act,
- U.S. Environmental Protection Agency Regulations,
- U.S. Department of Transportation Regulations,
- Albany Medical Center's policies related to the production, storage and use of hazardous materials;



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Reviewed:	2/01, 2/04, 2/07,
Revised:	1/10, 1/13, 4/15, 9/16

SUBJECT: MANAGEMENT OF REGULATED MEDICAL WASTE

I. POLICY: It is the policy of Albany Medical Center to manage regulated medical wastes in a manner that protects the health of patients, employees, staff and visitors and safeguards the environment of the community in compliance with all applicable laws, codes, rules and regulations.

II. DEFINITIONS:

1. "Regulated medical waste" is defined by New York State law (Public Health Law 1389-aa) and adopted by the Albany Medical Center as any of the following waste which is generated in the diagnosis, treatment or immunization of human beings or animals, in research pertaining thereto, or in production and testing of biologicals, except that "regulated environmental conservation law), or household waste:

- (a) Cultures and stocks of agents
- (b) Human pathological waste
- (c) Human blood and blood products
- (d) Sharps
- (e) Animal waste
- (f) Any other waste material containing infectious agents designated as regulated medical waste. Refer to "Select Agents" Policy on Research, Recombinant DNA Policy.

Detailed definitions and examples of each category are contained in Appendix A of this policy.

2. "Infectious agents" shall mean any organisms that cause disease or an adverse health impact to humans, except that the commissioner may prescribe by regulation additional infectious agents as may be necessary to protect human health and the environment.

II. CONTAINERS USED FOR REGULATED MEDICAL WASTE:

All containers, including carts or tubs used to contain, store and transport infectious waste, shall be appropriately labeled, leak proof and in good repair. All carts and reusable containers shall be dedicated to and used solely for the transportation of regulated medical waste.

- 1. **Labeling:** All containers, including but not limited to bags, tubs, carts, and boxes for regulated medical waste will be marked with either:
 - a. the biohazard symbol
 - b. the words "regulated medical waste" or
 - c. the word "infectious".
- 2. **Red Bags:** AMC uses red bags for regulated medical waste materials.



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Revised:	1/10, 1/13, 4/15, 9/16

- a. The red bag serves as a warning to all staff and employees that appropriate precautions must be used when handling such material.
 - b. The use of Red Bags for any purpose other than regulated medical waste is prohibited, e.g., the use of Red Bags for the personal belongings of patients and employees.
 - c. Red Bags shall not be used or permitted in any area which does not generate or produce infectious waste (waiting rooms or offices).
3. Sharps Containers: Sharps containers shall be constructed of a hard plastic, uniquely identifiable, closeable and puncture resistant. These containers may be red or marked with either: the biohazard symbol; the words "regulated medical waste" or the word "infectious".

IV. COLLECTION, STORAGE AND TRANSPORTATION:

All Regulated Medical Wastes, shall be collected, stored and transported in a safe and sanitary manner and in accordance with the following:

1. Regulated Medical Waste, with the exception of sharps, shall be placed in Red Bags and separated from other waste.
2. All Red Bags containing waste materials shall be placed in a uniquely labeled container, covered and stored in a designated storage area (soiled utility room) or cart. They must not be stored, placed or left directly on the floor of any corridor, patient room, lab, hallway, etc. Red Bags must always be placed in waste containers and / or carts.
3. Red Bags shall not be used or permitted in any area which does not generate or produce infectious waste.
4. The use of Red Bags for any purpose other than regulated medical waste is prohibited, e.g., the use of Red Bags for the personal belongings of patients and employees. All patient personal belongings will be placed in white plastic bags specifically available for that purpose. The use of colored plastic bags, including Red Bags, for non-infectious, non-hazardous waste such as kitchen waste, office and paper waste, cafeteria waste, waste from classrooms, public rest rooms, elevator lobbies, corridors, etc., will be prohibited. These solid wastes are to be placed in clear plastic bags for this purpose.
5. Red Bags shall be filled to no more than 75% of capacity to prevent tearing, over filling or damage. Bags shall be closed and sealed to prevent spillage or leakage during collection, storage and transportation.
6. No regulated medical waste container will be held in patient areas (soiled utility rooms) for more than 24 hours.
7. All employees collecting and transporting Red Bags containing regulated medical waste shall wear gloves and must conform to "Standard Precautions". Additional personal protective equipment may be required during unusual circumstances.



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8. Regulated medical waste (with the exception of sharps) will be collected by the Department Environmental Services and transported to the Waste Handling Facility at least once each day.
9. No Red Bags will be placed in the dumpsters or trash compactor at the hospital, college or any other location (South Clinical Campus or offsite practices).
10. No employee, visitor or patient will be permitted to remove Red Bags from the Medical Center.
11. All carts and containers used to store and transport infectious waste will be provided with covers that are in place while the waste is being stored or transported through the facility.

V. SHARPS:

All sharps will be managed according to the following:

1. Sharp Containers will be located in areas as needed to facilitate prompt disposal of sharps. Locations shall include, but not be limited to: patient rooms, treatment rooms, medication carts, Emergency rooms, clinics, laboratories and research facilities.
2. The "Sharp Container" will not be used for any purpose other than disposal of sharps.
3. All "Sharp Containers" will be handled with care so as not to damage, break or open the container.
4. Sharps containers shall be removed from patient care areas within thirty (30) days or upon the generation of odors or other evidence of putrefaction, whichever occurs first, without regard to fill level. See NYCR10 Sec 70-2.2 Containment and storage
5. All "Sharp Containers" will be collected and transported in the following manner:
 - a. AMC Main Campus and South Clinical Campus (SCC)
 - i. The Sharp Containers will be closed and removed when no more than 75% full by an approved vendor. During off-shift hours the Department of Environmental Services (EVS) may remove a full container.
 - ii. Sharp Containers, when full, will be transported from the unit to the Waste Handling Facilities for disposal. When necessary, sharps containers may be stored in a dirty utility area prior to transport to the waste handling facility.
 - iii. The department staff will notify the Call Center (2-4444) for the pick up of Sharp Containers when no more than 75% full.
 - iv. Call Center to notify vendor for sharps pickup during normal work hours and EVS during off-hours.



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b. Offsite and affiliated areas:

- i. All other offsite and affiliated areas of the Albany Medical Center generating Regulated Medical Waste will use "Disposable Sharp Containers". Staff at these sites will collect full sharps containers and store in a designated location for pick up by an approved vendor.

VI. DISPOSAL:

1. Regulated Medical Waste will be transported by the Environmental Services Department or designated contractor to the Waste Handling Facility for disposal in accordance with all applicable laws and regulations.
2. Co-mingling of hazardous chemical and radioactive wastes with regulated medical wastes will be reduced to the minimum level practicable with current medical / scientific practice.

VII. DECONTAMINATION AND SPILLS:

1. All carts, containers and equipment used for regulated medical waste will be decontaminated using a disinfectant method approved by the Department of Epidemiology.
2. All spills involving blood or infectious waste materials will be cleaned up using a disinfectant method approved as a policy by the Department of Epidemiology.

VIII. EDUCATION AND TRAINING:

1. All employees will be provided training via initial orientation and mandatory annual education on these procedures and the proper disposal of regulated medical waste.
2. The Department of Environmental Health and Safety and the Department of Epidemiology will provide technical assistance to all departments regarding Infectious Waste Management and will assist departments in the development and presentation of employee training.

IX. QUALITY ASSURANCE

1. The Safety Committee will conduct periodic reviews of this policy and its associated procedures.
2. The Department of Environmental Health and Safety will monitor work practices and procedures to assess and reduce the potential for exposure when storing, collecting, handling, transporting and disposing of infectious waste. This shall include a review of PSN Reports associated with waste handling and reports of incidents from EVS, waste handling and other departments.

X. OFF-SITE FACILITIES:



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Revised:	1/10, 1/13, 4/15, 9/16

1. All off-site Medical Center units and facilities which generate infectious waste will manage such waste in accordance with the general practices and procedures established by this policy.
2. The Department of Environmental Health and Safety will coordinate the pick-up, transport and disposal of RMW from off-site locations.
3. Under no circumstances shall AMC employees use private or AMC owned vehicles to transport RMW from off-site facilities to the AMC Main Campus.

XI. REPORTING:

Consistent with state law and regulation, the Department of Environmental Health & Safety will prepare at least an annual report on regulated medical waste generation for the institution.

ASSOCIATED REFERENCES:

- New York State Public Health Law: "STORAGE, TREATMENT AND DISPOSAL OF REGULATED MEDICAL WASTE"; Title 10, New York Code of Rules and Regulations Part 70,
<http://w3.health.state.ny.us/dbspace/NYCRR10.nsf/56cf2e25d626f9f785256538006c3ed7/8525652c00680c3e8525652c004a59f3?OpenDocument&Highlight=0,70>
- New York State Department of Health website: "Managing Regulated Medical Waste"
<http://www.health.ny.gov/facilities/waste/>
- New York State Department of Environmental Conservation, "Guidance for Regulated Medical Waste Treatment, Storage, Containment, Transport and Disposal December, 1996 Effective February, 1997" <http://www.dec.ny.gov/regulations/8752.html>
- Albany Medical Center Infection Control Manual,
- Albany Medical Center Hospital's Policy and Procedure Manual



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Policy and Procedure Manual

Albany Medical Center
Environmental Health & Safety
Policy and Procedures
File No. 1.704.315
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Effective: 02/08/1999

Reviewed:	2/01, 2/04, 2/07,
Revised:	1/10, 1/13, 4/15, 9/16

Appendix A: Definitions of Categories of Regulated Medical Waste (RMW)

1. **Cultures and Stocks** : This waste shall include cultures and stocks of agents infectious to humans, and associated biologicals, cultures from medical or pathological laboratories, cultures and stocks of infectious agents from research and industrial laboratories, wastes from the production of biologicals, discarded live or attenuated vaccines, or culture dishes and devices used to transfer, inoculate or mix cultures. Specifically excluded are unused culture materials that are not composed of blood, blood products, human or primate cell lines; or those items used in a clinical laboratory that have not come into contact with an infectious agent. These items are NOT regulated medical waste.
2. **Human Pathological Waste**: This waste shall include tissue, organs, and body parts (except teeth and the contiguous structures of bone and gum), body fluids that are removed during surgery, autopsy, or other medical procedures, or specimens of body fluids and their containers, and discarded material saturated with such body fluids other than urine, provided that the Commissioner, by duly promulgated regulation, may exclude such discarded material saturated with body fluids from this definitions if the Commissioner finds that it does not pose a significant risk to public health. This waste shall not include urine or fecal materials submitted for other than diagnosis of infectious diseases.
3. **Human Blood and Blood Products**: This waste shall include: (I) discarded waste human blood, discarded blood components (e.g. serum and plasma), containers with free flowing blood or blood components or discarded saturated material containing free flowing blood or blood components; and (II) materials saturated with blood or blood products provided that the commissioner, by duly promulgated regulation, may exclude such material saturated with blood or blood products from this definitions if the commissioner finds that it does not pose a significant risk to public health. Specifically excluded are: Intravenous bags and bottles; plastic tubing that has not contacted body fluids; and materials (e.g., gloves, aprons, lab coats, disposable linens, dressings, band-aids, cotton balls, etc.) that are not saturated with blood or body fluid to the point of dripping. These items are NOT regulated medical waste.
4. **Sharps**: This waste shall include but not be limited to discarded unused sharps and sharps used in animal or human patient care, medical research, or clinical or pharmaceutical laboratories, hypodermic, intravenous, or other medical needles, hypodermic or intravenous syringes to which a needle or other sharp is still attached, Pasteur pipettes, scalpel blades, or blood vials. This waste shall include, but not be limited to, other types of broken or unbroken glass (including slides and cover slips) in contact with infectious agents. This waste shall not include those parts of syringes from which sharps are specifically designed to be easily removed and from which sharps have actually been removed, and which are intended for recycling or other disposal, so long as such syringes have not come in contact with infectious agents. This waste shall not include those parts of syringes from which sharps are specifically designed to be easily removed and from which sharps have actually been removed, and which are intended for recycling or other disposal, so long as such syringes have not come in contact with infectious agents. Glass and other materials that have not contacted agents infectious to humans but could cause skin penetrations (glass, plastic pipettes, culture dishes etc.) are not regulated medical waste but are solid wastes covered under the Policy on Glass items disposal.



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5. Animal Waste: This waste shall mean discarded materials including carcasses, body parts, body fluids, blood, or bedding originating from animals known to be contaminated with infectious agents (i.e. zoonotic organisms) or from animals inoculated during research, production of biologicals, or pharmaceutical testing with infectious agents." **Specifically excluded are preserved animal carcasses or parts used for educational purposes. These are not regulated medical waste.**

Addition information and direction is available at the NYS DOH website for Managing Regulated Medical Waste: <http://www.health.ny.gov/facilities/waste/#statute>