

In New Mexico, infectious waste means “**regulated medical waste**,” which is state-regulated under New Mexico Environment Department (NMED) rule 20 NMAC

9.1. Infectious waste disposal is based on the “cradle to grave” principle, which means if you generate it, you are responsible for it from generation through disposal.

**No infectious waste shall be disposed of in a landfill.**

“Every person who generates, transports, stores, treats, or disposes of infectious waste shall prepare and maintain on file a **management plan** for the waste that identifies the type of waste the person generates or handles, the segregation, packaging, labeling, collection, storage, and transportation procedures to be implemented, the treatment or disposal methods that will be used, the transporter and disposal facility that will be used, and the person responsible for the management of the infectious waste.” (NMAC 20.9.1.700.F.4.a)

## What is infectious waste according to the rules?

“‘Infectious waste’ means a limited class of substances that carry a probable risk of transmitting disease to humans, including but not limited to:

1. Microbiological laboratory wastes, including cultures and stocks of infectious agents from clinical research and industrial laboratories, and disposable culture dishes and devices used to transfer, inoculate and mix cultures;
2. Pathological wastes, including human or animal tissues, organs and body parts, removed during surgery, autopsy or biopsy [from contaminated animals];
3. Disposable equipment, instruments, utensils and other disposable materials which require special precautions because of contamination by highly contagious diseases;
4. Human [or animal] blood and blood products, including waste blood, blood serum, and plasma;

5. Used sharps, including used hypodermic needles, syringes, scalpel blades, Pasteur pipettes and broken glass; and

6. Contaminated animal carcasses, body parts and bedding, especially those intentionally exposed to pathogens in research, in the production of biologicals or the ‘in vivo’ testing of pharmaceuticals.” (NMAC 20.9.1.7.AL.1–6)

## What is infectious waste on a dairy operation?

1. If you culture milk samples, your disposables such as dishes, pipettes, etc. are considered infectious waste. **Remember: If it looks like medical waste, it is assumed to be infectious waste!**
2. Everything (disposables) you or your veterinarian may have used for the treatment of sick animals. **Remember: A syringe becomes infectious waste as soon as it is attached to a needle that was used to inject an animal!** And if it was never attached to a needle but was still disposed of, see rule number 1.
3. Everything that drips, is soaked in, or has caked or flaking blood on it. **Remember: Everything that touches infectious waste becomes infectious waste!**
4. Used sharps such as needles, scalpels, broken glass, etc. **Remember: A needle that was never used and ends up in the trash is assumed to be infectious waste, besides being a sharp!**

## Medication bottles

Most medication bottles can go into the regular trash with what NMED calls “traces” remaining, or a small amount of liquid left in the bottom when everything has been removed using normal methods for removing the medications. For example, in a vaccine vial, you cannot extract all the vaccine, and a trace remains. This rule also applies to antibiotics, corticosteroids, supplements, etc.

<sup>1</sup>Information obtained from 20 NMAC 9.1.

<sup>2</sup>Extension Dairy Specialist, Department of Extension Animal Sciences and Natural Resources, New Mexico State University.

## Dead animals and tissues

In New Mexico, dead animals and animal remains **can** go to a sanitary landfill; this includes placentas, dead calves, and most tissues (e.g., testicles from castration, aborted fetuses, etc.). The medical waste rules apply only to animals intentionally exposed to infectious agents; this does not happen in the dairy business. For animal carcasses, body parts, and bedding of dead animals and animal remains known to be exposed (unintentionally) to infectious agents, rule 6 applies, and the waste is to be considered infectious waste.

## Storage

Regulated infectious waste must:

- Be segregated from other waste at the point of origin.
- Be stored in a special waste storage area that protects the waste from the elements, is ventilated to the outdoors, and is only accessible to authorized persons. The storage area must clearly marked with warning signs that are readable from 25 ft.
- Be stored in a way that is not accessible to animals, does not provide a breeding place for insects and rodents, and minimizes exposure to the public.
- Not be stored over 45 days.
- Be stored in red plastic bags (except for sharps) inside rigid containers marked “biomedical waste.” Sharps shall be stored in leak-proof, rigid, puncture-resistant containers with a tight lid.

**Remember: Everything that touches infectious waste becomes infectious waste!**

## Transport and Disposal

- Infectious waste can only be removed and transported by a licensed company.
- When removed, the infectious waste must be accompanied by a manifest.
- The manifest shall contain the following information:
  - Name, address, and phone number of generator.
  - Name, address, and phone number of the commercial hauler(s).
  - Name, site address, phone number, and identification number of the solid waste facility to which the waste is to be delivered.
  - Type and proper name of waste being shipped.
  - Total weight or volume of waste prior to shipment.
  - Total weight or volume of waste when received at solid waste facility.
  - Type and number of containers in shipment.
  - Any special handling instructions.

- Date and location the waste was delivered.
- Signatures of the generator, each commercial hauler, and the solid waste facility receiving the waste (signatories shall be duly authorized agents).
- If there is a discrepancy between the manifest and waste, or if there is a discharge from the waste, NMED shall be notified within 24 hours.
- Upon receipt, the solid waste facility must send a signed copy of the manifest back to the generator.
- The generator must retain both the original and the returned copy of the manifest for its permanent records.

## Requirements in Short

- Dairy must have an infectious waste management plan.
- Identify on your dairy what is classified as infectious waste.
- Dairy must treat infectious waste as outlined in this publication.
- Infectious waste cannot be stored over 45 days.
- Contact a company licensed to transport medical/infectious waste.
- Infectious waste must be accompanied by a manifest.
- Returned originals of the manifest must be stapled to the original copy and kept as permanent records.

**If you have any additional questions please contact the NMED Solid Waste Bureau:**

### Harold L. Runnels Building

Room S2050, 1190 St. Francis Dr.  
P.O. Box 5469, Santa Fe, NM 87502-5469  
Phone: 505-827-0197, Fax: 505-827-2902

**Website and forms:** <http://www.nmenv.state.nm.us/swb/>



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**DAIRY WASTE MANAGEMENT PLAN**

Dairy name: _____	Date plan
Address: _____	developed: _____
City, State, Zip: _____	
Manager/Owner: _____	
Phone: _____	Fax: _____

Describe the type of waste generated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how this waste is being segregated from the regular waste: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how the waste is being stored and for how long (arrangements with pickup company):  
\_\_\_\_\_  
\_\_\_\_\_

Describe the packaging used for disposal (regular vs. sharps):

Regular medical waste (red bags): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sharps (containers): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how the packaging will be labeled (example: "dairy medical waste"):  
\_\_\_\_\_  
\_\_\_\_\_

Describe the pickup company, arrangements for pickup, the transporter(s), which disposal/treatment facility used:  
Person responsible for management of infectious waste:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**KEEP THIS FILE WITH OTHER MANAGEMENT PLANS AND PERMITS**

## DAIRY WASTE MANAGEMENT PLAN GENERATOR

Company name: _____		Phone: _____
Address: _____		
I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, and labeled and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
_____ Name of company representative (print):	_____ Signature of representative	_____ Date

\*Fill in the blanks, send signed original with waste to primary transporter, and retain copy for file (staple to eventually returned original for permanent filing).

## PRIMARY TRANSPORTER

Name(s) of persons collecting, transporting, or unloading waste: _____			Initials: _____
Company name: _____		Phone: _____	
Address: _____			
_____ Date waste collected:	_____ Number of containers collected:	_____ Total weight of waste collected:	
I certify that the information provided above is true and correct, and that only untreated medical wastes are contained in this load.			
_____ Name of company representative (print):	_____ Signature of representative	_____ Date	
Transfer station name: _____			

\*Fill in the blanks, certify by signing, and send original to treatment facility with waste (retain copy for records).

## SECONDARY TRANSPORTER

Name(s) of persons collecting, transporting, or unloading waste: _____			Initials: _____
Company name: _____		Phone: _____	
Address: _____			
_____ Date waste collected:	_____ Number of containers collected:	_____ Total weight of waste collected:	
I certify that the information provided above is true and correct, and that only untreated medical wastes are contained in this load.			
_____ Name of company representative (print):	_____ Signature of representative	_____ Date	

\*Fill in the blanks, certify by signing, and send original to treatment facility with waste (retain copy for records).

## TREATMENT FACILITY

Company name: _____		Phone: _____
Address: _____		
_____ Date waste unloaded:	_____ Number of containers unloaded:	_____ Total weight of waste unloaded:
I certify that I have been authorized to accept untreated medical wastes and that I have received the above-mentioned wastes in accordance with the requirements outlined in NMED 20 NMAC 9.1.		
_____ Discrepancy indication space (notify NMED within 24 hr)		
_____ Name of company representative (print):	_____ Signature of representative	_____ Date

\*Fill in the blanks, certify by signing, and return original to generator within 30 days (retain copy for records).

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