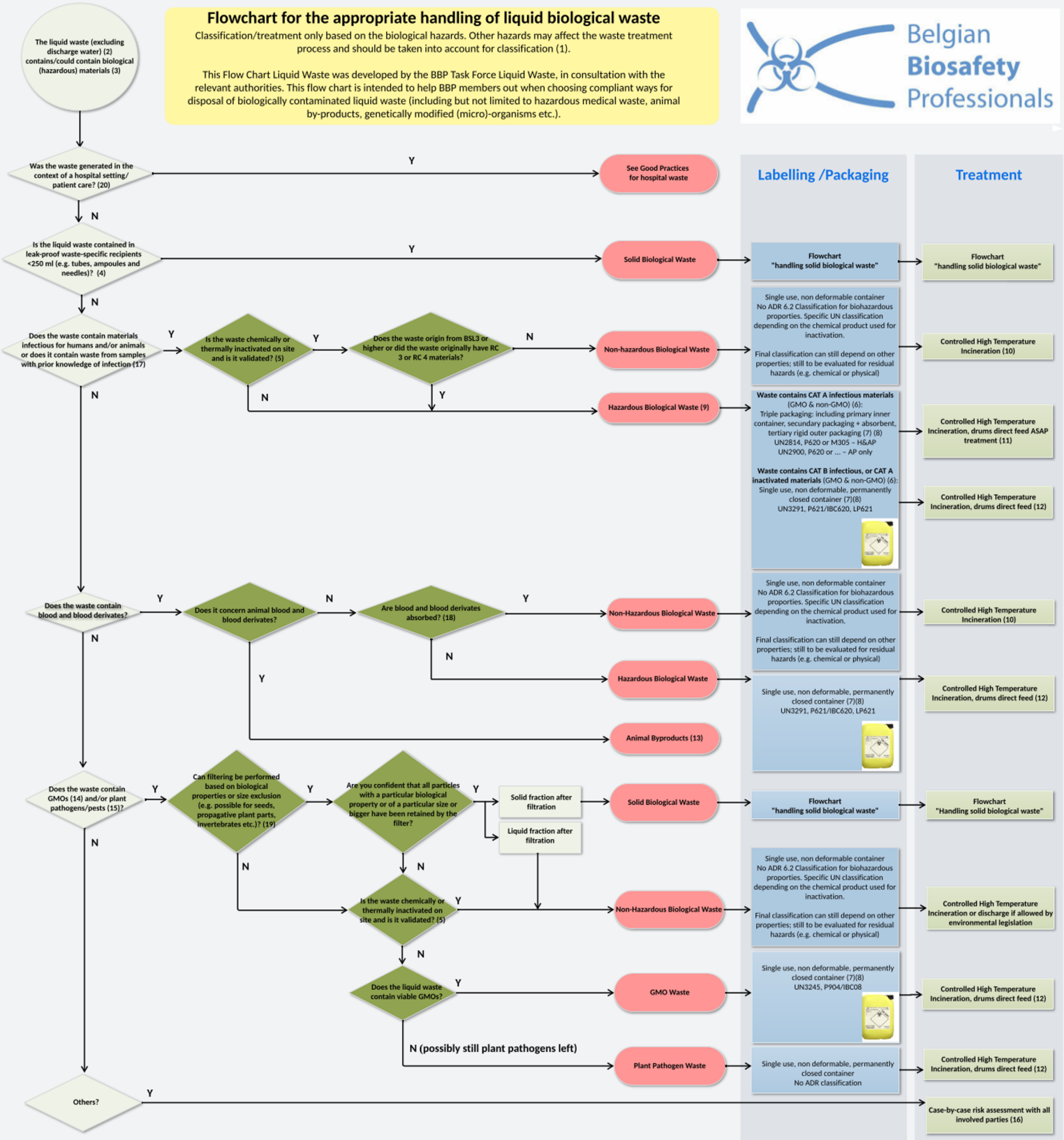
Flowchart for the appropriate handling of liquid biological waste

Classification/treatment only based on the biological hazards. Other hazards may affect the waste treatment process and should be taken into account for classification (1).

This Flow Chart Liquid Waste was developed by the BBP Task Force Liquid Waste, in consultation with the relevant authorities. This flow chart is intended to help BBP members out when choosing compliant ways for disposal of biologically contaminated liquid waste (including but not limited to hazardous medical waste, animal by-products, genetically modified (micro)-organisms etc.).

Belgian Biosafety Professionals



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(1) **Other hazards** may affect the waste treatment process and should be considered for classification.
Priorities for classification according to ADR-legislation:

1. Explosives
2. Radioactivity
3. Biological properties
4. Chemical properties (for hazardous medical waste containing cytostatic or sedative products see (6))

See the European waste list (EURAL) for characterization of waste, arranged partly by origin and by type of waste[1].
See Waste Framework Directive (EU 1357/2014) for the attribution of the hazardous properties H1 to H15[2].

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(2) **Discharge water** refers to all kinds of 'industrial wastewater' that is discharged into sewers, drains or wastewater plant. Discharge is in respect with the quantities and parameters (applicable environmental limits) specified in the environmental permit. If these parameters cannot be met, then the waste is collected as specified in the flow chart. Final classification will depend on other properties; as such, residual hazards (e.g. chemical) must be evaluated.

Included:
(Potentially) infectious liquid waste (e.g. liquid cultures, effluents from laboratory sinks, emergency showers) that has been inactivated chemically or thermally (e.g. autoclave, kill tank, effluent decontamination system) using a validated method (also see (5)).
Non-included:
Wastewater from a tissue digester (i.e. alkalic hydrolysis of animal carcasses and thus within the scope with the animal by-product legislation, see (13)) must be collected by an agreed firm (e.g. Rendac).

General definition wastewater:

- Wastewater is used water that has been affected by domestic and industrial use, and is loaded with different compounds/substances

Definition industrial wastewater:

- All wastewater originating from industrial activities (domestic wastewater, cooling water and rain water that has not come into contact with pollutants excluded)

Definition "discharge of wastewater":

- Emission of wastewater into sinks, sewers, and drains.

As the precise definition of wastewater may differ between Belgian regions, reference is made to regional environmental and water legislation[3].

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[1] https://www.vlaanderen.be/publicaties/europese-afvalstoffenlijst-eural-handleiding
[2] COMMISSION REGULATION (EU) No 1357/•2014 - of 18 December 2014 - replacing Annex III to Directive 2008/•98/•EC of the European Parliament and of the Council on waste and repealing certain Directives - (europa.eu)
[3] VLAREM (Flanders), Richtlijn 91/271/EEG van de Raad van 21 mei 1991 inzake de behandeling van stedelijk afvalwater (Brussels-Capital Region), Code de l'Eau coordonné (Walloon Region).

(3) **Biological material**: micro-organisms, vertebrates and invertebrates, plants, etc. or materials derived thereof (including tissue, cells, cell lines, DNA, RNA, proteins, body fluids,…).

(4) **Leak-proof waste-specific recipients:** Eppendorf tubes, Falcon tubes or other small tubes which can be closed – with small volume liquids remaining – should be closed and are discarded following the flowchart solid waste, on the condition that absorbent materials (*) sufficient to absorb the content of the recipients are added.
The maximum amount of liquid to be discarded in a recipient for solid hazardous medical waste (with a maximum volume of 60L) is 250 ml. This cut-off volume was determined empirically/in consensus with different parties.
(*): examples: jellifying powders and tablets, absorbent tissues, or cloths.

(5) **Inactivation** on site: the inactivation process must be efficient and validated for the type or types of biological material concerned. Inactivation can be physical (thermal, UV) or chemical.

Inactivation of pathogenic and/or genetically modified (micro-)organisms must be **validated**. **Validation** is defined in Flanders[4], Brussels-Capital Region (BCR)[5] and the Walloon Region[6] as "all acts that are required to prove that the method used, delivers reliable and accurate results that meet the proposed use". In other words, one must prove that the inactivation was effective. Records of the validation must be maintained by the user and can be requested by inspection authorities and SBB/Sciensano.
Some examples:

- **Thermal inactivation - autoclaving**: Where waste is being autoclaved, the use of biological indicators (or similar) is recommended (as a good practice) in Flanders and imposed in the BCR (via the contained used permit) to validate inactivation. The frequency of use may differ according to the type and quantities of waste, setting, frequency of inactivation (e.g. see guidelines SBB for contained use[7]). For this purpose, commercial kits based on the thermo-resistant spore forming bacterium *Geobacillus stearothermophilus* are available (after autoclaving and a certain incubation period, one checks whether *Geobacillus* has been killed or not; inactivation of *Geobacillus* proves that other less resistant (micro-)organisms were also inactivated).
- **UV inactivation**
  Inactivation of plant pathogens in wastewater (e.g. drain or irrigation water originating from greenhouses or laboratories) can be achieved by using ultraviolet light (UV-C) irradiation systems. UV-C, especially at 254 nm, is an effective treatment for reduction of pathogens (in particular for chlorine-resistant pathogens). UV-C causes photochemical damage to nucleic acids through formation of pyrimidine dimers, inhibiting DNA replication and transcription.
  The efficiency of UV inactivation is dependent on the turbidity of the wastewater treated and the resultant transmittance of UV light through the water. As such UV-inactivation is unsuitable for treatment of wastewater with high levels of suspended solids, turbidity, color or soluble organics matter, unless adequate prefiltering (using filters with a nominal diameter running down to 1µm) can be applied to obtain sufficiently clear water.
  To guarantee an optimal effect of UV-light, it is necessary to:
  - clean the UV-lights regularly weekly to remove dust and dirt;
  - verify the maximal number of burning hours of the UV-C source (this may vary according to the brand of the UV-C source) and replace timely;

[4] VLAREM – section 51
[5] Besluit van de Brusselse Hoofdstedelijke Regering betreffende het ingeperkt gebruik van genetisch gemodificeerde en/of pathogene organismen en betreffende de indeling van de betrokken installaties (8/11/2001)
[6] Arrêté du Gouvernement wallon modifiant l'arrêté du Gouvernement wallon du 4 juillet 2002 déterminant les conditions sectorielles relatives aux utilisations confinées d'organismes génétiquement modifiés ou pathogènes (5/06/2008).
[7] https://www.biosafety.be/sites/default/files/autoclaaf_sbb_d2011_2505_46_nl.pdf

- verify the UV-C light intensity using a UV-photometer (2x/year);
- validate the UV-C disinfection: this can be done by spiking the wastewater with a known concentration of the organism, taking samples at different stages in the filtering and treatment process and bringing that in culture (plate/liquid broth) to verify growth of the organism.

- **Chemical inactivation**: Disinfection protocols must be in place for both routine use and for use in spills. As well as documenting how disinfection should be carried out, it should be recorded that the disinfectant has been assessed for its efficacy under in-use conditions. Efficacy may be determined by:
  - Examining the manufacturers' literature
  - Examining the relevant peer-reviewed literature
  - In-house viability testing (e.g. a culture of a pathogenic, or genetically modified (micro-)organism is exposed to various concentrations of disinfectant/biocide during different incubation periods; a small amount of the inactivated culture is brought again in culture (plate/liquid broth) to verify that no further pathogen growth is observed).

The applied disinfectants must comply with the Biocidal Product Regulation (BPR, EU 528/2012). An overview of register biocides is available via FPS Health, Food Chain Safety and Environment[8]. Please note that the chemical risks associated with biocidal products and their active substances can be as such that the user must have an authorization or derogation from the European chemicals agency (ECHA). The REACH authorization list[9] (REACH Annex XIV) can be consulted for an overview of these hazardous substances. Certain hazardous substances, and mixtures are restricted from use on the European market. The REACH restricted substances list[10] (REACH annex XVII) can be consulted for an overview.

Related guidance documents:

Topic	NL	FR
General waste treatment	https://www.biosafety.be/sites/default/files/afvalbeheer_2022.pdf	https://www.biosafety.be/sites/default/files/gestion_des_dechets_2022.pdf
Validation inactivation by autoclave	https://www.bioveiligheid.be/sites/default/files/autoclaaf_sbb_d2011_2505_46_nl.pdf	https://www.biosafety.be/sites/default/files/autoclave_sbb_d2011_2505_39_fr.pdf and the conditions described in the annex of the contained use permit (BCR only)
Validation inactivation by EDS	https://www.biosafety.be/sites/default/files/2012_effluentdeconsystems_sbb_2505_58.pdf	

Related standards:

- EN 14885:2019 - Chemical disinfectants and antiseptics
- EN 12461:1998 - Biotechnology. Large-scale process and production. Guidance for the handling, inactivating, and testing of waste

(6) **Infectious, Cat. A / Cat. B:** as defined by ADR regulations (organisms subject to risk groups 2, 3 and 4 for animals and/or humans). For the list of organisms of risk group 2, 3 and 4, consult Belgian Classification lists of SBB/Sciensano[11]. This list is not exhaustive; if a species is not listed, please consult other international risk classification databases and propose a risk group classification to SBB (Forms are available in **French** or **Dutch**).

- ADR Category A: infectious substances which are transported in a form that, when exposure to it occurs, can cause permanent disability, life-threatening or fatal disease in otherwise healthy humans and animals. Indicative lists are available in the ADR regulations. For other organisms belonging to risk group

[8] https://apps.health.belgium.be/gestautor-public-search/
[9] https://echa.europa.eu/nl/authorisation-list
[10] https://echa.europa.eu/nl/substances-restricted-under-reach
[11] http://www.biosafety.be/RA/Class/ClassBEL.html

2, 3 or 4, a case-by-case evaluation is needed (ADR classification is the responsibility of the waste producer).

- ADR Category B: toxins and infectious substances which do not meet the criteria for inclusion in Category A.
  Exemptions are:
  - Substances that do not contain infectious substances, or which are unlikely to cause disease in humans and animals
  - Substances containing micro-organisms which are non-pathogenic to humans or animals
  - Substances in a form that any present pathogens have been neutralized or inactivated such that they no longer pose a health risk
  - Environmental samples (including food and water samples) which are not considered to pose a significant risk of infection
  - Dried blood spots, collected by applying a drop of blood onto absorbent material, or faecal occult blood screening tests
  - Blood or blood components which have been collected for purposes of transfusion or for the preparation of blood products to be used for transfusion or transplantation and any tissues or organs intended for use in transplantation
  - Plant pathogens.
- For waste containing organisms of risk group 3 and 4 for humans or animals: Inactivation on site is mandatory and the waste should after inactivation still be sent off as UN3291.
- In Flanders, hazardous medical waste containing cytostatic or sedative products still must be sent for controlled high temperature incineration, even after inactivation[12]. In the Brussels-Capital Region hazardous medical waste containing cytostatics or sedative products is considered as 'special waste' and is discarded in rigid container conform to ADR-requirements and sent for controlled incineration[13]. In the Walloon region such waste is classified as 'B2 waste'. The waste is collected in rigid and leak-tight containers and is sent for controlled incineration[14] .

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(7) "Multilateral Agreement M305 under paragraph 1.5.1 of Annex A of ADR": Triple packaging in practice: jerrycan + plastic bag + drum + Stabilization material around.

Good practice: sharps and ampules should not be put in the jerrycan but are considered Solid Hazardous Biological Waste (See BBP Poster on Solid waste[15]). If pipette tips are present in liquid biological waste, reduce the max. volume in the jerrycan (allow for 2-3 cm of free space on top of liquid).

De-airing screw caps with PFTE (polytetrafluorethylene) membrane filters are available to limit spills/release of aerosols. These must not be used for (not inactivated) waste originally containing RG 3 or RG 4 materials.

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(8) Exception: Single use, non-deformable, permanently closed containers of hazardous biological waste bulk volumes: case-by-case risk assessment with all involved parties.

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(9) **Hazardous biological waste**: "Biohazard" refers to biological substances that pose a threat to the health of living organisms, primarily that of humans. This can include samples of a microorganism, virus or biological toxin that can affect human health and environment. Note that this is not limited to definition (6) "Infectious cat A & B". Occurrence: regulated waste from:

- Medical facilities

[12] Appendix 5.2.3.C of VLAREMA
[13] Besluit van de Regering van het Brussels Hoofdstedelijk Gewest betreffende het beheer van afvalstoffen afkomstig van activiteiten in de gezondheidszorg -23 MAART 1994
[14] Arrêté du Gouvernement wallon relatif aux déchets d'activités hospitalières et de soins de santé -30 JUIN 1994, Art. N
[15] BBP poster on solid biological waste

- Research facilities
- Pharma/Research industry
- Diagnostic facilities
- …

Type of waste can be:

- Human or animal blood or body liquids + derivates
- Cultures of primary cells, genetically modified cells (see specifically GMO flow), plant cells
- Cultures of pathogenic microorganisms
- Cultures of prions
- Mixed with toxic, cytostatic, radioactive fractions
- Cultures of genetically modified microorganisms (see specifically GMO flow)

Definition **Medical waste** – according to

- VLAREMA: een bijzondere afvalstof die bestaat uit alle afvalstoffen, ongeacht de aard, het voorkomen of de samenstelling, die afkomstig zijn van geneeskundige of diergeneeskundige behandelingen; geneeskundige of diergeneeskundige behandeling : elke behandeling, met of zonder instrumenten, die erop gericht is de lichamelijke en de geestelijke gezondheid van de mens of van het dier te bevorderen of te controleren. Medisch onderzoek in laboratoria en alle behandelingen in mortuaria, in onderzoeksinrichtingen, in bloedtransfusiecentra en in instellingen voor forensische geneeskunde worden ook als een geneeskundige of diergeneeskundige behandeling beschouwd;
- l'Arrêté du Gouvernement wallon du 30 juin 1994 relatif aux déchets d'activités hospitalières et de soins de santé: Déchets d'activités hospitalières et de soins de santé : les déchets provenant des hôpitaux, des hôpitaux psychiatriques, des maisons de soins psychiatriques, des maisons de repos et des maisons de repos et de soins, des laboratoires médicaux, des dispensaires médicaux, des cabinets de médecin, de dentiste ou de vétérinaire et de prestations de soins à domicile;
- Besluit van de Regering het Brussels Hoofdstedelijk Gewest van 23/03/1994 betreffende het beheer van afvalstoffen afkomstig van activiteiten in de gezondheidszorg: Afval afkomstig van activiteiten inzake gezondheidszorg, hierna afval genoemd, elke afvalstof afkomstig van één van de volgende activiteiten al dan niet uitgeoefend in het kader van onderwijs : a) de geneeskunde, met inbegrip van de tandheelkunde, uitgeoefend bij mensen in het kader van preventie of genezing; b) de verpleegkunde; c) het uitoefenen van paramedische beroepen; d) het uitoefenen van het beroep van vroedvrouw; e) de dierengeneeskunde; f) het onderzoek dat gepaard gaat met de beoogde activiteiten in de hierbovenvermelde punten a tot en met e.
- Arrêté du Gouvernement de la Région de Bruxelles-Capitale de 23/03/1994 relatif à la gestion des déchets résultant d'activités de soins de santé: déchet résultant d'activités de soins de santé, ci-après dénommé déchet, tout déchet résultant d'une des activités suivantes, exercées ou non dans le cadre d'un enseignement: a) l'art médical en ce compris l'art dentaire, exercé à l'égard d'êtres humains, sous ses aspects curatif ou préventif; b) l'art infirmier; c) les professions paramédicales; d) la profession d'accoucheuse; e) la médecine vétérinaire; f) la recherche associée à une des activités visées aux littéras a à e ci-dessus.

Definition **Hazardous Medical waste** – according to

- VLAREMA: Onderafdeling 5.2.3. Medisch afval , and appendix 5.2.3 A.
- l'Arrêté du Gouvernement wallon du 30 juin 1994 relatif aux déchets d'activités hospitalières et de soins de santé: Déchets de classe B2 : les déchets infectieux provenant de patients qui, en raison du risque de contamination pour la communauté doivent être soignés en isolement; les déchets de laboratoire présentant une contamination microbienne; le sang et les dérivés de sang qui peuvent encore présenter une contamination microbienne; les objets contondants; les cytostatiques et tous les déchets de traitement cytostatique; les déchets anatomiques (autres que les pièces anatomiques),(2); les déchets pathologiques; les déchets d'animaux d'expérience ainsi que leur litière et leurs excréments;
- Besluit van de Regering het Brussels Hoofdstedelijk Gewest van 23/03/1994 betreffende het beheer van afvalstoffen afkomstig van activiteiten in de gezondheidszorg: Speciale afvalstoffen uit de gezondheidssector : a) afvalstoffen ontstaan ten gevolge van gezondheidszorgen die worden verstrekt

aan een patiënt die lijdt aan een in bijlage I van dit besluit vermelde aandoening; b) de snijdende en prikkende voorwerpen; c) de anatomische delen, bloed en de andere lichaamsvloeistoffen, met uitzondering van de afvalstoffen bestemd voor nuttige toepassing; d) de afvalstoffen afkomstig van een behandeling tegen kanker met cytostatica; e) uit laboratoria voor microbiologie afkomstige afvalstoffen die in contact zijn geweest met de cultuur van micro-organismen of de culturen zelf.

- Arrêté du Gouvernement de la Région de Bruxelles-Capitale de 23/03/1994 relatif à la gestion des déchets résultant d'activités de soins de santé: Déchets spéciaux: a) les déchets produits à l'occasion des activités de soins de santé dont fait l'objet un patient atteint d'une affection visée à l'annexe 1er du présent arrêté; b) les objets coupants, piquants et tranchants; c) les pièces anatomiques, le sang et les autres liquides corporels, à l'exception des déchets destinés à la valorisation; d) les déchets résultant d'un traitement anti-cancéreux par cytostatiques; e) les déchets provenant des laboratoires de microbiologie ayant été en contact avec des cultures de micro-organismes et les cultures elles-mêmes.

The OVAM Manual for medical waste (2021) also contains a decision tree for medical waste disposal[16].

(10) Exception on High Temperature Incineration (HTI) for non-hazardous biological waste bulk volumes: case-by-case risk assessment with all involved parties.

(11) **Drums direct feed ASAP treatment** = no opening, no transfer, no intermediate storage on site of the waste destruction company, direct treatment.

(12) **Drums direct feed** = no opening, but intermediate storage allowed.

(13) **Animal by-products (ABP)**

ABPs and derived products are categorized according to the associated risk(s) for human and animal health. Category 1 ABPs are associated with the highest risk. For more detail reference is made to:

- Animal by-products Regulation 1069/2009/EC and the technical rules in Regulation 142/2011/EC.
- BBP posters on animal by-products (available on the BBP website[17,18])

Disposal:

- The user must ensure that ABPs and derivatives intended for research, education and diagnosis are not reused for other purposes. Unless they are to be retained for reference purposes, ABPs and derivatives intended for research and diagnosis shall be removed and destroyed.
- Methods of disposal include:
  - Most frequently, incineration or co-incineration (i.e. useful application of ABPs as (additional) fuel to generate energy from thermal treatment)
  - Rather exceptionally, sterilisation under pressure and disposal by a method as described in Regulations (EC) 1069/2009 and 142/2011 for the category of ABPs to which the products belong (e.g. category 1 material is buried on an approved landfill after sterilization under pressure)
- For well-defined ABPs that are part of cell cultures, laboratory sets or laboratory samples, treatment is allowed by a method at least equivalent to the validated method for steam autoclaves, followed by disposal as waste or wastewater. The conditions the products must meet to be disposed of in this way are defined in Regulation (EC) 142/2011.

[16] https://publicaties.vlaanderen.be/view-file/52232
[17] https://www.ebsaweb.eu/l/library/download/urn:uuid:adf4f5ba-62bc-45f9-bc41-9d4d08ed59e9/felasa_2016_bbp_abp_poster_final.pdf?format=save_to_disk&ext=.pdf, and f
[18] https://www.ebsaweb.eu/l/library/download/urn:uuid:e1cf52d6-0d17-4377-b50c-fa60bf8241d6/miniposter_abp_and_text_in_back_ebsa_2016_final160415_12h30.pdf?format=save_to_disk&ext=.pdf

In case ABPs or derivatives are used for educational purposes, disposal of Category 2 or 3 materials in quantities of less than 20 kg per week may be done in accordance with the regional provisions applicable to the disposal of waste.

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(14) **GMO**: Genetically Modified Organism – organism, except for human beings, in which the genetic material has been altered in a way that does not occur naturally by mating and/or natural recombination (NB: "organism" means any biological entity capable of replication or of transferring genetic material).

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(15) For non-exhaustive lists of **plant pathogens and pests** and their risk group classification/quarantine status, reference is made to:

- Belgian Classification lists (SBB/Sciensano)[9]
- EU Plant Health Regulation (EU) 2016/2031, implementing regulation (EU) 2019/2072 and updates, and regulation (EU) 2019/1702 (priority pests)
- European and Mediterranean Plant Protection Organization (EPPO)[19]

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(16) case-by-case: consider if there are special waste handling requirements, e.g. Animal by-products – see Animal by-products Regulation 1069/2009/EC and the technical rules in Regulation 142/2011/EC.

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(17) **samples with prior knowledge of infection**: Given the origin of the sample, it is highly probable that the sample contains viable pathogens and/or genetically modified micro-organisms.
Examples include:

- samples isolated from human patients, animals or plants which have been diagnosed positive for a certain disease,
- samples isolated from human patients, animals or plants which display (clinical) symptoms of an infectious disease,
- samples isolated from animals or plants which have been subjected to deliberate inoculation with pathogens or genetically modified micro-organisms (for R&D purposes or as part of a clinical trial),
- samples isolated from human volunteers which have been subjected to deliberate inoculation with pathogens or genetically modified micro-organisms (as part of a clinical trial), and with high probability that the samples do contain living pathogens or genetically modified micro-organisms
- Environmental samples with a high risk of presence of viable pathogens or genetically modified micro-organisms, such a sludge from wastewater treatment plants.

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(18) **absorbed blood**
Absorbed blood is categorized as non-hazardous solid medical waste and is as such collected in special waste bags. Even when compacted in a waste compacter (container of vehicle), there is no risk on release/leakage of blood.

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(19) **filtering**
The pore size of the retaining filter must be smaller than the smallest possible size of biological material (e.g. seeds, invertebrates) that is present is the liquid waste fraction.

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(20) Laboratories located within hospitals, e.g. diagnostic testing labs, still need to follow the liquid waste flow chart.

Additional information specific for labeling & packaging for medical waste:

[19] Https://gd.EPPO.int.

Containers of non-hazardous medical waste:

- The words “non-hazardous medical waste " shall be affixed on the container, by the manufacturer of the container. The indication shall be waterproof and shall be in black printed letters of at least 2 centimeters high, glued, printed or embossed.

Containers of hazardous medical waste:

- The manufacturer of the container shall affix the indication " hazardous medical waste on the container. The indication shall be waterproof and shall be, in black print letters of at least 2 cm high, glued, printed or embossed on a yellow background of at least an A4 size. The affixation of the biohazard sign is not required.
- The institution of the practice shall affix their address and telephone number.
- The collector, waste dealer or broker shall affix their address and telephone number to each overpack of hazardous medical waste collected from the same medical waste producer.
- The practice's facility or the collector, waste dealer or broker under the facility's supervision, shall affix the date of collection to each overpack of hazardous medical waste.

Notice:

- Always check the additional ADR safety requirements in case any chemicals may be present in the liquid (non) hazardous waste.

Requirements for biological waste storage rooms:

- Storage rooms must be
  - inaccessible to unauthorized persons and animals
  - cool and well ventilated
  - provided of surfaces which can be easily cleaned and disinfected
  - provided of watertight floors
  - free from pests
  - clearly indicated; biorisk sign (RC2 of higher) and coordinates of the contact person must be posted on the outside of the storage room
  - provided of a hand washing facility (or nearby the storage room)
- Waste transport means (e.g. trolleys, chariots, hand trucks) must be easy to clean and disinfect

Topic	NL	FR
General waste treatment	https://www.biosafety.be/sites/default/files/afvalbeheer_2022.pdf (§6 storage)	https://www.biosafety.be/sites/default/files/gestion_des_dechets_2022.pdf (§6 storage)
Management of waste	https://www.bioveiligheid.be/sites/default/files/cl_nl_afval_2006_e.pdf	https://www.biosecurite.be/sites/default/files/cl_fr_dechets_2006_e.pdf and the conditions described in the annex of the contained use permit (BCR only)
Requirements storage rooms medical waste	- VLAREMA – Hoofdstuk 5, Afdeling 5.2, Onderafdeling 5.2.3 Medisch afval, Artikel 5.2.3.11 (Flanders) - l'Arrêté du Gouvernement wallon du 30 juin 1994 relatif aux déchets d'activités hospitalières et de soins de santé (Wallonia) - In the Brussels Capital Region, requirements for waste storage rooms are defined in the environmental permit and biosafety permit	

Additional information regarding the frequency of waste collection by the waste collector

If the waste storage room is not cooled, following storage periods (for BSL1 and BSL2 waste, excluding animal carcasses) are suggested by SBB:

- ≤4°C: max. 2 months
- ≤20°C: max. 2 weeks
- >20°C: weekly

Topic	NL	FR
General waste treatment	https://www.biosafety.be/sites/default/files/afvalbeheer_2022.pdf (§6 storage)	https://www.biosafety.be/sites/default/files/gestion_des_dechets_2022.pdf (§6 storage); the storage period is mentioned as a condition in the contained use permit (BCR only)

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