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Our firm...

Hospital Waste Management is committed to assisting healthcare facilities in complying with hazardous material management and waste disposal regulations and better managing their wastes. Our clients are hospitals, clinics, and medical labs.

Our services include conducting dangerous, solid, radioactive, and regulated medical waste audits; risk assessment; hazmat audits; developing waste management plans for Joint Commission compliance; hazmat emergency response training; and annual dangerous waste and Pollution Prevention reporting.

Our e-mail address is: AlanBJones@verizon.net. For past Hospital Waste issues, check our website at http://www.hospitalwastemgmt.com.

Pharmaceutical Waste Management Reform Gaining Momentum in Health Care

More Washington Hospitals Implement Ecology Policies After Agency Ratchets Up Pressure

Slowly, hospitals are adopting Ecology policies—such as the Interim Enforcement Policy: Pharmaceutical Waste in Healthcare—for better pharmaceutical management as Ecology investigators fan out across the state. Three years after Ecology rolled out its Interim Enforcement Policy and only two of Washington’s one hundred-odd hospitals had submitted a Pharmaceutical Waste Profile, it’s clear that the impact of unannounced investigations and sting ing re-designations of hospitals has had an impact.

Several hospitals over the past months, which had not filed a Pharmaceutical Waste Profile with Ecology, have been re-designated large quantity generators (LQGs) of dangerous waste by Ecology investigators. This has invariably come about because without a Pharmaceutical Waste Profile all pharmaceutical waste counts towards a hospital’s dangerous waste status. The one pharmaceutical waste that often kicks a hospital into the LQG category is the use of LR (lactated Ringer’s) - epinephrine solutions for irrigating arthroscopic surgeries.

Epinephrine designates as P042—extremely hazardous waste—and as little as 2.2 lbs (1 liter) of epi waste per month will cause a hospital to jump all the way from Small Quantity Generator (SQG) to LQG in one leap. There is no intermediate step of Medium Quantity Generator.

If a hospital compiles a Pharmaceutical Waste Profile and complies with other provisions of the Interim Enforcement Policy, pharmaceutical waste no longer counts towards generator status and is not reported on the Dangerous Waste Annual Report. Most LQGs drop down to SQG after complying with Ecology policies.

All four (4) Ecology regions (Southwest, Northwest, Central and Eastern) now have investigative teams surveying hospitals in unannounced visits. These are not cooperative visits.


Most hospitals are implementing a combination of both the Conditional Exclusion Rule and the Interim Enforcement Policy.
New York State Cites Hospital for Improper Management of Pharmaceutical Waste

New York’s Attorney General, Andrew Cuomo, instructed the state’s Watershed Inspector General to investigate the pharmaceutical waste management practices of healthcare facilities within the New York City Watershed.

Margaretville Memorial Hospital, a facility located within the city’s watershed, has agreed to (1) cease all discharge of pharmaceutical wastes into the waterways that supply New York City’s drinking water system, (2) ensure that the hospital’s pharmaceutical and other waste management practices comply fully with all New York laws and regulations, and (3) pay civil penalties for past violations of law and costs incurred by the State in the investigation.

New York City generally has excellent drinking water, but watershed officials know that many U.S. surface waters are contaminated with pollutants from human activities, including New York’s watershed. The watershed protection approach will prevent the direct discharge of wastes into the drinking water supply.

Wastewater treatment does remove some pharmaceutical waste from wastewater, but not all. Some pharmaceuticals invariably move through the system intact and end up in the drinking water supply. A significant body of research has demonstrated harmful effects of such pollution upon aquatic organisms which thereby imperils the ecology of streams.

Some pharmaceuticals that are apparently not destroyed during wastewater treatment are “endocrine disruptors” that may interfere with an organism’s endocrine system and result in adverse developmental, reproductive, neurological and immune effects.

Other pharmaceutical waste commonly found in water discharged from wastewater treatment facilities includes pain killers, beta blockers, antidepressants, and antiepileptic drugs that pose harm to fish. The full extent of the impact upon humans and aquatic species of chronic and persistent exposure to sub-therapeutic concentrations of these drugs is unknown.

During the investigation of healthcare facility practices in the watershed, officials at Margaretville asserted that they did not flush pharmaceutical waste down the sewer. These assertions were not correct.

Hospital administrators asserted that all pharmaceutical waste was collected by the pharmacy’s returns distributor, Guaranteed Returns of Holbrook, NY. Hospital staff, however, informed investigators that pharmaceutical waste was routinely flushed down sinks and toilets and disposed of in biohazard sharps containers or the trash.

In addition to pharmaceutical waste, the hospital was found to dispose of laboratory waste and silver waste from radiology mammography testing in the same manner. Lab waste included stains, solvents, alcohols and dyes. All these wastes designate as flammable, reactive or toxic.

The hospital was also found to dispose of universal waste—spent dry cell batteries and fluorescent lamps—in solid waste. These wastes frequently designate as hazardous because of their heavy metal content.

Margaretville Memorial Hospital was cited for 20 violations of various state and federal laws. Civil penalties amounted to just $3,500.¹

¹ Assurance of Discontinuance Pursuant to Executive Law §63(15), Assurance No. 09-155, In the Matter of the Investigation by Andrew Cuomo, Attorney General, of Margaretville Memorial Hospital
Does Your Hospital Accept Waste From a Nearby Clinic or Physician’s Medical Group for Disposal Via Your Vendors?

Some hospitals have found themselves in the position of accepting waste from nearby clinics or physician medical groups without really assessing the prudence of this practice.

The hospital is frequently the property owner and leases space to a smaller healthcare business such as a clinic or medical practice. The lease may call for janitorial services to be provided by the lessor, which includes trash, infectious (red bag) waste, and sometimes dangerous waste (ignitable, corrosive, toxic, persistent, listed, or characteristic waste) and universal waste (spent fluorescent lamps, mercury-containing devices, and dry cell batteries). Usually, the lessee is a Small Quantity Generator of dangerous waste, while the hospital can be a Small, Medium or even Large Quantity Generator. The lessee is often across a parking lot or the street from the lessor.

The dangerous waste regulations allow for the transfer and consolidation of dangerous waste (173-303-070 (8)), but there is some liability and risk involved in this “good neighbor” effort.

The best practice would be for the SQG to manage its own dangerous waste, but if your hospital accepts the waste, Ecology has determined that, provided typical generator requirements are followed, it can be done.

In a situation involving two US Coast Guard facilities—one an SQG at a remote site and the other an LQG base—Ecology has determined that the LQG base can accept dangerous waste from its SQG brethren without inadvertently being subject to an unexpected change in permit, generator or waste handling status.

Ecology’s determination in the case of the USCG noted that the SQG facility is required to designate their solid waste and properly manage the dangerous waste in a manner safe for human health and the environment. The local jurisdiction may also require a solid waste permit for the storage and consolidation of the SQG’s dangerous waste with the regulated generator’s dangerous waste.

An SQG is the only category of dangerous waste generator that is allowed to transport its own dangerous waste either to a Treatment, Storage & Disposal (TSD) facility or to a regulated generator (either a Medium or Large Quantity Generator). MQGs and LQGs must hire a licensed vendor to haul their dangerous waste off-site and must manifest the waste before shipment.

An SQG must designate its own waste and should regularly insure that the presence of P-listed or WT01 waste generation limits do not cause the SQG to properly designate as an LQG [Note: just 2.2 lbs of WT01 waste per month will cause an SQG to become an LQG. This is equivalent to 1 pint Lactated Ringer’s—epinephrine irrigation solution, for example].

A regulated generator does not incur the obligations of a TSD facility by simply accepting dangerous waste temporarily from an SQG. But, it does increase its risk with additional liabilities associated with waste storage. It is essential for both parties to understand their respective roles in safe waste management. The original generator must ensure that all the requirements necessary for final delivery of their waste to a TSD facility are met. The hospital should ensure that the waste is passed through without mishap. Segregation of the off-site SQG waste greatly simplifies the hospital’s role and responsibilities.

Co-mingling of the SQG waste with the regulated generator’s waste will lead the hospital to become responsible for all generator requirements for the management, labeling, manifesting and shipment of the waste. If a mishap, mislabeling, or inappropriate mixing of waste that violates DOT regulations occurs, the hospital will incur the fines or additional fees for the mismanagement of the waste.

This allowance does not pertain to transferring universal waste (spent fluorescent bulbs, dry cell batteries, and mercury-containing devices) from a small quantity universal waste generator, however. A facility can only send universal waste to another universal waste handler, a destination facility, or a foreign destination. If the receiving facility is a small quantity universal waste generator, however, a facility can only send universal waste to another universal waste handler, a destination facility, or a foreign destination. If the receiving facility is a small quantity universal waste generator, however, a facility can only send universal waste to another universal waste handler, a destination facility, or a foreign destination. If the receiving facility is a small quantity universal waste generator, however, a facility can only send universal waste to another universal waste handler, a destination facility, or a foreign destination. If the receiving facility is a small quantity universal waste generator, however, a facility can only send universal waste to another universal waste handler, a destination facility, or a foreign destination. If the receiving facility is a small quantity universal waste generator, however, a facility can only send universal waste to another universal waste handler, a destination facility, or a foreign destination. If the receiving facility is a small quantity universal waste generator, however, a facility can only send universal waste to another universal waste handler, a destination facility, or a foreign destination. If the receiving facility is a small quantity universal waste generator, however, a facility can only send universal waste to another universal waste handler, a destination facility, or a foreign destination. If the receiving facility is a small quantity universal waste generator, however, a facility can only send universal waste to another universal waste handler, a destination facility, or a foreign destination. If the receiving facility is a small quantity universal waste generator, however, a facility can only send universal waste to another universal waste handler, a destination facility, or a foreign destination.
Risk in a Can

Use care when applying aerosol solvents

A 24-year-old automotive technician had worked for two years when his hands and feet developed numbness and tingling that spread to his forearms and waist. He had been using from one to nine 15-oz aerosol cans of brake cleaner a day on brakes, tools, small spills, and engines. The cleaner contained 50 to 60 percent hexane (and 20 to 80 percent n-hexane), along with other solvents. His symptoms improved when he stopped using the cleaner, but he still had loss of feeling in his hands and feet.

The Centers for Disease Control and Prevention and California State have focused on the risks to automotive repair workers from aerosol cleaners containing n-hexane. Hexane, especially combined with acetone or methyl ethyl ketone, (aka 2-butanone) is a neurotoxin that can cause peripheral neuropathy.

Peripheral neuropathy is damage to the peripheral nervous system that transmits information from the central nervous system to every other part of the body. Nerve damage has many symptoms: temporary numbness, tingling, sensitivity to touch, or muscle weakness. More extreme symptoms are burning pain (especially at night), muscle wasting, paralysis, and organ or gland dysfunction.

Hexane easily enters the bloodstream when inhaled or absorbed through the skin. Automotive workers inhale these solvents as they spray because the aerosols hang in the air. Latex gloves don’t provide effective skin protection from these solvents. Removing hexane exposure is the only known treatment for hexane-related neurotoxicity.

Auto repair facilities can check the ingredients listed on material safety data sheets (MSDS) for aerosol and other cleaners to ensure they do not contain hexane. Solvents containing hexane should be collected and disposed as hazardous waste. Use solvents that do not contain hexane or chlorinated solvents like methylene chloride, trichloroethane, or perchloroethylene.

- Reprinted from Shoptalk, vol. 20, #2, Washington Dept. of Ecology,