



Hospital Waste Management

Fall 2013

Special points of interest:

- **Monitor Your Pharmaceutical Waste Management Program**
- **Hazardous Drug Control Plan draft templates now available for some clinics**
- **Survey Your Facility for Dangerous Waste**

Inside this issue:

- Need Dangerous Waste Training? We Can Provide It! **2**
- Wondering if Your Facility is a Small or Medium Quantity Generator? **2**
- Amending Your HazComm Program for GHS **3**
- Code Orange HazMat Spill Response Training **3**

Hospital Waste

Keeping Track of Your Facility's Pharmaceutical Waste Management Program

You've assessed your facility's formulary, built a pharmaceutical waste profile, sent the profile in to Ecology, and contracted with a hazardous waste vendor to haul away your pharmaceutical waste. So, you're done, right?

Well, not exactly. It's important that you oversee your program and insure that you and your colleagues abide by the requirements of the Interim Enforcement Policy (IEP). If you don't keep tabs on your procedures and paperwork Ecology can and will yank your program and cause your facility to re-designate as a

Regulated Generator.

The most common problems facilities seem to have in complying with the IEP are:

- Shipping non-pharmaceutical waste under an IEP manifest, and
- Shipping pharmaceutical waste with waste codes not on the facility profile.

When Ecology inspectors see these kinds of problems they will invalidate your facility's program and ask that you amend your dangerous waste reports for as many as three years. That can cause your facility to become a Regulated Generator.

Your hazardous waste vendor should have a copy of your Pharmaceutical Waste Profile and should use it for every shipment of pharmaceutical waste. If you sign your facility's Uniform Hazardous Waste Manifests, make sure that all waste on a manifest being managed under the IEP:

- Is pharmaceutical waste and not regular hazardous waste, and
- That only waste codes on your profile are typed onto the manifest.

Ecology inspectors will ask to see your pharmaceutical waste manifests, so make sure they're in order and correct.

Hazardous Drug Control Plan Draft Templates Available

Washington's Department of Labor & Industries has published several draft templates for use by small healthcare clinics, small pharmacies and small veterinary clinics.

The link to these Hazardous Drug Control Plan templates is <http://www.lni.wa.gov/Safety/Topics/AtoZ/HazardousDrugs/default.asp>. These draft templates are available as .pdf files currently and were created without input from the Hazardous Drug Adviso-

ry Committee or any stakeholders. None of the three templates contains an algorithm or decision tree that recognizes tiers of protective measures to limit exposure.

It is likely that these L&I plan templates will stand, but the Advisory Committee will develop the essential tool—an algorithm or decision tree—that will be incorporated into the final versions of these plans. The algorithm will enable facilities to identify and select appropriate PPE and engineering and administrative con-

trols to use to protect its staff from exposure to hazardous drugs and still continue to do their tasks effectively.

By the end of 2015 all healthcare facilities in Washington with employees who are potentially exposed to hazardous drugs must write and implement a Hazardous Drug Control Plan. Hazardous drugs are defined as those that appear on the NIOSH Hazardous Drugs list [<http://www.cdc.gov/niosh/docs/2012-150/pdfs/2012->

(Continued on page 3)



You can survey your facility to determine if it's a Small, Medium or Large Quantity Generator

Need Dangerous Waste Training? We Can Provide It.

Ecology inspectors are increasingly requiring hospitals to provide dangerous waste (DW) training to their staff who manage DW. This training is required by the Dangerous Waste Regulations for Large Quantity Generators (WAC 173-303-200(1)(e)), and by Washington Labor & Industries WISHA Safety & Health Core Rules for Medium and Small Quantity Generators (WAC 296-800-17030).

Hospital Waste Management provides up to three levels of onsite training for your staff:

- Level I—For staff with minimal contact with DW but who manage records or labels (1 hr);
- Level II—For staff who oversee DW accumulation areas, generate DW, oversee the shipment of DW, transport DW within the facility, or supervise staff who manage DW (2 hrs); and

- Level III—For staff who respond to and clean up hazardous material and dangerous waste spills (Code Orange training, 8 hrs).

Training includes the definition of dangerous, Special and Universal waste, container labeling, inspecting accumulation areas, understanding Uniform Hazardous Waste Manifests, common healthcare dangerous waste streams, record-keeping, vendor responsibilities, and more.

Wondering if Your Facility is a Small or Medium Quantity Generator of Dangerous Waste?

Most critical access hospitals assume—correctly—that they are Small Quantity Generators of dangerous waste, but don't really know. The threshold to being an SQG is to generate less than 220 pounds of dangerous waste every month of the year, or less than 2,640 pounds for the entire year.

Conducting a survey of your facility is not hard or time-consuming if you know what you're looking for. Dangerous waste is ignitable, corrosive, toxic, reactive, listed, or persistent in the environment.

The most common dangerous wastes generated in a small hospital are:

- All pharmaceutical waste, except sugar and saline solutions;
- Spent cold sterilents for endoscopes, colonoscopes, vaginal and rectal probes, whether OPA, gluteralde-

hyde or Resert XL HLD;

- Spent formalin, when analyzed by an onsite pathology lab;
- Imaging solutions such as barium sulfate and Isovue® solutions;
- Rapacide PA, used in Sterile Processing;
- Broken lead aprons from medical imaging;
- Broken mercury-filled sphygmomanometers;
- Lab stains; and
- SodaSorb or Carbolime from anesthesiology.

Many of these waste streams are water-based liquids, which weigh approximately 8.34 pounds per gallon. Alcohols weigh about 6.6 pounds per gallon. If your facility has an Ecology-approved pharmaceutical waste management program you can exclude all of your pharmaceutical waste, including barium and Isovue®

imaging waste.

If you neutralize cold sterilents and preservatives like OPA, formalin, and Resert XL onsite before discharging the waste to the sewer you must still count these volumes toward your generator status.

If biopsy samples preserved in formalin are sent off-site for analysis, it is not waste.

There are some materials, which designate as extremely hazardous waste, that will cause a facility to designate as a Large Quantity Generator if as little as 2.2 pounds are generated as waste in a year. Epinephrine waste is one of these EHWS, but if you have an Ecology-approved Pharmaceutical Waste Management Program epinephrine is exempt. Otherwise, you're an LQG!

If your survey total is less than 220 pounds per month, your facility is an SQG.

Hazardous Drug Control Plan Templates (cont)

(Continued from page 1)

150.pdf.

A draft plan template is not yet available for hospitals, although the three current draft templates provide some guidance even for hospitals. The presumption is that hospitals are farther along in their process of creating Hazardous Drug Control Plans and the need for a plan template is not as critical as for smaller facilities.

The very core of these plans is ex-

pected to be the tool being developed by the Advisory Committee to recognize tiers of protective measures—PPE, engineering and administrative controls—for facilities to employ depending upon the risk inherent in different tasks. E.g., a compounding pharmacist is at much higher risk of exposure to hazardous drugs than an emergency room nurse administering a methotrexate injection for an ectopic pregnancy. The compounding pharmacist will

have additional PPE, a biological safety cabinet, and additional training.

Although most hospitals are aware that the Hazardous Drug Rule requires some compliance effort, few appear to begun the process of writing a plan.

For the moment the most that facilities can do to comply with a written plan is to prepare Job Hazard Assessments that must be incorporated into final plans.



The Hazardous Drug Advisory Committee is building an algorithm to recognize tiers of protective measures for employees

Amending Your Hazard Communication Program for the Globally Harmonized System of Chemical Labeling

Washington has adopted OSHA's guidelines for the Globally Harmonized System of Classification & Labeling of Chemicals (GHS), which will impact Hazard Communication (HazComm) Programs in all U. S. businesses. Hospitals are generally aware that they must train their staff on the new GHS pictograms, the new SDS format, and signal words on chemical labels.

OSHA's deadline for training your employees is December 1, 2013. However, in Washington the department of Labor & Industries (L&I) has set the training deadline at June 1, 2014 (WAC 296-901-14020).

L&I will provide your facility with new posters and training materials. Most of the rules about training your employees will remain the same, just the content has changed. Employ-

ees must train their employees on hazards, both physical and chemical, that they may face on the job, as well as measures that they can take to protect themselves.

Employees must also be trained to recognize and interpret the new hazard symbols, the new Safety Data Sheets, and signal words ("Danger" and "Warning").

Code Orange HazMat Spill Training: L&I Has Guidelines

Hospitals in Washington and Oregon have standardized emergency codes, with Code Orange reserved for hazardous material spills. In Washington hazardous material responses are ruled by the Emergency Response Standard, WAC 296-824.

Hospitals use hundreds of hazardous materials, but the ones that spill most often include formalin, chemotherapy

drugs, cold sterilents like OPA and gluteraldehyde and lab solvents such as alcohol stains and acid solutions.

When your employees are expected to clean up these spills they must have appropriate training according to the Emergency Response Standard. First Responders / Operations Level (FR/OL), which is the minimum level of training for those who clean up a haz-

mat spill (Code Orange), is 8 hours of initial training and 2 hours of annual refresher training. The required competencies for the FR/OL (and other levels of training) are noted in WAC 296-824-30005.

If you have a Code Orange team at your hospital and they need training, contact Alan Jones at 425.883.0405 or alanbjones@frontier.com.





HOSPITAL WASTE MANAGEMENT

17629 NE 138th Street
Redmond,
Washington 98052-1226

Phone: 425-883-0405
Fax: 425-895-0067
E-mail: alanbjones@frontier.com



To:

Hospital Waste is published quarterly for hospital, clinical and medical laboratory waste and hazardous material managers.

Hospital Waste Management is committed to serving the healthcare industry by assisting healthcare facilities in managing their waste and hazardous materials. Hospital Waste aims to provide information about waste regulations and waste management initiatives and to provide helpful hints and general waste information to healthcare waste managers.

If you wish to receive this free quarterly newsletter, please notify us by telephone, fax or e-mail. You can receive it electronically as a .pdf file or as a printed paper version via U.S. Mail. For past issues and a searchable index of articles, visit our website at <http://www.hospitalwastemgmt.com>.

This newsletter is copyrighted by Alan B. Jones, but reprints are encouraged with acknowledgement to Alan B. Jones, PhD. Feel free to forward this newsletter to colleagues who may find the information useful.



While every effort was made during the development of this newsletter to insure accuracy, we make no warranties or certifications. We encourage you to contact the references listed or Alan B. Jones for further information about any topic mentioned in the newsletter. If you wish to no longer receive this newsletter, please let us know and we'll remove your name from the subscriber list.