



Hospital Waste Management

Winter 2013

Special points of interest:

- **GHS Requires Signage Changes for Other Products**
- **Your Pharmacy's BSC may be acceptable under the HDR**
- **Designating Your Dangerous Waste**

Inside this issue:

Most Common Pharm Waste Program Issue: Waste Container Labels	2
Hazardous Drug Control Program Templates Now Available for Pharmacies, Vet Clinics and Health Care Clinics	2
Your Class II Type A2 BSC May be Acceptable under the HDR	3
When Is a Syringe Empty?	3
Code Orange: How Does Your Facility Respond?	3

Hospital Waste

Got Formalin? GHS Will Impact the Signage for It and Many Other Products

The New Globally Harmonized System of Chemical Classification & Labeling means changes to your hazard communication program. But it also means that 25 other standards are affected and will require new signs for formalin, ethylene oxide (EtO), arsenic, and flammable and combustible liquids.

GHS will affect virtually all Labor & Industries standards addressing chemical hazards including laboratories, hazardous waste storage and emergency response.

For formalin, a 10% buffered formaldehyde solution used to preserve tissue, the current workplace labeling should be:

DANGER
 Formaldehyde
 Toxic and Potential Cancer Hazard
Authorized Personnel Only

The new, GHS label requirement for a work-

place will be:

DANGER
 Formaldehyde

 Toxic and Potential Cancer Hazard
Authorized Personnel Only

The included pictograms give a visual indication of formaldehyde's hazards. The date of implementation of the new workplace labels is June 1, 2016.

Where flammable and combustible liquids are stored or used, workplace signs must display the GHS pictogram for flammability.

Step 1: Designating Your Dangerous Waste

Whether your facility is a Small, Medium or Large Quantity generator of dangerous waste (DW), you must first designate your dangerous waste if you generate any at all. DW is waste that is ignitable, corrosive, toxic, listed or persistent in the environment. Designation is required to identify and quantify the DW that your facility generates. Designation means assigning the proper waste code to a waste stream.

Recognizing DW takes skill and knowledge; waste codes are de-

finied in WAC 173-303-070 through -100 and -170.

Much of healthcare DW shows up in Facilities/Engineering to be shipped off-site via a hazardous waste vendor. What most waste managers neglect are the wastes that are poured down the drain or put into trash and never show up on a Uniform Hazardous Waste Manifest. These include spent OPA and gluteraldehyde from endoscopy, sterile processing and ultrasound. It may also include lab stains and forma-

lin, if biopsy samples are analyzed onsite by a pathologist. Even though these wastes may be neutralized onsite using Treatment by Generator protocols, they must still be designated and counted towards the facility's generator status.

Once you have designated your DW you can assess your facility's generator status. Ecology expects you to complete this designation process every year because waste streams and generator status do change.



Program templates

*can be used to
write a compliant
Hazardous Drug
Control Plan at
your facility*

Most Common Pharmaceutical Waste Program Citation: Proper Waste Container Labeling

Ecology inspectors are finding that most healthcare facilities have developed and implemented pharmaceutical waste management programs. Now it's time to correct errors, polish practices, and bring programs into regulatory compliance.

The most common program error is that pharmaceutical waste containers are not properly labeled.

Each pharmaceutical waste container must be labeled with the following when it is first placed into service:

- Date
- The hazard; usually, Toxic is appropriate, but it may also be Flammable, Reactive, or Corrosive
- The words "Non-Viable Hazardous Pharmaceutical Waste"

Flammable containers can be used for alcohol-based syrups. Reactive containers can be used for inhalers. Corrosive containers can be used for vials of glycopyrrolate. These separate containers are required by U.S. DOT regs.

You must limit accumulation to 180 days (6 months) from the date containers go into service. There are no quantity limits for accumulation.

Hazardous Drug Program Templates Now Available for Pharmacies, Veterinary & Health Care Clinics

The Washington Department of Labor & Industries has released sample program templates for writing a Hazardous Drug Control Program (HDCP) at your facility.

Program templates are now available for veterinary clinics, health care clinics and pharmacies. These templates can be found online at <http://www.lni.wa.gov/Safety/Topics/AtoZ/HazardousDrugs/ProgramGuides.asp/> These guides are informational only and not new regulations. You can customize these templates to fit your facility and jobs that involve hazardous drugs.

Program templates for hospitals and some other healthcare entities are still being developed, but these current templates will introduce you to the decision trees being developed for PPE to protect employees engaged in tasks involving hazardous drugs as well as a

basic format for compiling your own program. Every Washington healthcare facility with patient contact must have a written program in place by January 1, 2015.

The new program templates include sections on conducting job hazard assessments and HDCP segments on:

- program responsibilities,
- determining employee exposure,
- means of implementing your HDCP,
- employee training, recordkeeping,
- depictions of physical work areas involved in handling hazardous drugs, and
- policies.

There are tools in these templates with resources and reference materials to use in further customizing a template for your facility.

A critical element in preparing an HDCP for the different jobs in your facility that may be exposed to hazardous drugs is a decision tree on what PPE and controls (engineering or administrative) to require. These templates do not provide such a tree, which are yet to be developed by the Hazardous Drug Advisory Committee.

These templates do provide a fill-in-the-blank form for your facility's HDCP. The elements that will vary for each facility are the job hazard assessments, which must be completed for each job in your facility that may be exposed to hazardous drugs. The new templates do have a tool for developing these job hazard assessments, which will require some time and effort to create.

Your Class II Type A2 BSC May be Acceptable Under the HDR

Under the new Hazardous Drug Rule (HDR) pharmacies preparing chemotherapy infusions must use a biological safety cabinet. There are a host of special requirements listed in the HDR (WAC 296-62-500) that appear to exclude many Class II Type A2 BSCs used by Washington hospitals. Examples include the NuAire 400 series BSCs.

Specifically, the HDR requires that “where feasible, exhaust one hundred percent of the filtered air to the outside unless the em-

ployer can provide evidence-based justification to do otherwise.”

The mere fact that it may cost a lot of money to retrofit your BSC or venting system is *not* evidence-based justification.

However, the rule does not say that your BSC must *continually* exhaust 100% of the air. Class II Type A2 BSCs allow filtered air to reside in the hood for some time, but all the filtered air is eventually exhausted and none is re-circulated into the

room. This may be acceptable to Labor & Industries.

There is a healthcare group of pharmacists and facility engineers working on a white paper to document the efficacy and safety of Class II Type A2 BSCs for formulating chemotherapy infusions. The goal is to submit this white paper to L&I in support of allowing Class II Type A2 BSCs to continue to be used to formulate chemotherapy drug infusions.



NU-425

Your pharmacy's

Biological Safety

Cabinet may

satisfy the HDR

requirements, even

if it's a Class II

Type A2 BSC

When Is a Syringe Empty?

A common question from clinical staff to waste managers is: “When is a syringe empty?”

The question is important because hypodermic syringes with needles go into sharps containers when spent, but you can't put pharmaceutical waste into sharps containers when your vendor doesn't have a permit to transport hazardous waste (e.g., Stericy-

cle). Stericycle has been inspecting its sharps containers and returning bins to customers when they contain pharmaceutical waste.

A syringe is considered empty by Ecology inspectors when the barrel is evacuated completely by all reasonable means. I.e., if the clinician believes that all of the drug has been expelled from the syringe that is reasonably pos-

sible to expel, then the syringe shall be accepted as empty. At this point the hypodermic syringe can be safely put into a sharps container.

If some drug is unused by the clinician, then it can be expelled onto a paper towel or other absorbent material which can then be placed into a pharmaceutical waste bin.

Code Orange: How Does Your Facility Respond to a HazMat Spill?

Hospitals have hundreds of hazardous materials, from isopropyl rubbing alcohol to aerosol spray lubricants to phenol. These materials, which may be flammable, toxic, corrosive, carcinogenic or otherwise occasionally spill or are released from their containers. How does your facility respond to a Code Orange?

A Code Orange is defined as a large or very toxic spill or release of a hazardous material (Emergency Response Standard, WAC 296-824). For your staff to clean it up they must be trained to First Responder/Operations Level, an 8-hr basic class with 2-hr annual refresher classes.

These classes train your staff in

recognizing a hazmat spill, interpreting Safety Data Sheets to identify hazards, identifying exposure vectors, selecting PPE that will protect them, cleaning up the spill, disposing of the cleanup debris and documenting the response.

Training is safety—make sure that your staff are properly trained and equipped.





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.