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HOSPITAL WASTE MANAGEMENT

Hospital Waste Management

Summer 2014

Special points of interest:

- **Additional Hazardous Drug Exposure Protocols Offered**
- **Pollution Prevention Planning: What is it?**

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January 1, 2015 Deadline to Implement Hazardous Drug Control Plan is Approaching

Washington's Department of Labor & Industries last year extended the deadline for health care facilities to develop and implement a Hazardous Drug Control Plan (HDCP) to January 1, 2015. That extended deadline is now only six months away and approaching quickly.

Each facility's HDCP must contain three elements:

1. An inventory of hazardous drugs used at your facility;
2. Job Hazard Assessments for each job for which there is potential exposure to hazardous drugs; and
3. Procedures, engineering controls, PPE and training to minimize employee exposure to hazardous drugs based upon the risk associated with each job.

Jobs that typically have hazardous drug exposure include compounding pharmacists, retail pharmacists, staff pharmacists, pharmacy purchasing staff, oncology nurses, staff nurses, emergency department nurses and environmental services staff who handle pharmaceutical waste.

The stakeholder Hazardous Drug Advisory Committee has not yet released the crucial tiered risk algorithm to complete step 3, but facilities can complete steps 1 and 2 now. Your pharmacy director should identify drugs in the formulary that are listed on the NIOSH hazardous drug list (available at http://www.cdc.gov/niosh/topics/hazdrug/). Job Hazard Assessments must be developed for each facility and will include a description of each job task, a drawing of the workplace physical layout, PPE used, kinds of drugs and their packaging, spill control measures, engineering controls and training.

The Hazardous Drug Advisory Committee is expected to release the long-awaited tiered risk algorithm on its website sometime this year. This algorithm will serve as a guide for most Washington health care facilities to apply to each job, based upon the risk of exposure to hazardous drugs. The algorithm describes PPE, training, procedures and engineering controls for each risk level. When available, facilities can complete their HDCPs.

Don't Miss Out—Sign up to continue receiving this newsletter!

In an effort to reduce waste and our impact on the environment, we are moving to an all-electronic version of the *Hospital Waste* newsletter. If you're receiving a printed copy of this newsletter by U.S. mail, you must sign up by the fall of 2014 to insure that you keep receiving *Hospital Waste*. Send an e-mail to the editor at alanbjones @frontier.com. Newsletter issues will be sent as e-mail attachments.

Do Your Clinics Transport Dangerous Waste to your Hospital for Disposal? Whose Responsibility is the Waste?

Many hospitals are affiliated with or own neighboring but offsite clinics. These clinics may occasionally generate dangerous waste (waste that is ignitable, corrosive, toxic, listed or persistent in the environment). A common practice is to transport that dangerous waste to the main hospital for management and disposal.

This practice can be done legally if specific guidelines are met. First, the clinic—which is presumably a Small Quantity Generator (SQG) of dangerous waste—can transport up to about 440 lbs (200 kilos) of dangerous waste in a vehicle to a Regulated Generator site (a Medium or Large Quantity Generator of dangerous waste) under the U.S. Department of Transportation's *Materials of Trade* rules. But the Regulated Generator cannot transport the dangerous waste; only the SQG clinic can.

Second, the Regulated Generator (the hospital) cannot assume ownership of the waste. The SQG retains responsibility for the proper management and disposal of the waste. The clinic's waste should not be comingled with the hospital's waste. A single vendor can manifest and haul away the waste for both the clinic and the hospital, but the documentation should remain separate. The Regulated Generator hospital cannot function as Treatment, Storage & Disposal facility for the clinic's waste, but can function as a way-point.

Manage your paperwork carefully if your hospital accepts clinic dangerous waste. It could cost both the clinic and the hospital their generator status if management practices don't conform to the rules.

U.S. Pharmacopeia Proposes New Chapter 800 : Hazardous Drugs—Handling in Healthcare Settings

The U.S. Pharmacopeia Compounding Expert Committee has proposed new standards to protect personnel and the environment when handling hazardous drugs (HDs).

The new proposed Chapter 800 addresses:

- Standards that apply to all personnel who compound HD preparations and all places where HDs are prepared, stored, transported and administered;
- Receiving, storing, compounding, dispensing, administering, and disposing of both non-sterile and sterile products and preparations; and
- Altering, counting, crushing, and pouring HDs.

The new chapter is expected to be published in Pharmacopeial Forum (PF) 40(3) in early summer 2014 to allow for public review and comment. Comments will be accepted until July 31, 2014.

As with any U.S. Pharmacopeia chapter, state boards of pharmacy are free to adopt, ignore or adapt the proposed practices.

Given the efforts here in Washington to adopt practices and rules to protect healthcare workers from exposure to hazardous drugs before Chapter 800 is published, it is difficult to know what impact the new U.S. Pharmacopeia chapter will have. It is likely that any changes to Washington's Hazardous Drug Rule (WAC 296-62-500, Part R) will only occur after considerable review and input from stakeholders and the Dept. of Labor & Industries.

Pollution Prevention Planning: What is it and When do you have to Prepare a Pollution Prevention Plan?

Some Washington hospitals have prepared and annually updated a document called the Pollution Prevention, or P2, Plan. Why have they done this and your facility hasn't?

A P2 Plan is a long-term strategy to reduce or eliminate the volume of dangerous waste generated by a business. For a hospital, this plan targets the waste streams that generate at least 95% of the total volume of dangerous waste generated by the hospital.

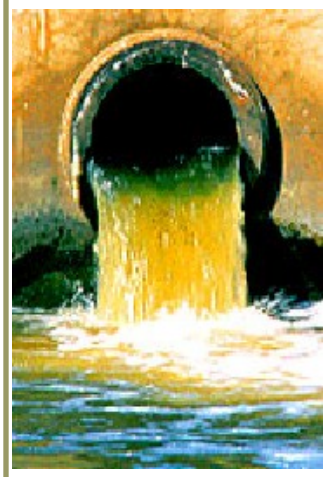
Washington's Department of Ecology regularly reviews the Dangerous Waste Annual Reports filed by businesses each year by March 1st. Typically when a business has self-designated as a Regulated Generator of dangerous waste for at least two successive years it will be asked to prepare a Pollution Prevention Plan. This isn't a hard-and-fast rule, however, and some hospitals have endured for years as a Regulated Generator without being asked to prepare a P2 Plan.

P2 Plans are 5-year strategies to target operations that generate dangerous waste. After describing the operation that generates a particular waste stream, the hospital must identify strategies to reduce or eliminate that waste. These may involve substituting a less-hazardous product, reducing the scale of the operation to generate less waste, recycling, amending the process to promote efficiency, or even eliminating the process altogether.

Each year the hospital must file an updated Annual Progress Report, which involves assessing progress, reporting difficulties in implementing strategies, or reporting success. There is no penalty for failing to reduce waste volumes, but you're asked to try.

There are numerous other elements to a P2 Plan, including process measuring and financial tools and methods to involve staff in the effort to reduce dangerous waste. These are public documents. Ecology has developed the online software tool *TurboPlan* to enable businesses to complete the 5-year base plan and all annual progress reports online.

If your facility is a Small Quantity Generator, congratulations! If yours is a Regulated Generator, welcome to the world of Pollution Prevention Planning!



Hospitals Pairing Infection Control Knowledge and Environmental Services Skills to Reduce Infection

Across Washington hospitals are joining the skills of infection control and environmental services to reduce the incidence of Hospital Acquired Infections (HAIs). Recently the Washington State Healthcare Safety Council (WSHSC) hosted a seminar on this issue.

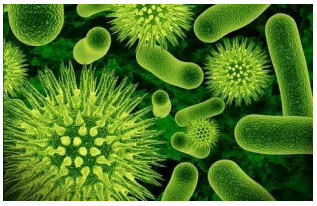
Of particular note was a presentation on infection issues by Gwenda Felizardo, RN, an infection control consultant. She noted that surface environments from bed rails to carpets are increasingly targeted as harbors of pathogens in Hospital-Acquired Infections. Uncleanable surfaces have no place in healthcare. Toys, physician neckties, cloth chairs, and torn mattresses are all difficult if not impossible to clean.

Methicillin-Resistant Staphylococcus aureus (MRSA) can persist for up to 40 weeks on paper and foil, norovirus for 40 days on dry surfaces, and Vancomycin-Resistant Enterococcus (VRE) for up to 6 months.

Cleaning is not disinfecting, but if bodily fluids are visually present, you must clean first, then disinfect. The best tip: friction!

When infection control specialists work synchronously with environmental services staff to improve cleaning skills, HAIs invariably decline. A single c. Diff. HAI can cost $10k to $25k to resolve.

More information on this presentation and others can be found soon on the WSHSC website at http://www.wahealthcaresafety.org/



Helping Hospitals Manage Waste & Hazardous Materials

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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.

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