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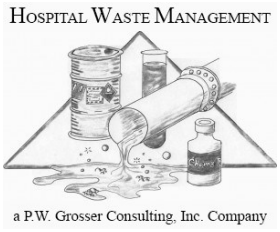
HOSPITAL WASTE MANAGEMENT



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Special points of interest:

- **New Policy for managing Pharmaceutical Waste in WA**
- **Managing Pharmaceutical Waste at Nursing Homes**
- **Contaminated Diesel Causing UST Corrosion**

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Hospital Waste

Ecology's New Interim Pharmaceutical Waste Policy

In preparation for the finalization of the U. S. EPA's final Hazardous Pharmaceutical Waste Part P Rule in early 2018, Ecology has updated its 2008 *Interim Enforcement Policy: Pharmaceutical Waste Management in Health Care* (IEP). The new policy, unveiled during a statewide webinar on Thursday, November 10, 2016, is entitled the *Interim Pharmaceutical Waste Policy* (IPWP). The old IEP is no longer in effect. After the EPA finalizes its Part P Rule, Ecology will finalize its own WAC 173-303-555 and the IPWP will expire.

Although the IPWP is an optional policy, most healthcare facilities and retail pharmacies will comply with it. The IPWP introduces a number of changes that will impact every healthcare facility and retail pharmacy in Washington. Specifically, facilities that comply with the IPWP

- Cannot sewer any waste pharmaceutical, including partial doses of controlled substances, even if the facility has written authorization from a local wastewater treatment facility;
- Can use onsite, canister-type pharmaceutical waste sequestration systems such as RxDestroyer™ and Cactus SmartSink™ for unwanted controlled substances without having to log, count and report according to Treatment by Generator requirements. However, if staff put non-controlled substance pharmaceutical waste into these systems, then the allowance is revoked and the facility must manage these canister-type systems according to all Treatment by Generator requirements;
- Must incinerate all pharmaceutical waste, including canister-type controlled substance system containers;
- Must develop a Pharmaceutical Waste Profile and notify Ecology, even the smallest clinics and retail pharmacies;
- Can dispose of empty original manufacturer pharmaceutical containers that hold less than 1 liter or 1,000 pills in solid waste or recycling, provided the container is rendered unusable; i.e., glass is smashed or plastic is cut up with garden shears (containers larger than 1 liter or 1,000 pills, or which are not cut up or smashed, empty or not, must be managed as dangerous pharmaceutical waste);
- Must retain reverse distributor invoices that verify the healthcare facility received financial credit for pharmaceuticals sent back;
- Must segregate pharmaceutical waste that does not meet Land Disposal Restrictions (LDRs) for incin-

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Managing Pharmaceutical Waste at Nursing Homes under EPA's New Part P Rule

Managing pharmaceutical waste at a long-term care facility, assisted living or nursing home, particularly patient meds after death, is a tricky business. Some of these meds may be controlled substances. What is appropriate management now and how will it change under EPA's proposed Part P Hazardous Pharmaceutical Waste rule?

Long-term care, assisted living and nursing home facilities are considered healthcare facilities nationwide; they are not private residences. Their pharmaceutical waste is considered dangerous waste in Washington, regardless of its origin (the facility's pharmacy, samples or a patient's medications), but in most states most pharmaceutical waste is considered trash—the exceptions are RCRA hazardous and DEA controlled substance pharmaceutical waste. In Washington nearly all pharmaceutical waste must be managed according to Washington's Dangerous Waste Regulations.

These facilities are generally Small Quantity Generators of dangerous waste (the exception might be public care facilities like state mental health hospitals); in states other than Washington the proper term is Conditionally Exempt Small Quantity Generators (CESQGs) of hazardous waste. SQGs and CESQGs will not be subject to EPA's proposed Part P rule.

Patient medications that are controlled substances are legally "out of the system" once they are dispensed and no longer subject to DEA destruction-beyond-recovery regulations. However, DEA would very much appreciate that facilities manage control substance waste in a manner that minimizes abuse or diversion.

If a community has a municipal incinerator or the police department manages a drug take-back program, a long-term care facility could use either as an appropriate disposal practice. Unfortunately, few communities these days have either a local incinerator or law enforcement drug take-back program available.

An avenue for disposal of patient meds by a long-term care facility might be a reverse distributor's mail-in program. Some reverse distributors have programs that will provide the facility with proper documentation and a shipping label. Box it, label it, and send it to the reverse distributor for assessment, possible credit, and destruction on non-creditable items. DEA allows co-mingling controlled substances with non-controlled substances, so this system could be used for all patient meds [21 CFR § 1317.65, 1317.70, 1317.75].

Hazardous Materials: Do You Know What You've Got and Where it is?

Having an inventory of the hazardous materials in your facility can assist you in complying with both Washington Labor & Industries and the Joint Commission requirements. But first you have to know what you've got, how much you've got, where it's located, and what hazards are associated with your products.

For example, eye wash stations and showers must be located near where corrosive and irritant products are stored. Do you know which products in use at your facility are even corrosive or irritants? Do they represent splash hazards?

A Hazardous Material Inventory (HMI) shows you what hazardous materials you have and where they are. Contact P. W. Grosser Consulting if your facility could use an HMI to manage hazmats.

(Continued from page 1)

eration; i.e., arsenic trioxide, thimerosal vaccines, and possibly silver nitrate. These latter must be sent to a Treatment, Storage & Disposal (TSD) facility;

- Must manage their pharmaceutical waste as Regulated Generators, even if their dangerous waste totals qualify them as Small Quantity Generators. Thus, even small clinics *may not* transport their pharmaceutical waste to a primary Regulated Generator hospital for co-mingling and management;
- Must manage all chemotherapy drug containers as dangerous pharmaceutical waste, even if empty;
- Must manage all IV bags and tubing that contained pharmaceuticals as dangerous waste (does not include sugar or saline only solutions) as they cannot be rendered empty by normal means;
- Can continue to use blue container systems to co-mingle sharps and non-hazardous pharmaceutical waste; and
- May co-mingle used nicotine patches and fully-depressed-plunger epinephrine syringes—normally P-listed EHW—with other pharmaceutical waste and manage as dangerous pharmaceutical waste.

Some of these new provisions are a direct result of the EPA's proposed Part P rule and were not Ecology's idea. The IPWP is also an optional policy, not a rule.

Should your facility abide by the new IPWP? If

- Your facility is a small clinic or retail pharmacy associated with a Regulated Generator hospital that will accept your pharmaceutical waste; and
- Your facility generates less than 220 lbs of all dangerous waste per month; and
- Your facility has written authorization from a local wastewater treatment facility to sewer unwanted controlled substances; or
- Your facility already uses or will use an on-site canister-type sequestration system for unwanted controlled substance waste; and
- Your facility does not generate any P-listed waste; i.e., epi syringes or ampoules, nicotine patches or warfarin tablets,

then you might consider not managing your pharmaceutical waste according to the Interim Pharmaceutical Waste Policy but rather use the Dangerous Waste Regulations.

Most Washington healthcare facilities and pharmacies will choose to adopt the IPWP. Most, if not all, of these provisions will become state law by late 2018 in any case; the IPWP allows facilities to prepare for these changes. Like the IEP, the IPWP eliminates the most onerous provisions of the Dangerous Waste Regulations for generators of pharmaceutical waste.

The IPWP took effect on November 10, 2016, although Ecology has expressed an awareness that facilities will require some time to adjust to its provisions. The old IEP is no longer in effect, although the Conditional Exclusion Rule for Washington State only, non-hazardous pharmaceutical waste is still in effect.

Some healthcare facilities will have to develop a Pharmaceutical Waste Profile (PWP) to comply with the IPWP because they had not already done so under the IEP. If you need assistance in developing a PWP, contact us at P. W. Grosser Consulting. We've worked with numerous hospitals and clinics in the past 8 years in developing compliant PWPs and notifications for submittal to Ecology.

If your existing PWP is more than 3 years old, it should also be updated. We can assist your update.

HOSPITAL WASTE MANAGEMENT

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EPA Reports ULSD is Causing Moderate to Severe Corrosion in USTs

A July 2016 report by the U.S. EPA reveals that Ultra-Low Sulfur Diesel—which often contains ethanol contamination from gasoline delivered by the same trucks—may be causing moderate to severe corrosion in Underground Storage Tank (UST) metal components.

The corrosion is appearing in the upper vapor space of UST systems and may affect as many as 83% of all USTs. Both fiberglass- and steel-walled tanks were investigated in the study of 42 USTs.

The EPA suspects that microbial growth in the diesel is fostered by ethanol. Microbes such as *Acetobacter* can metabolize ethanol to produce low molecular weight organic acids, such as acetic and formic acids. This acetic acid may be responsible for the observed Microbiologically Influenced Corrosion (MIC).

A common point of corrosion in many cases was the submersible turbine pump (STP) shaft, which was severely corroded, but other components also routinely suffered. USTs were studied across the United States from New York to California.

For more information see: https://www.epa.gov/ust/alternative-fuels-and-underground-storage-tanks-usts#tab-5