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**Special points of interest:**

- **Final EPA Hazardous Pharmaceutical Waste Rule .....Pg 3**

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# Hospital Waste

## Does Your Local Fire Department Provide a Hazardous Materials Use Permit for your Facility?

Some Washington fire departments issue Hazardous Materials Use permits to facilities that use, store and manage hazardous materials. These are materials that are flammable, corrosive, toxic, reactive, carcinogenic, cryogenic, asphyxiants or oxidizers. As an adjunct to this permit these agencies often also require a Hazardous Material Inventory Statement (HMIS).

Locating all the hazardous materials in your facility is a daunting task. Asking department managers to conduct an inventory of their departments virtually always results in partial inventories that are late and incomplete. Most healthcare managers simply don't recognize hazardous materials and certainly don't have the manpower to search all their cabinets, rooms, closets and drawers for these products.

Finally, collating all the information from department managers can be a monumental task for anyone not familiar with databases and hazardous materials.

The Joint Commission is also interested in having healthcare facilities identify the kinds, amounts, and locations of hazardous materials in their facilities. The Washington Department of Labor & Industries expects healthcare facilities to know where corrosive and irritating products are stored and used so that eye wash stations and emergency showers can be located conveniently nearby.

If you have not conducted a search for your facility's hazardous materials and are interested in developing a hazardous materials

inventory, P. W. Grosser Consulting has experience in providing this service for healthcare. When we survey a healthcare facility we collect the following information:

- Name of hazardous product
- Reorder or item number
- Manufacturer
- Hazard(s)
- Hazardous constituent(s) in the product
- Department
- Location within the department
- Size of the container(s)
- Number of containers

This information is collated in a relational database which can then be used to generate reports on where products exhibiting a specific hazard (e.g., flammable or toxic) are, organized by department. Or, where all the corrosive materials are in your facility and how much is in each location. For those not familiar with using databases, we also export common reports as spreadsheets that managers can use to identify hazardous materials in their department.

If you have a digital Safety Data Sheet library, you can index the Hazardous Material Inventory to your Safety Data Sheet library, usually by the reorder or item number of the product. Knowing where these items are is as important as knowing what they are.

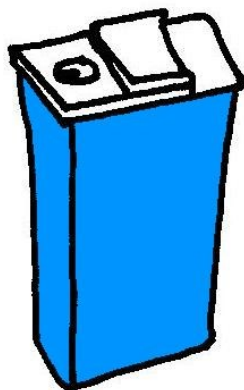
## Designating Your Waste Streams

When Ecology inspectors visit healthcare facilities to conduct a Dangerous Waste Compliance Inspection a common citation is that a particular waste stream “has not been designated.” It is up to you to designate that waste stream to Ecology’s satisfaction to erase the citation.

Designating a waste is merely a process of identifying what it is, what’s in it, and if it designates as a dangerous waste (ignitable, corrosive, reactive, federally-listed, toxic or persistent in the environment) or solid waste (pretty much everything else).

The first step in designating a waste is to find and interpret the Safety Data Sheet for the product(s) that comprise the waste stream. Definitions for what factors cause a material to designate as dangerous can be found in WAC 173-303-90, Dangerous Waste Characteristics, and 173-303-100, Dangerous Waste Criteria. Factors such as flash point, pH, LD<sub>50</sub>, and the presence of halogens in constituent molecules can point to whether it’s dangerous.

Once you have designated a waste as either dangerous or solid, know that you can seldom dispose of dangerous waste in the garbage or sewer. Usually you must treat it onsite until it isn’t dangerous or you must capture it and have a licensed vendor haul it away for proper disposal. Either way, its proper management is your responsibility from cradle-to-grave.



## Wonder If Your Biosystem Pharmaceutical Waste Containers Comply with Ecology’s Interim Pharmaceutical Waste Policy?

Many healthcare facilities across Washington have adopted Stericycle’s Biosystem blue & white containers for commingled sharps and non-hazardous pharmaceutical waste. This system reduces much of the cost and headache of segregating and managing pharmaceutical waste for waste managers and caregivers.

However, the containers don’t appear to comply with Ecology’s *Interim Pharmaceutical Waste Policy* (IPWP) because:

- The labels don’t use the words “Dangerous Pharmaceutical Waste” or “Hazardous Pharmaceutical Waste;”
- The labels don’t have an accumulation start date; and
- The containers aren’t normally closed.

The truth is that this system isn’t compliant with Ecology’s IPWP. However, it does comply with the *Conditional Exclusion Rule*, WAC 173-303-071 (3)(nn) (i). This rule exempts Washington State Only pharmaceutical waste from the dangerous waste regulations when its provisions are followed. Under this rule pharmaceutical waste is solid waste and exempt from the dangerous waste regulations.

Under the *Conditional Exclusion Rule* there are no labeling requirements, the container is not required to be normally closed, and there are no accumulation periods or volume thresholds.

The same exemption applies to yellow trace chemotherapy drug waste containers.

It is important that as a manager you know that you are managing your Washington State Only (WSO) non-hazardous pharmaceutical waste under the *Conditional Exclusion Rule*. You should also have bill of lading or shipping papers available to show an Ecology inspector that your non-hazardous pharmaceutical waste is being incinerated and not simply going to a landfill [the *Conditional Exclusion Rule* requires that all waste thus managed be incinerated].

You should be managing your hazardous P- and U-hazardous pharmaceutical wastes according to the *Interim Pharmaceutical Waste Policy* as the *Conditional Exclusion Rule* does not apply to federal listed wastes. Black pharmaceutical waste containers should be normally closed, have an accumulation start date, and the words “Hazardous Pharmaceutical Waste” or “Dangerous Pharmaceutical Waste” on the label.

## Signing Medical Waste Shipping Papers Requires DOT Training

The U.S. Department of Transportation regards regulated medical waste as a hazardous material. Just as with hazardous or dangerous waste shipments from your facility, staff who sign medical waste shipping papers must have DOT training according to 49 CFR §172.704. Fines for non-compliance are now \$77,114 per day per violation.

DOT training for hazardous materials includes a number of elements:

- General awareness;
- Function-specific; and
- Security awareness.

This training should take place every 3 years and employers should retain records of who has been trained.

General awareness training should include accurately classifying and naming medical wastes as well as package, mark, label and complete shipping paper documentation.

Function-specific training includes emergency response, PPE and hazards, and protocols for handling packages. Security training involves recognizing a threat.

You can develop your own training program or use online training courses. But be aware of who is signing your medical waste shipping papers, insure that they are trained to recognize problems, and keep both training records and shipping papers available for inspection. The consequences of failing to do this are just too severe for any healthcare facility.

## Final Federal Hazardous Pharmaceutical Waste Rule

The U.S. EPA has issued a pre-publication (in the Federal Register) version of its new regulations under 40 CFR § 266, Subpart P, for the management of hazardous pharmaceutical waste (HPW; listed wastes carrying a D-, U-, F- or P-code) by healthcare facilities and reverse distributors. In response to public comments a number of changes were made in the final rule: <https://www.epa.gov/hwgenerators/final-rule-management-standards-hazardous-waste-pharmaceuticals-and-amendment-p075>

This rule is not automatically applicable in Washington State. The Department of Ecology will review EPA's Final Rule and issue its own final rule some months from now. In Washington, Ecology regulates nearly all pharmaceutical waste—including federal HPW—as dangerous waste.

Below are specific issues addressed in EPA's final rule:

**Sewer Disposal**—The use of a sewer drain or toilet for disposal of HPW is prohibited.

**Drug Waste that is both hazardous and DEA**—HPW that is a controlled substance is now conditionally exempt from RCRA regulations. It is still subject to DEA regulations.

**OTC Nicotine gums, patches and lozenges**—Nicotine replacement therapies (NRTs) are exempt from a P075 listing. This does not include vaping devices and e cigarettes., which are not FDA-approved

**e-Cigarettes**—Are included in the definition of a HPW.

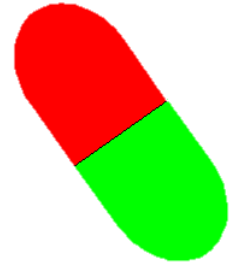
**Small Quantity Generators**—Are not required to follow this rule. SQGs are subject to the RCRA hazardous waste rules, but they may opt to manage HPW according to Part 266. However, sewer or toilet disposal is still not allowed.

**Container Labeling**—The only requirement is the words "Hazardous Waste Pharmaceuticals."

**Accumulation Time Limit**—The rule allows facilities to accumulate HPW for up to one year onsite. This can be demonstrated by any of several methods including dating the container or cleaning out an accumulation area annually.

**Reporting HPW**—HPW is exempt; not required on the biennial report.

**Recordkeeping**—Shipments of HPW will require Hazardous Waste Manifests and they must be kept for 3 years. A Certificate of Destruction must be received from the TSDF within 60 days.





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**Consolidating Offsite Clinic HPW**—The rule allows clinics to transport and consolidate HPW to an associated healthcare facility without a waste manifest, provided both facilities manage HWP according to the Subpart P rule.

**Time Limit for Creditable Pharmaceuticals**—No accumulation time limit. No container labeling requirements. Reverse distributor shipping papers must be retained for 3 years.

**What is Empty?** - Empty now means when the pharmaceutical contents have been removed by normal means, even if some residue remains. For syringes, the plunger must be fully depressed to be empty.

**Destruction of Empty Pill Bottles**—The onerous proposal to require destruction of empty legacy pill bottles was *not* adopted in the final rule. EPA encourages the use of locked dumpsters or defacing stock bottle labels to prevent unauthorized re-use.

**Waste Codes on Manifests**—Hazardous waste codes are not required on hazardous waste manifests;

instead, use PHARMS in box 13.

**MQG & LQG Healthcare Facilities must comply**—If a healthcare facility generates more than 100 kg of non-pharmaceutical hazardous waste or 1 kg of acutely hazardous waste per month, it must comply with 40 § 266, Subpart P in managing its HPW. SQGs have the option of complying.

As a reminder, Ecology must adopt a final rule that is at least as restrictive as the final EPA rule. But, Ecology may choose to apply many of these provisions to all dangerous pharmaceutical waste.