



P. W. GROSSER  
CONSULTING, INC.

Autumn 2019

**Inside this issue:**

- Wondering if Your Pharmacy is 797-Compliant? 2
- Harborview Wins WSHSC Award for Buddy Rounds Compliance Tool 2
- Designating Your Waste—Step-by-Step 3

# Hospital Waste

## Conducting a Facility Vulnerability Assessment

A vulnerability assessment can guide emergency response planning for the unthinkable - an event that threatens the operation, staff, patients and visitors, and perhaps the existence of your facility.

The first step in composing a vulnerability assessment is to identify a list of potential events that can impact your facility:

1. Power Outage (localized)
2. Prolonged Water Outage
3. Electrical Transmission & Distribution System Failure
4. Pump Failure
5. Loss of Supervisory Control and Data Acquisition (SCADA) System
6. Water Supply Contamination
7. Internal Hazmat Incident
8. Drought (water restrictions)
9. Flood
10. Severe Weather (ice, wind)
11. Earthquake
12. Landslide
13. Volcanic Eruption: lahar, ash, debris flows
14. Tsunami
15. Internal Fire
16. Urban Wildfire
17. Terrorism or Active Shooter

18. Vandalism or Cyber Attack on patient record or operations systems software

19. Civil disorder

Some of these, such as tsunami, landslide or flood, may be impossible at your facility. Others, until recently, may have seemed so unlikely as to not warrant consideration.

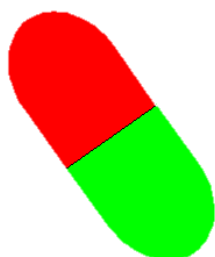
Next, identify which systems at your facility may be vulnerable:

1. Electrical, power
2. Water
3. Heating and cooling
4. Communications (both internal and external)
5. Sewer
6. Transportation & Supply Chains
7. Medical Gases
8. Patient Care Equipment
9. Patient Records
10. Security
11. Fire Suppression
12. Building Structural Integrity

One of the major lessons learned from the 2016 Cascadia Rising exercise is that when the Big One (Cascadia Subduction Zone earthquake, a 9.0) hits, 5 million people in western Washington will shelter-in-place. It is logistically impossible for that many people, or even 100,000 people,

*(Continued on page 4)*

## Wondering If Your Pharmacy is USP 797-Compliant? There's an App for That!



**O**n Dec. 1, 2019 USP 797 and USP 800 become law in Washington. USP 797, in particular, can be confusing as to construction standards for maintaining sterility during compounding. Many pharmacy managers have been struggling to remodel their compounding areas to comply, but also to adopt appropriate practices among staff.

So, there's not really an app. The Washington Department of Health (DOH) has a self-inspection survey available for pharmacy and facility managers to use in assessing USP 797 compliance, from staff protocols to construction remodeling. You can download this portable document format file at: <https://www.doh.wa.gov/Portals/1/Documents/Pubs/690296.pdf>

The self-inspection survey is thorough: it's 43 pages long. The survey has boxes for Yes/No compliance, columns for questions to ask, the USP reference for the question, and notes about correcting deficiencies.

It is quite possible that agen-

cy, Joint Commission and DNV inspectors will ask pharmacy managers to perform a self-inspection as a first step in a compliance inspection survey, as much to save their time as assist pharmacy staff in avoiding citations. If pharmacy staff have already completed a self-inspection, it's potentially easier for everyone.

The self-inspection survey worksheet can also be used

**Download DOH's self-inspection worksheet at:**  
<https://www.doh.wa.gov/Portals/1/Documents/Pubs/690296.pdf>

as a training guide for pharmacy staff. When to replace gloves, when gowns can be redonned, how to wash hands, and a multitude of other tasks are addressed in the survey.

If you still have questions about constructing or remodeling your 797-compliance sterile compounding area you can contact Matthew Campbell or Susan Upton at Washington Department of Health Construction Review Services.

Pharmacy compliance inspections are conducted by staff of the Washington DOH Pharmacy Quality Assurance Commission.

## Harborview Wins WSHSC Award for Buddy Rounds Compliance Tool

**H**arborview Medical Center shared the Washington State Healthcare Safety Council's 2019 Elaine Carty Award for safety excellence with the development and implementation of their Buddy Rounds Environment of Care (EoC) compliance survey tool.

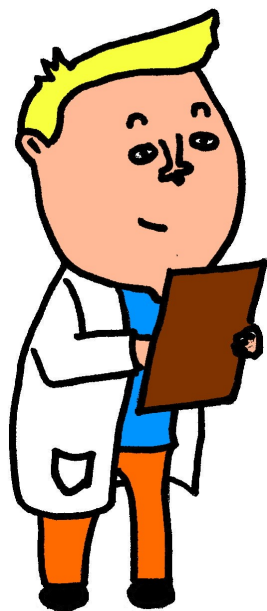
Buddy Rounds denotes the role that clinical staff play in surveying similar or affiliated departments for safety EoC infractions. The Harborview tool engages staff, motivates staff to mitigate infractions, and has enjoyed considerable success in eradicating some common EoC infractions.

Typical EoC rounds are conducted every 6 months, but Safety Officer Liz Kindred and Regulatory Affairs Operations Manager Glenn Allan found that cycle to be too long for effective implementation of new standards and maintenance of patient, visitor and staff safety. Buddy Rounds are conducted monthly using Joint Commission Resources' Tracer mobile app.

The surveys are comprised of ten EoC standards relevant for all departments. Examples include issues like:

1. All staff are wearing ID badges above the waist;
2. Clinical areas are free of

(Continued on page 3)



(Continued from page 2)

staff food and drink;

- Ceiling tiles are free of soiling and water stains;
- Are used clinical tools kept wet with enzyme spray?

Staff survey a buddy department one month and then their own department the next month. Liz and Glenn rated departments with green, yellow and red compliance flags. Results were initially provided to leadership, but soon will be incorporated into Harborview's internal *Access to Excellence* publication for all staff. No one wants to see their department with a red flag.

Staff in departments not originally included in Buddy Rounds have asked to be included. The issue of wearing ID badges above the waist was retired because compliance rose from 60 percent to more than 95 percent.

Most importantly, Buddy Rounds have increased the visibility of EoC issues, enhanced sharing of best practices across departments, educated staff on EoC issues, reduced delays in implementing new standards and practices, generated data easily presented to hospital leadership and engaged staff on safety issues.

The use of only the top 10 EoC issues reduces the burden upon surveyors each month. Each survey takes about 30 minutes. Joint Commission's mobile app allows any department staff person to volunteer as a surveyor and learn what issues need attention.

## Designating Your Waste—Step by Step

If your facility generates dangerous waste, it is important that you designate it. You must understand the character of your waste streams and apply appropriate waste codes to the ones that are dangerous.

Designating waste is a multi-step process, requires several resources, is required by law, and protects all of us and our environment.

Ecology's website has a helpful video on designating dangerous waste at: <https://ecology.wa.gov/Regulations-Permits/Guidance-technical-assistance/Dangerous-waste-guidance/Dangerous-waste-basics/Designation#video>

To begin, you need:

- A list of your waste streams;
- Safety data sheets; and
- The Dangerous Waste Regulations (WAC 173-303; online).

There are three categories of dangerous waste:

- Listed - waste chemicals listed by the federal government;
- Characteristic - waste that is ignitable, corrosive, reactive or toxic;
- Washington State Cri-

teria - generally, waste that is toxic or persistent.

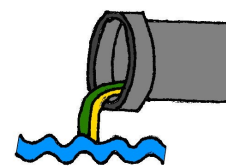
For each waste stream, examine each category of dangerous waste:

- Does your waste contain a listed chemical? You can check by looking at the lists in the DW regulations. If it is listed, your waste will carry a P, U, K or F code.
- Is your waste ignitable, corrosive, reactive or toxic? Your safety data sheet can often assist in this search. These wastes will carry a D waste code.
- Is your waste toxic or does it persist in the environment (usually a bulky molecule with lots of chlorine or bromine atoms). These wastes will carry a W code.

There are multiple waste codes, which feature a letter and three numerals.

Some waste is exempt or excluded, usually because we can re-use it by recycling the waste.

When a material has been used for its intended purpose it will no longer carry a P or U waste code, but it may still carry a D, K, F or W code. P and U listings apply only to unused, discarded chemicals.





600 N. 36th St., #225  
Seattle, Washington 98103

Phone: 206-706-5533  
Fax: 206-706-5553  
E-mail: [ajones@pwgrosser.com](mailto:ajones@pwgrosser.com)  
[mariem@pwgrosser.com](mailto:mariem@pwgrosser.com)



Alan Jones, PhD



Marie Mendes, IE

**H**ospital Waste is published quarterly for hospital, clinical and medical laboratory waste and hazardous material managers to assist them in managing these materials.

You can download .pdf copies of past issues of *Hospital Waste* from our website at <https://www.pwgrosser.com/newsletters>. Click on the Healthcare (Seattle/WA) arrow. Issues from the past five years are downloadable as portable document format (.pdf) files.

If you wish to receive this free quarterly newsletter, please notify us by telephone, fax or e-mail (contact information is shown adjacent). You will receive the newsletter as an e-mail on your smartphone with a hyperlink to a .pdf file on our website that you can download.

This newsletter is copyrighted by P. W. Grosser Consulting, 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 P. W. Grosser Consulting, Marie Mendes or Alan 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. Subscriber names and e-mail addresses are not given or sold to anyone.

(Continued from page 1)

to evacuate an impacted I-5 corridor. Depending upon the event, your patients may remain at your facility regardless of its condition or staff's ability to provide care.

The ripple effects of a CSZ event on the western coast will impact healthcare facilities as far east as Montana.

To aid in planning for these events, you can assign risk values to both the likely severity and probability of each event. Then, how will each

event impact your critical systems?

Finally, as a last step in planning, identify mitigation strategies and priorities. If the severity and probability of a particular event impacting a vulnerable critical system are both high, then a mitigation strategy should be a high priority. Conversely, attention for an event which is highly unlikely or would be much less severe in impact can be safely scored lower.

The Centers for Medicare and Medicaid Services (CMS) requires healthcare facilities to prepare written risk assessments and emergency

plans (<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Core-EP-Rule-Elements.html>). CMS also requires that these plans be updated and reviewed annually.

PWGC has worked with both utilities and other businesses to prepare risk and vulnerability assessments and emergency plans. If you'd like your risk assessments or emergency plans reviewed with a fresh perspective, contact us. We're here in the Pacific Northwest and regularly review the hazards that our healthcare facilities may possibly face.