

 Ambulatory Care Network HEALTH SERVICES • LOS ANGELES COUNTY TITLE: Hazardous Materials, Wastes, and Pharmaceutical Waste Management Program DIVISION: Ambulatory Care Network SERVICE AREA/ UNIT: Department responsible for execution of the P&P	Policy & Procedure Number	ACN
		EC-01.001
	Origination Date:	8/14/2017
	Revision Date:	
	Review Date:	
	Approved By:	ACN P&P

1.0 PURPOSE:

To describe and delineate procedures and responsibility for the written Hazard Communication Program and Hazardous Materials and Waste Program.

To comply with all applicable local, state and federal laws and regulations affecting the storage, handling, and disposal of hazardous waste.

2.0 POLICY:

The policy of Ambulatory Care Network (ACN) is that each of its facilities takes all measures to prevent health hazards to patients, employees and the public. To accomplish this, various types of chemicals and biological agents defined by regulatory bodies will be controlled from in proper handling and storage within the facility until disposal. It is our intent to comply with all applicable regulations, standards and guidelines within constraints predicated or resource availability and risks.

3.0 OBJECTIVES OF THE PROGRAM:

- 3.1** To identify, manage and, whenever possible, reduce the types and quantity of hazardous materials and wastes (including Pharmaceutical waste) within the Network from point of entry to final disposal.
- 3.2** To recognize and reduce risks associated with the storage, handling and disposal of hazardous materials and wastes to staff, patients, visitors, and the community.
- 3.3** To ensure compliance with federal, state, and local laws and regulations governing the storage, handling, and disposal of hazardous materials and wastes.

4.0 GENERAL HAZARDOUS MATERIALS AND WASTE

4.1 IDENTIFICATION OF HAZARDOUS MATERIALS AND WASTES:

- 4.1.1** Department Heads will be responsible for developing and maintaining a list of hazardous materials from labels on materials received in their department

and Safety Data Sheets (SDSs), formerly known as (MSDSs), related to those materials for which employees may receive an occupational exposure.

4.1.2 Methods of disposal for hazardous wastes generated by this material will also be maintained.

4.1.3 The facility leadership will verify, as part of their annual hazard surveys, that hazardous materials and wastes used in facility have been reviewed and appropriately identified.

4.2 NOTIFICATION AND LABELING OF HAZARDOUS MATERIAL:

4.2.1 Each Department Head will post or file in easily accessible areas, a list of materials which have been determined to be hazardous, identified by a recognizable name.

4.2.2 The Department Head will update the hazardous materials list when informed that new or existing products have been determined to be hazardous, and will send a copy of the updated list to the Hazardous Materials Coordinator.

4.2.3 The Department Head, or designee, will verify that each container of a hazardous material received has not had its label removed or defaced before use. If these materials are transferred to other containers used to store or transport the hazardous materials for a period longer than one work shift, those containers will be labeled and marked with the following information:

1. Name
2. Hazard Category

4.2.4 Contractors or vendors with employees working in the facility will be informed about:

1. Hazardous materials or wastes to which their employees may be exposed while at the work site; or
2. Appropriate protective clothing or equipment, which will be provided as necessary.

4.3 SAFETY DATA SHEETS (SDSs): Formerly MSDS

4.3.1 The Department Head will send a copy of the SDSs received for each material used to the Hazardous Materials Coordinator and will keep another copy in a readily accessible area in a clearly marked file or binder (SOS Book).

4.3.2 The Department Head will make available new or revised SDSs to employees within 30 days of their receipt if the new information indicates significantly increased risks to, or measures necessary to protect employee health as compared to those stated on the original or most recent SDS provided.

4.3.3 If no SOS is received from the manufacturer for a material which the Department Head knows has been identified as being hazardous, the Department Head will notify the Hazardous Materials Coordinator who will request the SOS from the manufacturer in writing.

4.3.4 The Hazardous Materials Coordinator will distribute copies of all SDSs to the appropriate departments.

4.3.5 The Hazardous Materials Coordinator will make copies of the SDSs readily available, upon request, to designated representatives of government departments or agencies and to employee's physicians.

4.4 EDUCATION AND TRAINING:

4.4.1 Orientation of new employees will be conducted by the Haz-Mat Coordinator and will include:

1. Information relative to the right of the employee, his physician or his collective bargaining agent to receive information regarding the hazardous substances to which the employee may be exposed and to the exercise of that right without fear of discharge or other discrimination by the employer.
2. Information relative to the hazard communication program of the department, including:
 - a. The requirements, location, and availability of the written program as outlined in the Cal/OSHA Hazard Communication Standards.
 - b. An explanation and interpretation of labeling requirements.
 - c. An explanation of the Safety Data Sheet, its contents, and where the SDSs can be found.
 - d. Information and training about any operations in their work area where hazardous substances are present, including safe work practices and the use of appropriate protective equipment.
 - e. Information and training in emergency and first aid procedures to be followed in the event of exposure to hazardous materials or wastes.

4.4.2 MONITORING AND CONTROL OF HAZARDOUS MATERIALS AND WASTES:

1. Department Heads will, at least annually:
 - a. Review and update departmental policies and procedures related to the control of hazardous materials and wastes.
 - b. Evaluate the departmental ability to reduce the level of risk presented by these materials and wastes through the following processes:
 - Conduct an inventory of hazardous materials used in their areas. Submit the inventory to the Haz-Mat Coordinator.
 - Substitution of less hazardous materials (if available).

- Instituting changes in workplace practices.
- Enhancing engineering controls (e.g., more frequent maintenance or increased ventilation).

4.5 EMERGENCY ACTION PLAN:

For major spills, call a Code Orange with the location and repeat twice. Follow evacuation procedures in the facility Emergency Operations Plan. After hours contact the Administrator on Duty (AOD) to assess the situation to determine if 911 should be called.

5.0 MEDICAL WASTE

The facility will comply with the mandates of the State of California Medical Waste Management Act, in order to prevent transmission of communicable diseases via waste storage and disposal processes.

5.1 DESCRIPTION OF WASTES GENERATED

5.1.1 Non-Sharps Biohazardous Medical Wastes may include:

1. Laboratory waste, including but not limited to the following:
 - a. Human specimen cultures from medical and pathological laboratories.
 - b. Wastes from the production of bacteria, viruses, or the use of spores, discarded live and attenuated vaccines used in human health care or research, discarded animal vaccines, including only Brucellosis, contagious Ecthyma, and other animal vaccines, as identified by this department, and culture dishes and devices used to transfer, inoculate, and mix cultures.
2. Waste containing any microbiologic specimens.
3. Human surgery specimens or tissues removed at surgery, which are suspected by the attending physician and surgeon, or dentist, of being contaminated with infectious agents known to be contagious to humans.
4. Waste containing discarded materials contaminated with excretion, exudates, or secretions from humans who are required to be isolated (Bio Level IV) by the infection control staff, the attending physician and surgeon, or the local health officer, to protect others from highly communicable diseases.
5. Waste which is hazardous only because it is comprised of human surgery specimens or tissues which have been fixed in formaldehyde or other fixatives, or only because the waste is contaminated through contact with, or having previously contained, trace amounts of chemotherapeutic agents, towels, and intravenous solution bags and attached tubing which are empty. A biohazardous waste which meets the conditions of this subdivision is not subject to Chapter 6.5

(commencing with Section 25100. These wastes shall be managed as medical waste in accordance with the applicable provisions of this chapter and shall be disposed of in accordance with the applicable provisions of this chapter and shall be disposed of in accordance with subdivision (a) of section 25090.

6. For purposes of this subdivision, "chemotherapeutic agent" means an agent that kills or prevents the re-production of malignant cells.
7. For purposes of this subdivision, a container, or inner liner removed from a container, which previously contained a chemotherapeutic agent, is empty if the container or inner liner removed from the container has been emptied by the generator as much as possible, using methods commonly employed to remove waste or material from containers or liners, so that the following conditions are met:
 - a. If the material which the container or inner liner held is pour able, no material can be poured or drained from the container or inner liner when held in any orientation, including, but not limited to, when tilted or inverted.
 - b. If the material which the container or inner liner held is not pour able, no material or waste remains in the container or inner liner that can feasibly be removed by scraping.

5.1.2 Sharps Waste:

"Sharps Waste" means any device having acute rigid comers, edges or protuberances capable of cutting or piercing, including, but not limited to, all of the following:

1. Hypodermic needles, hypodermic needles with syringes, blades, needles with attached tubing, syringes, contaminated with biohazardous waste, and root canal files.
2. Broken glass items, such as Pasteur pipettes and blood vials contaminated with biohazardous waste.

Extraordinary care is to be used when handling needles and sharps. Sharps are to receive special containment because they present a special hazard to physical injury in addition to their bio-hazardous risk. After use, disposable sharps with safety devices are to be activated. All sharps are then to be placed directly into designated, labeled, leak-proof, rigid, disposable containers. When recapping is necessary, needles are to be recapped with one hand to guide the needle into the cap which is placed on a firm surface. DO NOT hold the cap in your other hand. Needle safety recapping devices should be used in these instances, whenever possible. Contaminated needles are not to be clipped, bent, or broken in order to avoid aerosolization or splattering of contents or inadvertently creating needle airborne missiles. The preferred management system for sharps is immediate placement after activation of the safety device into a suitable container to preclude injury to users and handlers.

Sharps containers are not to be overfilled - Containers are considered full when the contents reach the full line or if no line indicated then when they are % full.

5.2 ON-SITE TREATMENT:

The facility does not treat any biohazardous or chemotherapeutic waste on site.

5.3 REGISTERED HAZARDOUS WASTE HAULER:

Stericycle Inc.
2775 E. 26th Street
Vernon, CA 90023
(323) 362-3000
MWTF Permit # P-115
MWTS Permit # P-6

5.4 OFFSITE TREATMENT FACILITY:

Stericycle Inc.
2775 E. 26th Street
Vernon, CA 90023
(323) 362-3000
MWTF Permit # P-115
MWTS Permit # P-6
Treatment by autoclaving and/or incineration

5.5 EMERGENCY ACTION PLAN:

In the event of an emergency and Stericycle, Vernon, Ca, cannot remove our medical wastes, the facility will access the approved list of medical waste contractors to dispose of medical waste.

5.6 TRACKING/TREATMENT DOCUMENTS:

5.6.1 Medical waste is transported to Stericycle's plant in Vernon, CA. Medical waste leaving this facility is tracked using a "Biotrack" system. Each barrel is bar coded and a copy of the manifest is given to the Safety Officer, to be kept on file for at least 3 years.

5.6.2 Each month, Stericycle sends us a "detail Daily Activity Supporting Statement", detailing all activity for the month, which includes a "verification of Processing". This serves as our verification of treatment and disposal.

NOTE: MEDICAL WASTE SHALL ALWAYS BE CONTAINED SEPARATELY FROM OTHER WASTE AT THE POINT OF GENERATION.

5.7 BIO-HAZARDOUS WASTE HANDLING:

5.7.1 Medical waste shall be contained separately from other waste.

5.7.2 Biohazardous waste shall be contained in "RED" biohazardous bags, impervious to moisture, meeting specified tests and labeled "Biohazardous Waste" or with the international biohazard symbol and the word "Biohazard". Orange bags are not permitted!

- 5.7.3 Sharps waste shall be contained in disposable containers (rigid, puncture-resistant, leak resistant when sealed, labeled "Sharps Waste" or "Biohazard", with the international symbol). Full sharps containers shall be taped closed or tightly lidded. Containers are not to be overfilled.
- 5.7.4 Red biohazard bags shall be placed in rigid containers for storage, handling and transport. Containers shall be leak resistant, have tight fitting covers and be kept clean and in good repair. Containers shall be labeled "Biohazardous Waste" or with the international biohazard symbol and the word "Biohazard". Red bags must be tied securely.
- 5.7.5 Reusable, rigid containers shall be washed and decontaminated each time they are emptied (unless protected by disposable liners), and when visibly soiled.
- 5.7.6 All Chemotherapy/antineoplastic agents, wastes, or materials such as syringes, vials, pads, swabs, gowns, and gloves used during preparation, patient treatment, and spill clean-up will be placed in YELLOW rigid containers. Containers shall be labeled "Chemotherapy Waste Incinerate Only".

5.8 HAZARDOUS/BIO-HAZARDOUS WASTE HANDLING:

- 5.8.1 Medical waste shall be contained separately from other waste.
- 5.8.2 Biohazardous waste shall be contained in "RED" biohazardous bags, impervious to moisture, meeting specified tests and labeled "Biohazardous Waste" or with the international biohazard symbol and the word "biohazard". Orange bags are not permitted!
- 5.8.3 Sharps waste shall be contained in disposable containers (rigid, puncture-resistant, leak resistant when sealed, labeled "Sharps Waste" or "biohazard", with the international symbol). Full sharps containers shall be taped closed or tightly lidded. Containers are not to be overfilled.
- 5.8.4 Hazardous waste will be marked and contained and stored separately, pending transport and final disposal.
- 5.8.5 Red biohazard bags shall be placed in rigid containers for storage, handling and transport. Containers shall be leak resistant, have tight fitting covers and be kept clean and in good repair. Containers shall be labeled "Biohazardous Waste" or with the international biohazard symbol and the word "Biohazard". Red bags must be tied securely.
- 5.8.6 Reusable, rigid containers shall be washed and decontaminated each time they are emptied (unless protected by disposable liners). These containers shall otherwise be cleaned at least weekly and when visible soiled.

5.9 DECONTAMINATION OF CONTAINERS:

- 5.9.1 Methods Include:

1. Water at 82 degrees c. (180 degrees F.) for a minimum of 15 seconds.
2. Exposure by rinsing or immersion for a minimum of 4 minutes with a high-level EPA approved disinfectant.
 - a. Quaternary Ammonium Disinfectant
 - b. Or, as a backup, in a bleach solution of 2 ounces to 1 gallon of water.

5.9.2 Biohazardous waste shall not be removed from the red bags until treated and not land filled before being treated. Untreated medical waste may not be compacted until after treatment.

5.9.3 Containers are not to be used for the storage of solid waste until they have been decontaminated using above procedures.

5.10 STORAGE OF MEDICAL WASTE

Biohazardous waste may be stored for not longer than 7 days when the container is ready for disposal, full Sharps containers may be stored for not longer than 30 days when the container is ready for disposal. Chemotherapy Waste may be stored for no longer than 7 days.

Medical Waste at the facility is picked up 1 time a week.

5.11 ACCUMULATION AREA

5.11.1 The storage area should be located in a secure area and kept locked at all times to deny access to unauthorized persons.

5.11.2 Warning signs shall be posted on or adjacent to the exterior of the entry gate, in English and Spanish, reading:

**"CAUTION, BIOHAZARDOUS WASTE STORAGE AREA UNAUTHORIZED
PERSONS KEEP OUT"**

And

**"CUIDADO ZONA DE RESIDUOS-BIOLÓGICOS PELIGROSOS
PROHIBIDA LA ENTRADA A PERSONAS NO AUTORIZADAS"**

5.11.3 The storage area shall be provided with protection from animal, vermin and natural elements.

5.12 SECTION 25061 MWMA

The facility does not transport off-site medical waste to the facility for consolidation.

5.13 SECTION 25090 MWMA

The facility does not discharge any treated medical waste into the sewer system.

5.14 BREAKS IN PROCESSING OF MEDICAL WASTE

Any interruptions or breaks in the proper processing technique of Medical Waste is to be reported to the Infection Control staff and the Safety Officer. If the break in processing occurs in the Biohazardous waste storage area the break is to be reported to the Safety Officer.

5.15 NON-MEDICAL WASTE

Non-Medical Waste is all other waste exclusive of sharps, biohazardous wastes, chemotherapy wastes, or other designated hazardous and toxic waste. Waste such as disposables containing non-fluid blood (dressing, gauze, cotton balls, drapes with small amounts of dried blood or other body fluids) are not Medical Biohazardous waste. Non-Medical Waste is to be deposited into plastic bags (cardboard boxes are flattened and stacked together). The bags are securely tied and then transported for placement in trash bins where a commercial waste disposal service will collect and dispose of this waste. Lids on the bins are to be kept closed.

5.16 UNIVERSAL/STANDARD PRECAUTIONS

All waste is to be handled using Universal Precautions whether or not it is designated as medical waste.

5.17 EXPOSURES

Any exposure to blood or body fluids from any waste to non-intact skin or mucosal area is to be reported immediately to the supervisor with medical follow up by physician as indicated by departmental protocol.

6.0 PHARMACEUTICAL WASTE MANAGEMENT

6.1 PURPOSE:

- 6.1.1 To establish a policy and procedure for the handling, transportation and disposal of pharmaceutical waste at the facility.
- 6.1.2 To prevent employee exposure to pharmaceutical waste and eliminate non-approved pharmaceutical waste from entering the sewer system and subsequently, the environment.
- 6.1.3 To comply with all applicable local, state and federal laws and regulations affecting the storage, handling, and disposal of pharmaceutical waste.

6.2 DEFINITIONS:

- 6.2.1 Pharmaceutical waste includes partial doses of medication that remain after a medication dose has been administered to the patient.
- 6.2.2 Satellite accumulation area is a collection area for pharmaceutical waste at or near the point that the waste is generated.

6.3 POLICY:

- 6.3.1 It is the policy of the facility to control and manage pharmaceutical waste generated in its facility in compliance with all applicable local, state, and federal laws and regulations.
- 6.3.2 Wherever possible, pharmaceutical waste generated at the facility shall be managed in a manner that minimizes short and long-term liability associated with such waste.
- 6.3.3 It is the policy of the facility to make every effort to reduce the volume and toxicity of pharmaceutical waste generated to the degree determined to be economically practicable (waste minimization).
- 6.3.4 The individual responsible for of Environmental Services in conjunction with the department Managers, in areas with pharmaceutical waste, shall be responsible for the coordination of all hazardous pharmaceutical waste collection, storage, transportation (both internal and external) and disposal efforts.
- 6.3.5 The indiscriminate drain-disposal of pharmaceutical waste is not permitted. All partial doses of medication that are to be discarded after giving the remaining dose to the patient shall be discarded in the blue and white pharmaceutical waste container.

The exception to this rule is those medications listed in Attachment 1, which may not be disposed into the pharmaceutical waste container. Any remaining doses of medication listed on this attachment are to be placed into the black hazardous waste container that is labeled RCRA HAZARDOUS WASTE. Contact the Hazardous Materials (Haz/Mat) Coordinator for appropriate disposal. The items listed on "Attachment 1" will be picked up by the Haz/Mat Coordinator and held in the Haz/Mat storage room until it can be properly disposed of.

- 6.3.6 1.V. solutions that do not contain pharmaceuticals (e.g. dextrose and saline solutions with no medication additives) may be discarded outside of the waste container. If in doubt, contact the inpatient pharmacist for proper procedure.
- 6.3.7 Department Managers, in areas with pharmaceutical waste, shall be responsible to ensure that the pharmaceutical waste containers are kept in a locked area or cabinet and that their respective staff are in-serviced on this policy and procedure. The in-service should stress the importance of securing these containers in a locked/secure area at all times.
- 6.3.8 Periodic inspections and auditing shall be conducted by the Safety Officer during established Environmental Tours.
- 6.3.9 The facility Safety Officer and the Pharmacy Director shall be responsible for implementing and enforcing this policy and procedure.

6.4 WASTE COLLECTION:

- 6.4.1 Appropriate containers are available, labeled: "Pharmaceutical Waste for Incineration Only" with a starting and ending date (1 year). Environmental Services shall distribute them in the same manner as sharps containers. The

pharmaceutical waste containers must remain in a locked cabinet or locked medication room in all patient care areas at all times, until the filled containers are removed by Environmental Services for disposal.

- 6.4.2 Diversion of waste pharmaceuticals which are controlled substances would be far less likely if the drugs are rendered unrecognizable or otherwise unmarketable before collection by the medical waste hauler. This may be accomplished by commingling all waste pharmaceuticals, removal of doses from blister packs or vials, or by otherwise adulterating the drugs.
- 6.4.3 Staff shall discard all partial remaining doses of pharmaceuticals into the container labeled: "Pharmaceutical Waste for Incineration Only." When adding a medication to the container, the dose shall be sufficiently attenuated (diluted) with water, after each wastage episode, to prevent misappropriation. Pharmaceutical patches shall be cut into small pieces with scissors before being placed in to the wastage container.

No syringes or needles ("sharps") may be placed into the pharmaceutical waste container. Place sharps in the red biohazardous sharps containers. If syringe contains a partial dose dispose of it with needle attached in the sharps pharmaceutical waste container. (Blue and white pharmaceutical waste container with sharps lid)

- 6.4.4 Staff shall collect the waste in a labeled container until *3/4* of the container is filled. When the container has reached capacity, or has reached the "dispose of by" date, staff shall contact Environmental Services for waste pick-up.

6.5 INTERNAL WASTE TRANSPORTATION

- 6.5.1 Environmental Services personnel who have received hazard communication training and the processing of pharmaceutical waste containers shall pick up and transport the waste to the Bio-Hazardous storage room.
- 6.5.2 Environmental Services personnel shall not pick up any waste that is not labeled or is stored in a container that is leaking. If this is discovered, the facility Safety Officer - Haz/Mat Coordinator shall be contacted for disposition.
- 6.5.3 At no time shall the pharmaceutical waste container be left unattended by the Environmental Services staff while the container is in transport to the Bio-Hazardous storage room.

6.6 PHARMACEUTICAL WASTE MANAGEMENT AND DISPOSAL

All pharmaceutical waste shall be properly disposed of using the established system of L.A. County agreement licensed vendors.

6.7 PROGRAM EVALUATION:

The Safety Officer will review and evaluate the Hazardous Materials, Wastes and Pharmaceutical Waste Management Program, policy and procedures annually to determine whether the objectives of the program are being met.

7.0 SOURCES AND REFERENCE:

- 7.1 Title 22 & 26 California Code of Regulation.
- 7.2 "Waste Pharmaceutical Disposal at Long Term Care Facilities" letter dated March 5, 1999.
- 7.3 "The Medical Waste Management Advisor", California Department of Health Services, Medical Waste Management Program, June 2000
- 7.4 Stericycle Inc. Medical Waste Acceptance Pharmaceutical Protocol
- 7.5 The 2001 Joint Commission on Accreditation Manual for Health Systems, EC.1.3

PHARMACEUTICAL AGENTS THAT **MUST NOT**
BE PLACED IN THE **PHARMACEUTICAL WASTAGE** CONTAINER
THE AGENTS LISTED BELOW MUST BE TREATED AS

HAZARDOUS WASTE

Agent	Rationale
Aqueous-based liquids with >24% alcohol. Includes injections, cough syrups, tinctures	Ignitable
Hydrogen peroxide, bleach	Ignitable
Chemotherapy Agents	Toxic hazardous waste: dispose of in chemotherapy waste containers
Chromium supplements	Toxicity characteristic leaching procedure-concentration dependent
Epinephrine	Acute hazardous/toxic waste
Metered doses inhalers, aerosol canisters	Ignitable
Lindane	Toxic hazardous waste
Nicotine gum and patch	Acute hazardous waste
Nitroglycerin (oral tablets, injectable, IV bags containing, and topical patches)	Ignitable
Isosorbide dinitrate, amyl nitrate	Ignitable
Reserpine	Toxic hazardous waste
Selenium shampoo	Toxicity characteristic leaching procedure-concentration dependent
Warfarin	Acute/toxic hazardous waste
Hexachlorophene	Acute/toxic hazardous waste
Paraldehyde, Formaldehyde	Acute/toxic hazardous waste

REMEMBER

DISPOSE OF THE AGENTS LISTED ABOVE IN THE BLACK CONTAINER THAT IS LABELED RCRA HAZARDOUS WASTE.

Approvals:

_____ Date: _____

Nina J. Park, MD
Chief Executive Officer

Signature(s) on File.

P&P History

Date	Department	Policy & Procedure #	Comments	Next Annual Review Due
8/14/2017	ACN	N/A	Draft	
8/22/2017	ACN	EC-01.001	Approved	8/22/2018