

Los Angeles General Medical Center

MEDICAL WASTE MANAGEMENT PROGRAM

2023-2024

Reviewed: 12/14/2023

**COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER**

MEDICAL WASTE MANAGEMENT PROGRAM

The Los Angeles General Medical Center Waste Management program is developed to comply with California Health & Safety Code, Division 20, Medical Waste Management Act, Article 5, and Section 25052.

FACILITY NAME: Los Angeles General Medical Center

BUSINESS ADDRESS: 1200 North State Street, Room 501
Los Angeles, California, 90033
(323) 226-6444

TYPE OF BUSINESS: Local Government Acute Hospital and Outpatient Facilities.

EMERGENCY TELEPHONE NUMBER: (323) 227-0410

RESPONSIBLE PARTY: Sajid Yerunkar, Environmental Safety Officer

SCOPE: Applies to all facilities generating medical waste under registration number LQG356 (Medical Center: Inpatient Tower, Clinic Tower, Diagnostic & Treatment Tower) including Outpatient Clinics, Rand Schrader Building, Remote Pharmacy Building

MEDICAL WASTE MANAGEMENT PLAN

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1. Statement:

I declare under penalty of law that to the best of my knowledge and belief the statements made herein are correct and true. I hereby consent to all necessary inspections made pursuant to the California Medical Waste Management Act and incidental to the issuance of this Registration Permit and the operation of this business.

SIGNATURE:

“Signature on File”

Sajid Yerunkar
Environmental Safety Officer

Date

Note: The MWMP is reviewed and updated as necessary annually.

2. Medical Waste Transporter's Information

Name and Address of the Registered Medical Waste Transporter:
Stericycle, Inc., Medical Waste Systems
2775 East 26th Street
Vernon, California 90023
(323) 362-3000

Offsite Waste Treatment Facility:

Stericycle Inc.
Medical Waste Systems
2775 East 26th Street
Vernon, California 90023
(323) 362-3000

3. Medical Waste Tracking Information

All tracking documents are kept and maintained in Room 501, Facilities Management, General Hospital, for 2 years.

4. Contingency Plan - Emergency Action Plan Options:

During an emergency any unprocessed waste will be transported by Stericycle Inc. driving to one of several Stericycle Inc. processing facilities of Stericycle Inc. contracted facilities to handle unprocessed waste.

Should Stericycle Inc. be unable to respond, the Medical Center will request, as needed, pickup from an alternate vendor identified by Materials Management, or one which services other county agency.

We will contact the California Department Public Health (CDPH) Medical Waste Management Program (Department) for a holding time extension for medical waste to be stored at our location. The facility shall contact the assigned medical waste inspector. If unable to contact the inspector, the Department can be contacted at Headquarters (916) 449-5671 or Southern CA Regional Office at (818) 551-2040, (818) 551-2041, or (818) 551-2042.

5. Medical Waste Information

Types of medical waste generated:

- a. Biohazardous waste
 - i. Hand-Carrying Procedures Were Allowed
 - ii. Paracentesis, Thoracentesis & other large volume body Fluid waste
 - iii. Suction Canisters
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- c. Pharmaceutical Waste
 - (a-b) Pharmaceutical/Sharps Waste
 - (c) Controlled Substances
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 - (f) CATH Lab Fluid Waste Basins
- d. Pathology Waste
 - i. 5-Gallon Pathology Waste Bucket
 - ii. Hospital - Tissue (Specimen) Handling Procedures
 - iii. Decanting Procedures
 - iv. Placenta Handling Procedures
 - v. Prion Waste (Creutzfeldt Jacob Disease)
- e. Trace Chemotherapy Waste
 - i. Bulk Chemotherapy Waste Handling Procedures

Types of medical waste **not** generated:

All medical waste generated (see above)

6. Medical Waste Monthly Generation

Estimated monthly medical waste: *100,632.01 pounds*

Annual Amount: 1,207,584.18 pounds

Sterilized Amount: 0 pounds

7. Material of Trade Exemption:

The facility staff does not generate medical waste offsite. However, should the facility staff generate any offsite, it shall transport medical waste in limited quantities up to 35.2 pounds back to the facility for proper disposal of that medical waste. A form/log is kept at the facility where the facility staff shall complete each trip medical waste is brought

back to the facility. The form/log shall be kept for a period of two years. The form/log shall contain all of the following information:

- (A) The name of the person transporting the medical waste.
- (B) The number of containers of medical waste transported.
- (C) The date the medical waste was transported

8. Medical Waste Definitions:

1) **Medical Waste** - Any biohazardous, pathology, pharmaceutical, or trace chemotherapy waste that is not regulated by the Federal Resource Conservation and Recovery Act (RCRA) of 1976; sharps and trace chemotherapy wastes generated in a health care setting in the diagnosis, treatment, immunization, or care of humans. It must be produced as a result of delivery of healthcare.

2) **Biohazardous** - "Biohazardous waste" includes all of the following: Regulated medical waste, clinical waste, or biomedical waste that is a waste or reusable material derived from the medical treatment of a human or from an animal that is suspected by the attending veterinarian of being infected with a pathogen that is also infectious to humans, which includes diagnosis and immunization; or from biomedical research, which includes the production and testing of biological products. Regulated medical waste or clinical waste or biomedical waste suspected of containing a highly communicable disease. Laboratory waste such as human specimen cultures or animal specimen cultures that are infected with pathogens that are also infectious to humans; cultures and stocks of infectious agents from research; wastes from the production of bacteria, viruses, spores, discarded live and attenuated vaccines used in human health care or research, discarded animal vaccines, including Brucellosis and Contagious Ecthyma, as defined by the department; culture dishes, devices used to transfer, inoculate, and mix cultures; and wastes identified by Section 173.134 of Title 49 of the Code of Federal Regulations as Category B "once wasted" for laboratory wastes. Waste that, at the point of transport from the generator's site or at the point of disposal contains recognizable fluid human blood, fluid human blood products, containers, or equipment containing human blood that is fluid, or blood from animals suspected by the attending veterinarian of being contaminated with infectious agents known to be contagious to humans.

EXCEPTION is "Normal Nursery" waste, Urine, Feces, Saliva, and Sputum, nasal Secretions, Sweat, Tears, or Vomitus (unless it contains visible or recognizable fluid blood), can be handled as non-bio-hazardous waste.

3) **Biohazard Bag** - "Biohazard bag" means a disposable film bag used to contain medical waste. Notwithstanding subdivision (b) of Section 117605, the film bags that are used to line the United States Department of Transportation (USDOT)-approved shipping containers for transport from the generator's facility onto roadways and into commerce to a treatment and disposal facility shall be marked and certified by the manufacturer as having passed the tests prescribed for tear resistance in the American

Society for Testing Materials (ASTM) D1922, "Standard Test Method for Propagation Tear Resistance of Plastic Film and Thin Sheeting by Pendulum Method" and for impact resistance in ASTM D1709, "Standard Test Methods for Impact Resistance of Plastic Film by the Free-Falling Dart Method," as those documents were published on January 1, 2014. The film bag shall meet an impact resistance of 165 grams and a tearing resistance of 480 grams in both parallel and perpendicular planes with respect to the length of the bag. The biohazard bag that is used to collect medical waste within a facility shall be manufacturer certified to meet the ASTM D1709 dart drop test, provided that when the bag is prepared for transport offsite, it is placed into a USDOT-approved container lined with a biohazard bag that is ASTM D1709 and ASTM D1922 certified. The color of the bag shall be red, except when yellow bags are used to further segregate trace chemotherapy waste and white bags are used to further segregate pathology waste. The biohazard bag shall be marked with the internal biohazard symbol and may be labeled by reference as authorized by the USDOT.

4) **Biohazardous Waste Container** - A rigid container which may be disposable, reusable, or recyclable. Containers shall be leak resistant, have tight-fitting covers, and kept clean and in good repair. Containers may be of any color and shall be labeled with the words "Biohazardous Waste" or with the international biohazard symbol and the word "BIOHAZARD" on the lid and on the sides so as to be visible from any lateral direction.

5) **Sharps - "Sharps waste"** means a device that has acute rigid corners, edges, or protuberances capable of cutting or piercing, including, but not limited to, hypodermic needles, hypodermic needles with syringes, blades, needles with attached tubing, acupuncture needles, root canal files, broken glass items used in health care such as Pasteur pipettes and blood vials contaminated with biohazardous waste, and any item capable of cutting or piercing from trauma scene waste.

6) **Sharps Container** - Means a rigid puncture-resistant container used in patient care or research activities meeting the standards of, and receiving approval from, the United States Food and Drug Administration as a medical device used for the collection of discarded medical needles or other sharps.

7) **Pharmaceutical** - "Pharmaceutical" means a prescription or over-the-counter human or veterinary drug, including, but not limited to, a drug as defined in Section 109925 of the Federal Food, Drug, and Cosmetic Act, as amended, (21 U.S.C.A. Sec. 321(g)(1)). For purposes of this part, "pharmaceutical" does not include any pharmaceutical that is regulated pursuant to either of the following: The federal Resource Conservation and Recovery Act of 1976, as amended (42 U.S.C.A. Sec. 6901 et seq.). This waste stream shall be handled as a hazardous waste under the authority of Chapter 6.5 (commencing with Section 25100) of Division 20 and The Radiation Control Law (Chapter 8 [commencing with Section 114960] of Part 9).

8) **Pharmaceutical Waste Container** - Pharmaceutical shall be segregated for storage, and, when placed in a container, it shall be compliant with USDOT and the US DEA

when prepared for shipment offsite for treatment. It shall be labeled with the words "HIGH HEAT" or "INCINERATION ONLY" on the lid and sides, so as to be visible from any lateral direction.

9) **Trace Chemotherapy Waste** - "Trace chemotherapeutic waste" means waste that is contaminated through contact with, or having previously contained, chemotherapeutic agents, including, but not limited to, gloves, disposable gowns, towels, and intravenous solution bags and attached tubing that are empty. A biohazardous waste that meets the conditions of this paragraph is not subject to the hazardous waste requirements of Chapter 6.5 (commencing with Section 25100) of Division 20.

10) **Chemotherapeutic Agent** - Means an agent that kills or prevents the reproduction of malignant cells. Chemotherapeutic agent excludes anti-inflammatory and antibiotic medicine used to treat malignant cells in the practice of veterinary medicine.

11) **Trace Chemotherapy Waste Container** – Trace chemotherapy waste shall be segregated for storage, and, when placed in a secondary container, that container shall be labeled with the words "Chemotherapy Waste" or "CHEMO" on the lid and sides, so as to be visible from any lateral direction.

12) **Pathology Waste** – Pathology waste includes both of the following: (A) Human body parts, with the exception of teeth, removed at surgery and surgery specimens or tissues removed at surgery or autopsy that are suspected by the health care professional of being contaminated with infectious agents known to be contagious to humans or having been fixed in formaldehyde or another fixative. (B) Animal parts, tissues, fluids, or carcasses suspected by the attending veterinarian of being contaminated with infectious agents known to be contagious to humans.

13) **Pathology Waste Container** - Pathology waste shall be segregated for storage and, when placed in a secondary container, that container shall be labeled with the words "Pathology Waste" or "PATH" on the lid and sides, so as to be visible from any lateral direction.

14) **Empty - "Empty"** means a condition achieved when tubing, a container, or inner liner removed from a container that previously contained liquid or solid material, including, but not limited to, a chemotherapeutic agent, is considered empty. The tubing, container, or inner liner removed from the container shall be considered empty if it has been emptied so that the following conditions are met.

15) **Mixed Waste** - "Mixed waste" means mixtures of medical and non-medical waste. Mixed waste is medical waste, except for all of the following:

- a. Medical waste and hazardous waste are hazardous waste materials and are subject to regulation as specified in the statutes and regulations applicable to hazardous waste.

- b. Radioactive waste is radioactive mixed waste and is subject to regulation as specified in the statutes and regulations applicable to hazardous waste and radioactive waste.

9. Medical Center Waste Management

1. Waste Management at the Medical Center complies with the California Medical Waste Act (January 1991), which defines waste stream by type of waste rather than by presence of a disease-causing organism. It established methods for handling, tracking, treating, and disposing of such waste. Medical waste includes biohazardous and sharps waste.
2. At site of generation, waste shall be deposited in appropriate containers according to the system of designated separation. Liquid body waste canisters will be disposed of by inserting one canister into one red biohazard bag, goosed tied and placed into a ridged biohazardous waste container. Patient excreta are discarded in toilet and hopper.
3. Environmental Services shall provide appropriate waste containers and shall remove waste from the user locations. Only Environmental Service staff shall use the Automated Guided Vehicle System Carts (AGVSC) that have been labeled on four sides with the International **Biohazard** symbol and the word **Biohazard** designated for the removal of medical waste. Trash chutes shall not be used for medical waste, (biohazardous and sharps) or hazardous waste. Final disposal is handled by contracted Medical Waste vendor (STERICYCLE)

10. Proper Handling, Containment and Storage of Medical Waste Generated:

a. **Biohazardous Waste** - Bloody tubing, bags, hemovacs, saturated/visually bloody dressings, intact glass or plastic bottles with body fluids, disposables saturated, soaked, or dripping with blood, etc. are placed within a biohazardous waste container. The biohazardous waste container is lined with a red biohazard bag. When full the red biohazard bag is twisted and securely tied. The red biohazard bag is placed into a biohazardous waste container to be transported to the interim storage room. Environmental Services staff (EVS) transfers the red biohazard bags from the biohazardous waste container in the interim storage rooms to the biohazardous waste transport container on wheels. Or if there is no interim storage room, EVS picks up directly from the patient exam rooms where they transfer the secured red biohazard bags from the biohazardous waste containers in the rooms to a biohazardous transport container on wheels. The biohazardous transport container is wheeled to the designated accumulation area (medical waste storage area). The red biohazard bags are transferred into a biohazardous waste transport container provided by our medical waste transporter.

Bio-hazardous potentially radioactive waste generated in clinical areas performing diagnostic nuclear medicine procedures is monitored for trace amounts by special area monitors at the IPT loading dock before reaching the medical waste storage area. When trace contamination is detected, in order to meet the less than 2 times background standard, this waste is held for decay of short-lived isotopes in a secured, waste holding area.

This waste holding sub area is secured, and the waste containers therein are released after being checked by a health physicist. This waste is exempt from labeling in accordance with sections 10CFR 20.1902, and 20. 1903.

Microbiology cultures may be disinfected prior to disposal if they discard with untreated culture waste. Leave cultures in the original container. Tighten lids or tops to prevent leakage. Place cultures in red plastic biohazardous waste bags. Twist the tops of the bags, and tie securely with a knot, tape, or wire to prevent leakage. Place bags in waste containers provided by the biohazardous waste vendor. Prior to disposal Laboratory or Environmental Services staff must secure the container lids tightly.

- a) Hand-Carrying Procedures: Biohazardous waste should be placed in the nearest appropriate waste container. If an appropriate biohazard waste container is not present in the room, it may be placed into a red biohazard bag not to exceed three pounds or 1 gallon and tied in a single goose knot. The biohazard bag should be immediately transported upon completion of the procedure, directly to the dirty utility room where the biohazardous waste container is located. Nurses are responsible for the handling of biohazardous waste generated inside patient rooms when a biohazardous waste container is not located therein. Nurses are **not** to place the tied off red biohazard bag on the floor, counter, or make runs collecting red biohazard bag waste from other rooms.
- b) Paracentesis, Thoracentesis and Other Large-Volume Body Fluid Waste – Place no more than two one-liter glass bottles in a doubled, clear, plastic bag. Tie bags in single goose knot. Hand-carry bag to the dirty utility room and gently place in the rigid biohazard slide top container. Notify EVS for pickup.
- c) Suction canisters- Cap all openings on lid of canister and place in a red biohazard bag. Tie bag in single goose knot and place in the nearest rigid biohazard container.
- d) Kick bucket Handling in the Operating Rooms:
 - 1) Kick buckets are lined with a red biohazardous waste bag.
 - 2) Surgical sponges are placed into the kick bucket.
 - 3) Once the procedure has been completed, the surgical sponges are counted, and the plastic bag is lifted to see the volume of blood lost.
 - 4) Once the surgical sponge count is confirmed, the sponges and plastic bag lining the kick bucket are disposed of into the biohazardous waste container located inside the operating room.

- e) **Clean-A-Scope System:** Clean-a-Scope is utilized in the facility. Clean-a-Scope, a transport and short-term storage solution for endoscopes and other equipment, identifies the equipment as either clean (green liner) or contaminated (red liner). The use of the red liner is unacceptable to be disposed of as solid waste as it conflicts with the use of a biohazard bag pursuant to Health and Safety Code Section 117630(a). The red liners will be disposed of as biohazardous waste.

Note: Internally used biohazardous waste containers are cleaned once a week or as needed, whichever comes first.

- b. **Sharps waste** – All emptied sharps (needles, syringes, broken glass vials, broken ampules, blades, etc.) are deposited into a sharps waste container labeled Bio-Hazardous Sharps Waste. When the container is full (e.g. when it reaches 2/3 capacity or the manufacturer’s full line indicated on the sharps waste container), it is tightly closed or taped shut to prevent loss of contents prior to disposal.

In the Main Pharmacy, Pharmacy Satellite areas and all O.R. Suites, Red Sharps Containers will be replaced with Blue pharmaceutical waste Containers, to accommodate co-mingling of Pharmaceuticals and Sharps Waste.

NOTE: The facility utilizes Stericycle’s biosystem reusable sharps containers for sharps waste disposal. Stericycle’s technician exchanges the reusable sharps containers throughout the hospital at least once (1x) a week. Stericycle utilizes a rack collection system to collect the reusable sharps containers. The frontline facility staff in each unit shall contact EVS should the sharps container fill up and need immediate exchange if Stericycle’s technician is not onsite to exchange the sharps containers.

Should the sharps containers get full prior to Stericycle’s technician arrival, EVS staff shall exchange the sharps containers. Sharps containers are ‘**not**’ placed into a red biohazard bag; they are either individually transported or a flatbed/pushcart is used to transport multiple sharps containers to the designated storage area. If sharps containers are placed into a secondary container, it shall be placed for storage, handling, or transport in a rigid container with a tight- fitting cover labeled with the words “Biohazardous Waste” or with the international biohazard symbol and the word “BIOHAZARD” on the lid and on the sides so as to be visible from any lateral direction. Once transported to the outside storage area, it shall be segregated and placed into Stericycle’s rack collection system or placed on the floor of the storage area for Stericycle’s technician to collect.

***Home generated sharps waste – The facility does not generally accept home generated waste. The facility shall direct patients to LA County’s sharps disposal website: <http://dpw.lacounty.gov/epd/hhw/sharpsMgmt.cfm>. ***

- c. **Pharmaceutical Waste** - The facility is taking steps to categorize the pharmaceutical wastes generated at the facility to ensure that the wastes are properly disposed of as follows. The facility is utilizing Stericycle’s biosystem reusable

pharmaceutical sharps containers for pharmaceutical waste disposal. Stericycle's technician exchanges the reusable pharmaceutical sharps containers throughout the medical center at least once (1x) a week. Stericycle's technicians utilize a rack collection system to collect the reusable pharmaceutical sharps containers. The facility staff shall contact EVS should the pharmaceutical sharps container fill up and need immediate exchange if Stericycle's technician is not onsite to exchange the pharmaceutical sharps containers.

- i. Non-sharps Pharmaceutical waste (IV bags, tubing with residual medication, partially used/residual prescription, or over-the-counter medication) is deposited into a pharmaceutical waste container labeled "**INCINERATION ONLY.**" The entire pharmaceutical content – and its container such as its IV bag and tubing etc. -- shall be placed directly into the pharmaceutical waste container. Liquid medication will not at any time be poured/squirted into the pharmaceutical waste container, drain, or other improper waste container.

Should the pharmaceutical containers get full prior to Stericycle's technician arrival, EVS staff shall exchange the pharmaceutical sharps containers. When full, the pharmaceutical waste container is tightly closed and/or taped shut then transferred onto a flatbed cart with wheels or hand carried as is and either a) placed in the interim storage room or b) transported directly to the designated accumulation area. Pharmaceutical waste containers are **not** to be placed into red biohazard bags or biohazardous waste containers. This waste will not be combined with other regulated medical waste; pharmaceutical waste must be distinctly segregated from other types of waste in the designated accumulation area. If a container is provided by the medical waste transporter, labeled "**INCINERATION ONLY**" for pharmaceutical waste, the pharmaceutical waste containers may be placed in there. Once transported to the outside storage area, it shall be segregated and placed into Stericycle's rack collection system or placed on the floor of the storage area for Stericycle's technician to collect.

- ii. Pharmaceutical sharps waste -- all syringes, Tubex™ injectors, Carpuject™ injectors or those with residual (pourable) medication -- is disposed into a pharmaceutical waste container labeled "**INCINERATION ONLY.**" Syringes/Needles with partial medication are placed entirely into the pharm sharps waste container. The liquid medication will not at any time be ejected from the syringe/needle/vial into the drain or pharmaceutical sharps waste container. When full (reaches 2/3 capacity or the manufacturer's full line indicated on the pharm sharps waste container), it is tightly closed and/or taped shut. Should the pharmaceutical sharps containers get full prior to Stericycle's technician arrival, EVS staff shall exchange the pharmaceutical sharps containers. When full it is tightly closed and/or taped shut then transferred on a flatbed cart with wheels or hand carried as is and either a) placed in the interim storage room or b) transported directly to the designated accumulation area. Pharmaceutical waste containers are **not** placed into red biohazard bags or biohazardous waste containers. Pharmaceutical sharps waste will not be combined with other regulated medical waste; it must be distinctly segregated from other types of waste in the designated accumulation area. If a container is provided by the medical waste transporter **and** labeled "**INCINERATION ONLY**" for pharmaceutical waste, the pharmaceutical waste containers may be placed in there. Once transported to the outside storage area, it shall be segregated and placed into Stericycle's rack collection system or placed on the floor of the storage area for Stericycle's technician to collect.

- iii. Pharmaceutical waste classified by the federal Drug Enforcement Agency (DEA) as "controlled substances" (including but not limited to opioids, benzodiazepines, barbiturates

and other narcotics) are disposed in compliance with DEA requirements. Disposal of controlled substances will be witnessed on all occasions by two nurses. The nurse shall waste/squirt liquid 'controlled substances' into an absorbent material (i.e., cotton ball, gauze, paper towel) which is then placed in the pharmaceutical waste container. The then 'emptied' syringe can then be disposed of either a) in a sharps container or b) in a pharmaceutical waste container. 'Controlled substances' pills are crushed prior to being disposed of into the pharmaceutical waste container. See pharmacy policy, Pharmaceutical Waste Management Policy Number: 2-32A, for further details on controlled substances disposal procedures.

- iv. Excess pharmaceutical materials (non-RCRA) which include pharmaceuticals that are: overstocked, partially used or in-excess, recalled by the manufacturer, expired, deteriorated, discontinued, or deleted from formulary, are to be removed from all areas (wards, clinics, pharmacy satellites, ancillary areas) and returned to the Main Pharmacy on the 2nd floor of the D&T Building, Room 2C-310.
- v. RCRA hazardous pharmaceutical waste (P-Listed and U-Listed) shall be disposed of into a (black/white) RCRA hazardous waste container or returned to the pharmacy for proper disposal. This waste stream shall be handled as a hazardous waste under the authority of Chapter 6.5 (commencing with Section 25100) of Division 20.

All Resource Conservation and Recovery Act (RCRA) waste is returned to the Pharmacy Service Building, Salvaged Unit. These drugs shall be accompanied by a properly completed **U-Form**. The Salvaged Unit will coordinate the disposal of these products with a licensed waste vendor.

RCRA pharmaceutical waste (hazardous waste) generated in the OPD and Rand Schrader Infusion Clinics, which often contains chemotherapy or other biologic infusion medications, which is returned to Pharmacy Services for disposal must be accompanied by a U-Form.

- vi. Catheterization Laboratory (CATH Lab) Fluid Waste Basins
 - 1. The CATH Lab utilizes a fluid waste basin containing a pre-filled solidifier pad. The facility staff may handle the basin as follows:
 - a. Should the pre-filled solidifier pad remain in use, the entire basin shall be disposed of into pharmaceutical waste container.
 - b. Should the pre-filled solidifier pad be removed, it may be replaced with gauzes/cotton, and disposed of as biohazardous waste.

NOTE: The fluid waste basins are to be disposed of as pathology waste; however, due to lack of space in the CATH Lab the facility requested it be disposed of into the pharmaceutical waste containers. The Department allowed this practice due to the high frequency pick up (turn-over) of these pharmaceutical waste containers.

d. Trace Chemotherapy Waste –

- 1) Place directly into a disposable, single use, rigid, yellow, plastic Non-Hazardous trace chemotherapy sharps container labeled "Chemotherapy Waste" or "CHEMO" on the lid and all sides of the container. Single use chemotherapy waste containers **shall not** be lined with a biohazard bag.
- 2) When the container is full, without compacting, slide the lid to lock lid so as to secure the container to prevent loss of contents prior to disposal.
- 3) Leave the container in designated area for routine chemotherapy waste pick-up by

EVS when container is 75 % full. EVS shall use a flatbed cart to pick up full chemotherapy waste containers and transported directly to the designated accumulation area. The single use chemotherapy waste containers are placed directly on the floor in the designated accumulation area. If the single use chemotherapy waste containers are placed into a secondary container, that container shall be labeled with the words "Chemotherapy Waste" or "CHEMO" on the lid and on the sides so as to be visible from lateral direction.

4) Chemotherapy waste containers are picked up by the registered medical waste transporter.

a. Bulk Chemotherapy Waste (pourable) Handling Procedures: Bulk chemotherapy waste is returned by the nursing units to the Pharmacy where it is contained pending removal as hazardous waste by the hazardous waste hauler or disposed of into the black RCRA Hazardous Waste container (to be handled/stored as hazardous waste).

e. Pathology Waste - The following procedures shall be implemented:

i. Five-Gallon Pathology Waste Bucket – The facility utilizes Stericycle single-use 5-gallon pathology waste buckets to dispose of pathology waste. The current practice is to not line the single-use pathology waste buckets with a red biohazard bag due to concerns such as exposure to infectious agents by aerosol exposure when securing the red biohazard bag in the pathology waste buckets. The practice shall only be allowed in the areas where single-use 5-gallon pathology waste buckets are utilized.

ii. Tissue (Specimen) Handling Procedures:

i. All specimens will be delivered to the laboratory.

ii. Note that, in order to prevent leakage and exposures, CSF and respiratory viral testing specimen types MUST be transported to the lab by hand – **not via pneumatic tube systems**.

iii. When collecting specimens, clinical staff will wear, at the minimum, exam gloves. If soiling or splattering is likely, the proper Personal Protective Equipment (PPE) will be utilized during the specimen collection procedure, including gowns, gloves, and eye protection as warranted.

iv. All tissue specimens must be collected following specific laboratory guidelines.

v. Specimen containers shall be properly labeled.

vi. Specimens will be placed in a container that may or may not contain formalin and then placed in a clear plastic sealable specimen bag. Specimens that do not fit in a specimen bag shall be placed into a large black bag and form taped to the black bag. Specimens and/or the container with the specimen shall NOT be placed in a red biohazard bag.

vii. When ready for disposal, laboratory staff will decant the formalin from the tissue or send the formalin-filled container to a contracted hazardous waste transporter for disposal or decanting. The staff performing decanting will be responsible for properly placing tissue for disposal into a red biohazard bag lining a pathology waste-labeled container and for properly placing chemicals in an appropriately labeled chemical waste container.

iii. Decanting Procedures for Surgical Pathology and Autopsy Tissue Specimens, (including recognizable human anatomical remains)

Anatomic Tissue must not be mixed with other types of waste. Formalin must be poured

off tissue before the tissue is discarded. Tissue waste must be incinerated. Sun Environmental Services Inc. (Sun Env.) is currently the contracted hazardous waste company to pick up hazardous waste and perform decanting for the facility. Sun Env. is informed by laboratory staff of when formalin-filled containers with tissue are ready to be decanted. Sun Env. retrieves the formalin filled containers with tissue from the Anatomical Pathology Lab and from IPT (1st floor), and transports them, on a flatbed cart, to the hazardous waste room adjacent to the dock. The decanting date is documented on a log. Sun Env. retrieves the pathology waste containers from the dock, the red biohazard bags, dons the proper safety equipment, and secures the doors prior to decanting. Sun Env. Formalin is poured into a hazardous waste container for chemical and the decanted tissue is first placed into a 20-gallon pathology waste container lined with a red biohazard bag. When completed, the pathology waste container is transported to the designated dock area for Stericycle to pick up.

iv. Placenta Handling Procedures:

i. Placenta Handling Procedure from L&D Rooms and L&D OR

- A. Placentas requested to be sent to laboratory shall follow the handling practices under “Placenta for Further Study” below.
- B. All other placentas shall be placed into a specimen bag (clear plastic bag with the international biohazard symbol).

ii. Placentae for Disposal

- A. Use Standard Precautions
- B. Nursing Staff will place placenta in a red plastic bag. Staff will then place bagged placenta in a second red bag. The placenta will be transported in a white pathologic waste bucket to the biological freezer in 3P423. The placenta will be placed in the 5-gallon pathologic labeled bucket in the biohazard freezer.

iii. Placentae for Further Study

- A. Any specimen from a single site that is too large for a pre-filled formalin container must be placed in a 1-gallon rigid white container.
- B. The container must be labeled with a bio-hazardous label on the body and top.
- C. Place the specimen in the container. Secure the lid on.
- D. Label the container with the patient’s name, MRN# utilizing patient identification procedures.
- E. Two nurses will verify the label, patient’s armband.
- F. The physician places the order for placenta pathology.
- G. Nursing labels the bucket with the pathology label using patient identification procedures and places the bucket in a separate clear plastic bag.
- H. Nursing transports the specimen to Pathology lab, room 7A127 and places in the refrigerator and logs it in.
- I. Fresh specimens are to be transported to Pathology within 2 hours of obtaining. If unable, place specimen in container as above and store in the biological refrigerator located in soiled utility room (3P423).
- J. All refrigerated specimens must be sent to pathology within 3 days

iv. Placentae Released to Patients for Religious, Cultural and Ethnic Reasons:

- A. If a patient desires to remove her placenta from the hospital after birth, the request may be honored so long as the provider determines the placenta need not go to pathology for further examination and the requisite testing during prenatal care or hospitalization has been done to assure no bloodborne pathogen (e.g., HIV, Hepatitis) exists. If there is maternal positivity for

contagious bloodborne pathogens, the placenta will not be released to the patient.

- B. The placenta will be placed in a plastic specimen bucket, sealed with a snap on lid, and labeled with the patient's name.
- C. The placenta will be released to the patient or her family/significant other only.
- D. The patient will sign a consent for release of the placenta and the signed form will be placed in the medical record and a copy given to the patient.
- E. If the patient's family is not able to take the placenta home immediately, the placenta may be kept in the biologic refrigerator on L&D for up to 3 days.
- F. The placenta is not to go to the postpartum floor with the patient.

v. Prion Waste (Transmissible Spongiform Encephalopathies e.g., Creutzfeldt-Jacob) –

Prions are unique infectious agents that contain no DNA or RNA, and which are resistant to standard sterilization methods. Prion contaminated sharps waste shall be deposited inside an incinerate-only labeled "Pathology Waste" labeled container. Contaminated solid waste (paper, gloves, gowns, etc.) is to be disposed into a pathology waste container with additional label, "Incinerate Only". Pathology waste container is to be used for contaminated tissue waste also. All Prion contaminated waste is to be incinerated. For additional details on Prion Disease, including transmission risks, appropriate PPE and isolation precautions, and processing of potentially prion-infected tissues and fluids, please refer to the Department of Infection Prevention and Control's Policy entitled IPC-21: Prion Disease.

11. Interim Storage Rooms (Soiled Utility Rooms)

The interim storage rooms in each area/unit are cleaned daily by the EVS housekeeping staff. The medical waste containers are exchanged with clean, empty containers. The full containers are wheeled to the outside storage area. All interim storage rooms locked and marked with the international biohazard symbol or the signage described in Section 118310. These warning signs shall be readily legible from a distance of 5 feet [HSC section 118307].

12. Designated Accumulation Area

A designated accumulation area (medical waste storage area) used for the storage of medical waste containers prior to transportation or treatment shall be secured so as to deny access to unauthorized persons and shall be marked with warning signs on, or adjacent to, the exterior of entry doors, gates, or lids. The storage area may be secured by use of locks on entry doors, gates, or receptacle lids. The wording of warning signs shall be in English, "CAUTION—BIOHAZARDOUS WASTE STORAGE AREA— UNAUTHORIZED PERSONS KEEP OUT," and in Spanish, "CUIDADO—ZONA DE RESIDUOS—BIOLOGICOS PELIGROSOS—PROHIBIDA LA ENTRADA A PERSONAS NO AUTORIZADAS." Warning signs shall be readily legible during daylight from a distance of at least 25 feet. Any enclosure or designated accumulation area shall provide medical waste good protection from animals and natural elements and shall not provide a breeding place or a food source for insects or rodents.

Storage area is above 32 degrees Fahrenheit. Biohazardous waste is picked up at least once every week. Medical waste containers are continuously being exchanged with properly

sanitized, emptied medical waste containers from our medical waste transporter.

13. Onsite Holding Times for Medical Waste Generated

- a. Biohazardous Waste
 - a. If the person generates 20 or more pounds of biohazardous waste per month, the person shall not contain or store that waste above 0 degrees Centigrade (32 degrees Fahrenheit) at an onsite location for more than seven days.
 - b. If a person generates less than 20 pounds of biohazardous waste per month, the person shall not contain or store that waste above 0 degrees Centigrade (32 degrees Fahrenheit) at an onsite location for more than 30 days.
- b. Sharps Waste
 - a. Store sharps containers ready for disposal for not more than thirty days (if not placed into a biohazard bag). If sharps containers are placed into the biohazard bag, the biohazardous waste holding time applies (see above).
- c. Pharmaceutical Waste
 - a. The container shall be emptied at least once a year from first use.
 - b. A person may store that pharmaceutical waste at an onsite location for not longer than 90 days when the container is ready for disposal.
- d. Trace Chemotherapy Waste
 - a. If the person generates 20 or more pounds of trace chemotherapy waste per month, the person shall not contain or store that waste above 0 degrees Centigrade (32 degrees Fahrenheit) at an onsite location for more than seven day.
 - b. If a person generates less than 20 pounds of trace chemotherapy waste per month, the person shall not contain or store that waste above 0 degrees Centigrade (32 degrees Fahrenheit) at an onsite location for more than 30 days.
- e. Pathology Waste
 - a. If the person generates 20 or more pounds of trace chemotherapy waste per month, the person shall not contain or store that waste above 0 degrees Centigrade (32 degrees Fahrenheit) at an onsite location for more than seven day.
 - b. If a person generates less than 20 pounds of trace chemotherapy waste per month, the person shall not contain or store that waste above 0 degrees Centigrade (32 degrees Fahrenheit) at an onsite location for more than 30 days.

14. Wash and Decontaminate Containers

Wash and decontaminate containers internally use biohazardous waste containers on an as needed basis: A person shall thoroughly wash and decontaminate reusable rigid containers for medical waste by a method approved by the enforcement agency each time they are emptied, if the surfaces are not completely protected from contamination by disposable liners, bags, or other devices removed with the waste. These containers shall be maintained in a clean and sanitary manner. Approved methods of decontamination include, but are not limited to, agitation to remove visible soil combined with one of the following procedures:

- a. Exposure to hot water of at least 82 degrees centigrade (180 degrees Fahrenheit) for a minimum of 15 seconds.
- b. Exposure to chemical sanitizer by rinsing with, or immersion in, one of the following for a minimum of three minutes:
 1. Hypochlorite solution (500 ppm available chlorine).
 2. Phenolic solution (500 ppm active agent).
 3. Iodoform solution (100 ppm available iodine).
 4. Quaternary ammonium solution (400 ppm active agent).

15. Clean-Up Procedures for Spills of Medical Waste

A) Handling and reporting procedures for medical waste spills include:

- i. Identification of the spill to determine an appropriate response (including Emergency Notification requirements, appropriate PPE and containment, required clean-up equipment)
- ii. If clean-up of a minor spill is required, perform the following steps:
 - a. Alert the proper parties
 - b. Don appropriate PPE including gloves at a minimum
 - c. Stop the spill from spreading by covering the spill with an absorbent if needed
 - d. Spray the area with disinfectant (typically bleach solution or other sterilant)
 - e. Allow sufficient sterilant contact time for disinfection
 - f. Clean up material and repackage for appropriate disposal
 - g. Follow-up spill clean-up with a report to area supervisors
- iii. If clean-up is not possible (e.g., if a spill is too large for area/unit staff to handle):
 - a. Immediately evacuate the area and close doors as you leave
 - b. Post staff at affected area entry points to prohibit access
 - c. Dial 111 for hospital emergency operator and report the following:
 1. Code Orange – this is a major Medical Waste Spill
 2. Give the location: Building, Floor, Architectural Room Number or area.
 3. Given your: Name, Title, and Phone Number you're calling from
 4. Report any staff injuries
 - d. Stand by for further instructions from Hazardous Materials Waste Coordinator or

building engineers.

B) Personnel Roles in Spill Clean-up of Medical Waste

1. Spill Discoverer: proceed to clean up spill only if all of the following conditions are met:

- Staff is authorized to control and handle spilled material
- Appropriate personal protective equipment (PPE) is available
- Compatible spill response material is readily available in sufficient quantity
Cleaning up the spill is safe

If any of these conditions are not met, do not attempt to clean-up the spill, cordon off the area to ensure the safety of others and wait for Hazardous Material/ Hazardous Waste Coordinator.

2. Responders: Control Access; prevent access to spill area.

- Don appropriate PPE.
- Retrieve the nearest spill kit.
- Request any needed spill clean-up materials (absorbent pads, floor dry, shovels, brooms, disinfectant, and waste containers).
- Prevent spill from entering the environment.
- Address the spill according to the type of medical waste
 - a. **If bio-hazardous waste** (blood, blood-soaked bandaging etc.) utilize absorbent pad to absorb liquid. Use shovel or mechanical device or rubber gloves to pick up the waste. Dispose of into a bio-hazard bag, and place into bio-hazardous waste container
 - b. **If sharps are present**, utilize a mechanical device to pick-up. Do not pick-up with bare hand. Dispose of into a sharp's container.
 - c. **If Pharmaceutical waste** (medical vials etc.) are present, utilize a mechanical device to pick-up. Dispose of into a blue pharmaceutical waste container.
 - d. **If trace chemotherapy waste** (tubing, vials etc.) is present utilize a mechanical device to pick-up. Do not pick-up with bare hand. Dispose into a Yellow trace chemotherapy waste container.
 - e. **If pathology waste** (tissue, body parts etc.) is present utilize a mechanical device to pick-up. Do not pick-up by with bare hand. Dispose of in a white pathology waste bag and place into either a white 5gal bucket or red 20gal container with pathology waste signage.

- Disinfect spill area using a freshly prepared 10% bleach solution or another approved disinfectant for a 20-minute contact time or in accordance with manufacturer's instructions for use if using an alternative sterilant.
- Cover the spill with spill pads or other absorbent material. Take care to avoid making the spilled material splash or spray.
- The absorbent material shall be scooped up and disposed of according to the material waste spill type.
 - a. **Bloody spill** = Red bio-hazard bag lining a bio-hazardous waste container.
 - b. **Sharps spill** = Sharps container.
 - c. **Pharmaceutical spill** = Blue Pharmaceutical waste container
 - d. **Trace chemotherapy waste container** = Yellow chemotherapy waste container
 - e. **Pathology spill** = white 5-gal bucket or 20-gal red waste container with pathology waste signage.
- Respray the area for an additional 20-minute contact time.
- PPE removed will be disposed of in the container where spill material has been placed.
- If brooms, shovels, and other equipment cannot be decontaminated, consider these items as bio-hazardous waste, and disposed of accordingly.
- Always use the appropriate bio-hazardous containers / labels

16. Laboratory Waste Management

The Laboratory generates a large quantity of several types of waste. The generator of waste is legally responsible for its safe disposal. Laboratory and Medical Center procedures are intended to protect employees, the public and the environment from contamination and injury. In addition, these policies will help ensure compliance with local, State, and federal regulations.

Laboratory autoclaves are for decontamination only and are not licensed for treatment of waste. Thus, all autoclave waste from laboratory must be placed in biohazardous waste containers for further treatment with the on-site treatment or off-site treatment facilities.