

## HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

<b>SUBJECT:</b> XII-111 HAZARD COMMUNICATION AND MEDICAL WASTE MANAGEMENT	<b>POLICY #:</b> 1280
	<b>VERSION:</b> 1
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<b>DATE APPROVED:</b> 06/28/2016	

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

**POLICY:** It is the policy of the Ambulatory Surgical Center (ASC) 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 managed and controlled for proper handling and storage within the ASC until disposal.

### OBJECTIVES:

1. To identify, manage and, whenever possible, reduce the types and quantity of hazardous materials and medical wastes within the ASC from point of entry and generation to final disposal.
2. To recognize and reduce risks associated with the storage, handling and disposal of hazardous materials and wastes.
3. To ensure ASC's compliance with federal, state, local laws and regulations governing the storage, handling, and disposal of hazardous materials and wastes.

### PROGRAM SECTIONS:

This program is comprised of four main sections, they are:

- Section 1** Hazard Communication
- Section 2** Hazardous Materials and Waste Management
- Section 3** Medical Waste Management
  - Biohazardous Waste
  - Sharps Waste
  - Pharmaceutical Waste
- Section 4** Emergency Contacts

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### SECTION ONE – HAZARD COMMUNICATIONS

#### IDENTIFICATION OF HAZARDOUS MATERIALS AND WASTES:

1. The Nursing Director or designee is responsible for developing and maintaining an inventory list of all hazardous materials received in their department, including all associated Safety Data Sheets (SDS) (formerly MSDS) for which employees may receive an occupational exposure. Methods for disposal of hazardous wastes generated by the ASC will also be maintained.
2. Inspections to identify improper use or handling of hazardous materials and waste will be conducted at least twice a year during the Environmental Tour process.

#### NOTIFICATION AND LABELING OF HAZARDOUS MATERIAL:

1. The Nursing Director or designee shall post or file, in easily accessible areas, an inventory list of materials, which have been determined to be hazardous. The list shall be identified by a recognizable name such as “Hazardous Material Inventory” or “Chemical Inventory”.
2. The Nursing Director or designee shall update the hazardous material inventor list when new products containing hazardous materials are received. A copy of the updated list and associated SDS shall be sent to the HDHS Hazardous Materials (Haz/Mat) Coordinator.
3. The Nursing Director or designee shall verify that the labeling on each hazardous material container has not been removed or defaced prior to use. If these materials are transferred to other containers (e.g. storage or transport) for a period longer than one work shift, those containers will be labeled and marked with the following information:
  - a. Product Name
  - b. Hazard Category
4. Contractors, vendors and contract employees working in the ASC shall be informed about:
  - a. Hazardous materials or wastes to which their employees may be exposed while working in the ASC.
  - b. Personal protective equipment (PPE) that is to be utilized, if necessary.

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### SAFETY DATA SHEETS (SDSs):

The Nursing Director or designee will send a copy of the SDS received for each hazardous material received to the HDHS Haz/Mat Coordinator, and will keep another copy in a readily accessible area in a clearly marked file or binder (e.g. SDS Binder).

The Nursing Director or designee shall make readily available any new or revised SDSs to employees upon receipt. If the new or revised SDS indicates a significant risk to employees, or additional safety measures are necessary to protect employee's health as compared to those stated on the original SDS, the employee shall be notified immediately.

If the Nursing Director or designee has not received a SDS from the manufacturer for a known hazardous material, they shall immediately notify the HDHS Haz/Mat Coordinator who will then request the SDS from the manufacturer.

The HDHS Haz/Mat Coordinator shall be responsible for providing any/all SDSs to the ASC.

The HDHS Haz/Mat Coordinator shall make readily available, any/all SDSs upon request to governmental agencies/departments, and ASC employee physicians.

### EDUCATION AND TRAINING:

1. All employees shall receive an initial orientation and re-orientation annually thereafter. The training shall include:
  - a. Information relative to the right of the employee, their physician, or their collective bargaining unit 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.
  - b. Department specific information relative to the hazard communication program, including:
    - i. The requirements, location, and availability of the written program as outlined in the Cal/OSHA Hazard Communication Standards.
    - ii. An explanation and interpretation of labeling requirements.
    - iii. An explanation of the Safety Data Sheet, its contents, and where the SDSs can be found.

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- iv. 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.
- v. Information and training in emergency and first aid procedures to be followed in the event of exposure to hazardous materials or wastes.

### SECTION TWO – HAZARDOUS MATERIALS AND WASTE

#### MONITORING AND CONTROL OF HAZARDOUS MATERIALS AND WASTES:

1. Activities for monitoring and control of hazardous materials and waste shall be conducted on an annual basis and include:
  - a. Reviewing and updating departmental policies and procedures related to the control of hazardous materials and wastes.
  - b. Evaluating the department's ability to reduce the level of risk presented by these materials and wastes through the following processes:
    - i. Review and update hazardous material inventory list and submit update list to the HDHS Haz-Mat Coordinator.
    - ii. Replace hazardous materials with non-hazardous materials when/wherever possible.
    - iii. Instituting changes in workplace practices.
    - iv. Enhancing engineering controls (e.g., more frequent maintenance or increased ventilation).
2. Waste Anesthetic Gas Disposal (WAGD) Scavenging is the collection and removal of vented anesthetic gases from the operating room (OR). Since the amount of anesthetic gas supplied usually far exceeds the amount necessary for the patient, OR pollution is decreased by scavenging.

#### EMERGENCY SPILL PROCEDURE:

1. Evacuate the spill area, barricade and control entry.
2. For major spills initiate Code Orange; if medical assistance is needed call operator at x89555 and give the following information:
  - a. Your name
  - b. Location of spill or release

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- c. Type of material or release involved
  - d. Your contact number
3. If further evacuation is required, follow the evacuation procedure in the ASC Disaster Plan Appendix 5.

### SECTION THREE – MEDICAL WASTE

It is the policy of the ASC to comply with the mandates of the State of California Medical Waste Management Act, in order to prevent transmission of communicable disease via waste storage and disposal processes.

#### **MEDICAL WASTE GENERATED:**

The ASC generates Biohazardous and Pharmaceutical medical wastes. The ASC does not produce waste that contains or is comprised of recognizable anatomical remains, radiological or chemotherapeutic materials.

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

#### **DEFINITIONS:**

##### **Biohazard Waste**

Waste, which at the point of transport from the generator's site, at the point of disposal, or thereafter, contains recognizable fluid blood, fluid blood products, containers or equipment containing blood that is fluid.

##### **Sharps Waste**

Any device having acute rigid corners, edges, or protuberances capable of cutting or piercing, including, but not limited to needles, syringes, blades, endo files, burs, or sharp items that have been contaminated with blood or other body fluids, broken glass items, etc.

##### **Pharmaceutical Waste**

Any pharmaceutical that is waste (e.g., residual, expired, recalled, or contaminated).

#### **HANDLING BIOHAZARDOUS WASTE:**

- A. Biohazardous waste shall be contained separately from other waste.

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- B. Biohazard waste shall be contained in “RED” biohazard waste bags, impervious to moisture, meeting specified tests and labeled “Biohazard Waste” or with the international biohazard symbol and the work “Biohazard”, and have ASTM D1922 and ASTM D1709 compliant printed on every bag. Orange bags are not permitted.
- C. Sharps waste shall be contained in disposable containers (rigid, puncture-resistant, leak resistant when sealed, labeled “Sharps Waste” or biohazard”, with the international symbol). Sharps containers when  $\frac{3}{4}$  full shall be taped closed or tightly lidded. Containers are not to be overfilled.
- D. Red biohazard waste bags must be tied securely and shall be placed in rigid containers for storage, handling and transport.
- E. Biohazard waste containers shall be leak resistant, have tight fitting covers and be kept clean and in good repair. Containers shall be labeled “Biohazard Waste” or with the international biohazard symbol and the word “Biohazard” on the lids and sides so as to be visible from any lateral direction. Reusable, rigid containers shall be washed and decontaminated each time they are emptied (unless protect by disposable liners), and when visibly soiled.
- F. Approved methods of decontamination include, but are not limited to, agitation to remove visible soil combined with one of the following procedures:
- Exposure to hot water of at least 82 degrees Centigrade (180 degrees Fahrenheit) for a minimum of fifteen (15) seconds.
  - Exposure to chemical sanitizer (bleach or quaternary ammonium solutions) by rinsing with, or immersion for a minimum of three minutes.
- G. Any reusable container or bin used for biohazardous waste is not to be used for containment or any other waste, or for other purposes, except after being decontaminated by the procedure listed above.

### STANDARD PRECAUTIONS AND EXPOSURES:

- A. All waste is to be handled using Standard Precautions whether or not it is designated as biohazardous waste.
- B. 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 a physician as indicated by departmental protocol.
- C. Any spill or leak decontamination will be decontaminated per the blood/bodily fluid spill procedures outlined in Standard Precautions policy.

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### **BIOHAZARDOUS WASTE STORAGE:**

#### **Interim Storage**

Biohazardous waste shall be collected and stored in the ASC soiled utility room on an interim basis and transported to the biohazard waste storage room for pick-up and disposal.

#### **Biohazard Waste Storage Room**

The biohazardous waste storage room is the designated accumulation area for all medical waste. The room is located near the loading dock of building M (room #M019A), and is secure and kept locked at all times. Access to the room is controlled by the HDHS Haz/Mat Coordinator who maintains the keys to this area. Authorized persons allowed entry, include: HDHS Safety Officer, Haz/Mat Coordinator, Environmental Services staff and Stericycle personnel

- Biohazard waste containers shall not be stored for more than 7 days.
- Sharps containers shall not be stored for than 30 days.
- Warning signs are posted 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”

- The storage area shall be provided with protection from animal, vermin and natural elements.
- Biohazard waste shall be picked up by a registered waste hauler at least once a week.

### **PHARMACEUTICAL WASTE MANAGEMENT:**

It is the policy of the ASC to manage and control pharmaceutical waste generated in compliance with all applicable local, state, and federal laws and regulations.

Pharmaceutical waste includes partial doses of medication that remain after a medication dose has been administered to the patient.

Wherever possible, pharmaceutical waste shall be managed in a manner that minimizes risks associated with such waste.

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Indiscriminate disposal (down the drain) of pharmaceutical waste is not permitted. All partial or unused doses of medication that are to be discarded shall be disposed in the pharmaceutical waste container.

I.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 HDHS Pharmacy Department for proper procedure.

**Note: All medications listed in Attachment I, are not to be disposed into the pharmaceutical waste container. Any remaining doses are to be bagged in a clear plastic bag and marked "Hazardous Materials". Contact the HDHS HAZ/MAT Coordinator for proper disposal.**

### PHARMACEUTICAL WASTE COLLECTION:

Appropriate containers for the collection of pharmaceutical waste shall be made readily available and labeled: "Pharmaceutical Waste for Incineration Only" with a starting and ending date (not to exceed 1 year). The container must remain in a locked bracket/cabinet or locked medication room at all times, until they are removed by Environmental Services for disposal.

Staff shall discard all partial remaining doses of pharmaceuticals into the pharmaceutical waste container. 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.

Pharmaceutical waste containers are to be closed and disposed of when  $\frac{3}{4}$  full or when the container has reached the "dispose of by" date. Staff shall contact Environmental Services for pick-up of pharmaceutical waste.

**Note: Empty syringes with needle attached must be placed into the red Biohazard sharps container. Syringes with needle attached that have a remaining dose must be placed into the container labeled Pharmaceutical Sharps container. The Pharmaceutical Sharps container is white with a blue sharps lid.**

### TRANSPORTING PHARMACEUTICAL WASTE

Environmental Services personnel who have received training in hazard communication and the processing of pharmaceutical waste containers shall pick up and transport the waste to the Biohazard waste storage area.

Environmental Services Personnel shall not pick up pharmaceutical waste that is not labeled or is stored in a container that is leaking. If discovered, they shall secure the container and contact the HDHS Haz/Mat Coordinator.



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Pharmaceutical waste containers are to be secured at all times and not left unattended during transport to the biohazard waste storage room by Environmental Services staff.

### PHARMACEUTICAL WASTE DISPOSAL:

All pharmaceutical waste shall be picked up, transported, and disposed by a registered medical waste hauler.

### SECTION FOUR – EMERGENCY CONTACTS

#### HAZARDOUS MATERIALS COORDINATOR:

Art Wesley, Safety Officer  
High Desert Regional Health Center  
335 East Avenue I, Lancaster, CA 93535  
(661) 471-4250

#### REGISTERED MEDICAL WASTE HAULER:

Stericycle Inc.  
2775 East 26<sup>th</sup> Street  
Vernon, CA 90023  
(323) 362-3000

#### OFFSITE TREATMENT FACILITY:

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

#### REFERENCES:

Title 22 & 26 California Code of Regulations

Medical Waste Management Act, California Health and Safety Code, *Sections 117600-118360*, January 2013.

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