

VALLEYCARE
OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS
DEPARTMENT: FACILITIES
POLICY & PROCEDURE

NUMBER: 729
VERSION: 1

SUBJECT/TITLE: HANDLING AND/OR DISPOSAL OF HAZARDOUS MATERIALS

- POLICY:**
- A. Olive View – UCLA Medical Center Facilities Division shall comply with all local, State, and Federal regulations regarding the handling and disposal of hazardous materials.
 - B. Facilities Division shall comply with all requirements of Olive View – UCLA Medical Center policy number 603 (“Handling And/Or Disposal of Hazardous Materials”).
 - C. The hospital Safety Officer is responsible for coordinating the removal from the premises of all hazardous waste, residue, and containers except radioactive materials.
 - D. Facilities Division’s General Maintenance is responsible for the removal of hazardous waste from the hospital building and grounds to the hazardous waste storage area.
 - E. Hazardous waste shall not be stored for more than 90 (ninety) days prior to its removal for disposal.

PURPOSE: To state Facilities Division’s policies and procedures concerning the handling and disposal of hazardous materials.

- PROCEDURE:** Asbestos Waste
- 1. Removal of asbestos waste will be performed by the Facilities Division in accordance with the division safety rules.
 - 2. Asbestos waste will be placed in properly marked impermeable bags, sealed, and labeled.
 - 3. A request for supplies or services (Form HS-2) shall be prepared by the Safety Officer requesting removal and disposal of the hazardous waste. The Safety Officer will arrange for the transportation and disposal of the asbestos waste, ensuring that all laws relating to the transportation and disposal of hazardous waste are obeyed. The hazardous waste manifest is processed and stored by the Safety Officer.

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Mercury Waste

1. Mercury, collected by either Facilities Division or Environmental Services, shall be stored in a sealed container designed for this purpose and labeled as hazardous waste.
2. A request for supplies or services (Form HS-2) shall be prepared by the Safety Officer requesting removal and disposal of the hazardous waste. The Safety Officer will arrange for the transportation and disposal of the mercury waste, ensuring that all laws relating to the transport and disposal of hazardous waste are obeyed. The hazardous waste manifest is processed and stored by the Safety Office.

Pathology Solvent Waste (Alcohol, Formalin, Xylene)

1. Solvent wastes are accumulated in properly labeled drums in the satellite accumulation station located in Pathology.
2. When a drum is nearly full, Pathology personnel will telephone Facilities Division for pick-up of the drum.
3. General Maintenance delivers the drum from the hospital to the hazardous waste storage area and informs the Safety office of the delivery.
4. A request for supplies or services (HS-2) shall be prepared by the Safety Officer requesting removal and disposal of the hazardous waste. The Safety Officer will arrange for the transportation and disposal of the waste ensuring that all laws relating to the transport and disposal of hazardous waster are obeyed. The hazardous waste manifest is processed and stored by the Safety office.

Other Hazardous Laboratory Wastes

1. Laboratory wastes are packed by first placing them in plastic containers.
2. The containers are then placed in steel drums and packed solid using vermiculite.
3. The drum is then sealed.
4. The drum of hazardous waste is then banded to a pallet in the upright position and moved to the hazardous waste storage area.

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5. A request for supplies or services (Form HS-2) shall be prepared by the Safety Officer requesting removal and disposal of the hazardous waste. The Safety Officer will arrange for the transportation and disposal of the waste ensuring that all laws relating to the transport and disposal of hazardous waste are obeyed. The hazardous waste manifest is processed and stored by the Safety Office.

Silver Waste (X-Ray Processor)

1. The disposal of silver-containing photographic (X-Ray) waste is a contracted service arranged by Materials Management.
2. Silver containing waste is picked up from the various collection tanks throughout the hospital twice per week.
3. A Safety Office representative inspects the shipment and signs the hazardous waste manifest.

Radioactive Waste

1. Radioactive waste is stored in the hot waste lab room 2C167 (SE 2212).
2. All radioactive wastes will be stored in sealed, shielded containers (designed for such storage) until safe levels of radioactivity are measured from the waste. Safe levels of radioactivity are specified in the California Radiation Control Regulations, California Code of Regulations, Title 17, Chapter 5, Sub-chapter 4.
3. When radioactivity levels are within the limits of the regulations, the waste is to be deposited with normal hospital waste. Storage time will be a maximum of four (4) months turnover.
4. Additional information is available in the radiology policy and procedures manual.

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DEFINITIONS:

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References:	
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