DEPARTMENT OF THE NAVY
NAVAL MEDICAL CENTER
34800 BOB WILSON DRIVE
SAN DIEGO, CALIFORNIA 92134-5000

IN REPLY REFER TO:
NAVMEDCEN SDIEGOINST 6280.1C
09FM
15 SEP 2009

NAVMEDCEN SDIEGO INSTRUCTION 6280.1C

From: Commander

Subj: MANAGEMENT OF MEDICAL WASTE

Ref: (a) OPNAVINST 5090.1C
(b) BUMEDINST 6280.1A
(c) NAVMEDCEN SDIEGOINST 5100.23
(d) California Health and Safety Code 6.1 and 6.5
(e) San Diego County Code of Regulations, Ord No. 7646
(f) BUMED Pharmaceutical Waste Management Guidelines

Encl: (1) Definitions
(2) Command Guidelines for Management, Treatment, and Disposal of Medical Waste
(3) Standard Operating Procedures (SOP) for Disposal of Pharmaceutical Waste
(4) Procedures for Determination of Radiological Contamination and Presence of Radioactive Materials
(5) NMCSD Home-Generated Sharps Waste Acceptance Policy
(6) Standard Operating Procedure (SOP) for Receiving Waste at Medical Waste Storage Area (MWSA)
(7) Spill Response and Clean Up Procedures for Medical Waste
(8) Spill Response and Clean up Procedures for Chemotherapy Spills

1. Purpose. This instruction establishes procedures for the management of medical waste at Naval Medical Center, San Diego (NMCSD) and outlying Branch Medical/Dental/Veterinarian Clinics.

2. Cancellation. NAVMEDCEN SDIEGOINST 6280.1B.

3. Background. The Command will comply with appropriate Bureau of Medicine and Surgery (BUMED), Federal, State, and local laws and regulations to ensure the safe and efficient handling and disposal of medical waste. References (a) through (c) direct NMCSD to follow state and local regulations. References (d) through (f) dictate the proper procedures for handling, disposal, and transport of medical waste.

4. Introduction. Exposure to medical waste that could result in disease is more likely to occur in occupational settings that generate, transport, store, treat, or dispose of potentially infectious materials. Due to biological instability of most micro-organisms commonly regarded as human pathogens, the potential for adverse environmental or public health consequences is negligible. Due to the perception that the risk from medical waste is greater in the occupational setting, the command must ensure that such wastes are properly managed on-site and that off-site transport and disposal are properly handled.

5. Responsibilities

a. All personnel assigned to this command will be familiar with and follow all guidelines for properly separating, handling, transporting, and disposing of medical waste.

b. Department Heads will:

(1) Ensure that the written Standard Operating Procedures for proper spill clean up, treatment, segregation, marking/ identifying, securing/storage, handling, transporting and disposal of medical waste are available in areas where such wastes are generated.

(2) Ensure all personnel receive initial and site specific indoctrination and annual refresher training on medical waste procedures

(3) Ensure all medical waste training is properly documented and documents are maintained on file for all personnel and available for review.

(4) Ensure all personnel receive proper training on medical waste spills, clean up and maintenance of spill kits.

(5) Ensure all personnel are correctly handling, transporting, and disposing of their medical waste.

(6) Notify the Environmental Programs Division immediately of a departure from any permitted regulatory constraints or guidelines.

c. Facilities Management Department will:

(1) Ensure transportation grounds staff receives initial and annual refresher training related to blood and other medical waste clean up procedures. Training will be documented and maintained on file for the duration of each employee's tenure at the command.

(2) Prepare, sign and maintain tracking documents on medical waste, for a period of five years.

(3) Provide staff to act as day-to-day coordinator of The Medical Waste Storage Area (MWSA) (i.e., receive medical waste for disposal from patient care areas, wards, and clinics).

d. Infectious Disease Division, Internal Medicine Department will serve as consultant on matters concerning patient/staff exposure to medical waste.

e. Material Management Department will:

(1) Comply with, acquire, distribute and maintain clean non-absorbent gowns for all command personnel who transport medical waste to the MWSA.

(2) Augment the MWSA duty personnel for weekend and holiday watches with the Facilities Management Division.

f. Operations Management Department will ensure command and contract house cleaning staff receives initial and annual refresher training related to blood and other medical waste clean up procedures. Training will be documented and maintained on file for the duration of each employee's tenure at the command.

g. Preventive Medicine Department will serve as a consultant on matters concerning medical waste.

h. Radiation Safety Department will:

(1) Provide and maintain the radiation detection equipment to detect potentially contaminated radioactive medical waste.

(2) Conduct and document annual calibration of radiation detection equipment within the MWSA.

(3) Provide indoctrination and hands on training on the proper use of the MWSA radiation detection equipment to all MWSA personnel.

(4) Verify radioactive levels when a barrel of medical waste has set the alarm off and remove it from the cage if required.

(5) Remove and store the barrel in a designated radioactive material storage room for decay. The barrel will be returned to the MWSA when the Radiation Safety Department determines the radiation levels are within acceptable limits.

(6) Serve as a consultant for matters concerning radioactive waste.

i. Animal Resources Division/Veterinary Clinics will:

(1) Ensure puncture resistance containers labeled for medical waste (sharps) are placed in each area where needles, syringes, scalpel blades, glass, pipettes, and any other sharps objects, that may puncture biohazard bags, are generated.

(2) Ensure hamper style units with red bags being used and stored inside the interim storage (need interim storage room defined) room throughout the Animal Resource Division are only allowed if the waste accumulated is removed daily and is not used as storage area. Red bags in storage are required to be stored in a rigid container (large red container supplied by contractor hauler). Small, hamper style units with red bags may be used while accumulating medical waste in laboratories, operating rooms, etc., (Need written approval from County DEH for use of Hamper style accumulation bags/units as Medical Waste Management Act (MWMA), paragraph 118275, 118280,and 117645, indicate use of "rigid" containers for storage.)

(3) Ensure hamper style units must meet the following:

(a) The waste accumulated in the hamper style units is removed daily and is not used as storage container.

(b) The hamper style containers are not inside the Biohazard Storage Area.

(c) The red bags used in conjunction with the hamper style containers are labeled with the generators information/ date, department name and phone number.

(d) Ensure animal carcasses are properly bagged in red biohazard bags and labeled as "Pathological Waste for incineration only." They are placed in the walk in freezer located outside on the back dock and frozen until picked up by the waste hauler. At the time of pickup, an empty white barrel in the medical waste storage area is lined with heavy-duty red plastic bag, and carcasses are placed inside. Approximately one quart (one scoop) of wood shavings (located in a barrel in the medical waste storage area) is placed in the bag as an absorbent material for any moisture that may accumulate. The heavy-duty liners and absorbent material are provided by the contractor-hauler and ordered by calling the MWSA staff who will call the contractor directly.

(e) Ensure, upon pick up of waste, weight is documented on the contractor Environmental Medical Waste Tracking Document. Animal Resource Division personnel will sign tracking document verifying amount of waste listed on document.

(f) Ensures certificate of destruction is received via mail from waste contractor/hauler verifying proper incineration and autoclaving of waste. This certificate is filed with the tracking document. Documents are maintained on file in the Environmental Division for five years.

(g) Provide site-specific indoctrination with hands-on training on medical waste to personnel and maintain records of this training. Ensure the indoctrination training is accomplished within 72 hours of the individual reporting to the department and/or prior to the individual being placed to work within the department.

(h) Ensure all personnel receive the medical waste annual refresher training and maintain records of this training for each person.

i. Environmental Programs Division will:

(1) Ensure proper filing of all required Medical Waste Management Plans with the Environmental Health Division of the Department of Health Services, County of San Diego. These plans

must be updated and refilled annually, or when any of the information contained therein has changed.

(2) Review, ensure accuracy and submit all treatment permits/permit amendments with applicable regulating agencies, and monitor the handling of medical waste throughout the command.

(3) Review and monitor Certificates of Destruction received from the disposal Contractor.

(4) Conduct and document site visits of the facilities responsible for the treatment and disposal of the command's medical waste.

(5) Present training on the proper medical waste spill clean up, treatment, segregation, marking/identifying, securing/ storage, handling, transporting, and disposal of medical waste to NMCSD personnel during Command Welcome Aboard and Annual Refresher Training. Provide the command with assistance and guidance on annual or site-specific training for generators of medical waste.

(6) Prepare, update and monitor the format of the lesson guides for the commands indoctrination, refresher and general site-specific training on medical waste as necessary.

(7) Provide guidance/instruction on the medical waste compliance review/oversight for the command. Conduct annual command site-specific compliance evaluation, (i.e. Internal Environmental Assessments/Compliance Evaluations, Medical Waste Compliance Reviews).

(8) Serve as Command representative during all medical waste compliance and regulatory inspections.

(9) Serve as Command interface with regulatory agencies on administrative, permit and compliance matters regarding medical waste.

(10) Serve as the Command sole point of contact on all matters regarding the segregation, handling, packaging, marking/labeling, transportation, treatment and disposal of medical waste.

(11) Ensure command compliance with all federal, state, local, Department of Defense and Department of the Navy regulations pertaining to the medical waste segregation, handling, packaging, marking/ labeling, transportation, treatment, and disposal. Ensure all non-compliance matters are properly noted and routed through the chain of command.

(12) Ensure all Notices of Non-Compliance and Notices of Violation are properly addressed through the chain of command as required in reference a.

(13) Provide oversight for onsite personnel acting as day-to-day coordinator of MWSA (i.e., receive medical waste for disposal from patient care areas, wards, and clinics).

(14) Establish and maintain a data-base of sites authorized to have accumulation points.

(15) Provide staff assistance by conducting evaluations, inspections, or records reviews for all facilities or persons generating medical waste.

(16) Identify significant violations of minimum requirements that were not identified and resolved through previous inspections and conducts performance review, prepares written performance report and/or requests submission of a plan of correction by site to correct deficiencies.

6. Action. All Directors and Department Heads will ensure widest dissemination of and compliance with this instruction.

C. M. BRUZEK-KOHLER

Distribution:
Lists 1 and 3

DEFINITIONS

1. Anatomical Parts. Human body parts.

2. Animal Parts. Non-human carcasses, body parts, tissues, fluids, excrement and bedding, including materials resulting from research, production of biological, or testing of pharmaceuticals.

3. Biohazard Bag. A disposable plastic red bag, that is impervious to moisture and has a strength sufficient to preclude ripping, tearing or bursting under normal conditions of use and handling of the waste-filled bag. A biohazard bag shall be constructed of material of sufficient single thickness strength to pass the 165-gram dropped dart impact resistance test as prescribed by Standard D 1709-85 of the American Society for Testing and Materials and certified by the bag manufacturer. The red bag will be conspicuously labeled with the international biohazard symbol and the words "Biohazard."

4. Biohazardous waste. Means any of the following:

a. Laboratory waste, including, but not limited to, all of the following:

(1) Human or animal specimen cultures from medical and pathology laboratories.

(2) Cultures and stocks of infectious agents from research and industrial laboratories.

(3) Wastes from the production of bacteria, viruses, spores, discarded live and attenuated vaccines used in human health care or research, discarded animal vaccines, and culture dishes and de-vices used to transfer, inoculate, and mix cultures.

(4) Human surgery specimens or tissues removed at surgery or autopsy, which are suspected by the attending physician and surgeon or dentist of being contaminated with infectious agents known to be contagious to humans.

(5) Animal parts, tissues, fluids, or carcasses suspected by the attending veterinarian of being contaminated with infectious agents known to be contagious to humans.

b. Waste which contains recognizable fluid blood, fluid blood products, containers or equipment containing blood that is fluid, or blood from animals known to be infected with diseases which are highly communicable to humans.

c. Waste containing discarded materials contaminated with excretion, exudate, or secretions from humans or animals that are required to be isolated by the infection control staff, the attending physician and surgeon, the attending veterinarian to protect others from highly communicable diseases or diseases of animals that are highly communicable to humans.

d. 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, chemotherapeutic agents, including, but not limited to, gloves, disposable gowns, towels, and intravenous solution bags and attached tubing which are empty. A biohazardous waste which meets the conditions of this paragraph is not subject to RCRA Hazardous waste requirements.

(1) For purposes of this subdivision "chemotherapeutic agent" means an agent that kills or prevents the reproduction of malignant cells.

(2) 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 as much as possible, using methods commonly employed to remove waste or material from containers or liners, so that the following conditions are met:

(3) If the material which the container or inner liner held is pourable, 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.

(4) If the material, which the container or inner liner held, is not pourable, no material or waste remains in the container or inner liner that can feasibly be removed by scraping.

e. Waste that is hazardous only because it is comprised of pharmaceuticals. Biohazardous waste that meets the conditions of this section is not subject to RCRA hazardous waste requirements.

5. Chemotherapy Waste. Any material used in the administration of chemotherapy treatment, including the ancillary products used in this treatment, such as gowns, gloves, or coverings which may contain trace elements of any chemotherapy element. Chemotherapy waste may be considered TRACE or BULK (RCRA Hazardous waste).

6. Common Storage Facility. "Common storage facility" means any designated accumulation area that is onsite and is used by small quantity generators otherwise operating independently for the storage of medical waste for collection by a registered hazardous waste hauler.

7. Container. "Container" means the rigid container in which the medical waste is placed prior to transporting for purposes of storage or treatment.

a. Direct Deposit Containers are those smaller containers (rigid or hamper style) used in practitioner offices, examination rooms, patient rooms, pharmacy drug preparation areas and clinic spaces.

b. Transport/Storage Containers are those large rigid containers in which medical waste containers, ready for disposal, are placed from the direct deposit containers.

8. Hazardous Waste Hauler. "Hazardous waste hauler" means a person registered and licensed as a hazardous waste hauler with the State of California who transports hazardous waste from NMCSD sites to authorized waste acceptance/treatment facilities.

9. Highly Communicable Diseases. "Highly communicable diseases" means diseases that, in the opinion of the infection control staff, the department, local health officer, attending physician and surgeon, or attending veterinarian, merit special precautions to protect staff, patients, and other persons from infection "Highly communicable diseases" does not include diseases such as the common cold, influenza, or other diseases not representing a significant danger to nonimmunocompromised persons.

10. Household Waste. "Household waste" means any material, including garbage, trash, and sanitary wastes in septic tanks and medical waste, that is derived from households, farms, or ranches. Household waste does not include trauma scene waste.

11. Home-generated Sharps Waste. "Home-generated sharps waste" means hypodermic needles, pen needles, intravenous needles, acupuncture needles, lancets, blades, and other medical devices that are used to penetrate the skin for the delivery of medications or to conduct a blood test derived from a household, including a multifamily residence or household.

12. Infectious Agent. "Infectious agent" means a type of microorganism, bacteria, mold, parasite, or virus that normally causes, or significantly contributes to the cause of, increased morbidity or mortality of human beings.

13. Large Quantity Generator. "Large quantity generator" (LQG) means a medical waste generator, that generates 200 or more pounds of medical waste in any month of a 12-month period. NMCSD is a LQG.

14. Medical Solid Waste. Solid (non-infectious) waste generated from a medical facility. This includes, but is not limited to, waste such as empty specimen containers, bandages, dressings containing non-fluid blood, surgical gloves, diapers, sanitary napkins, facial tissues, decontaminated biohazardous waste, and other materials that are not biohazardous. This would also include disposable products used during routine dental procedures (i.e. cottons and rubber dams containing non-fluid blood at the point of generation). All non-infectious waste will be segregated at the point of generation from the biohazardous/infectious waste. Medical solid waste will be placed into clear trash bags. All non-infectious waste will be disposed of in the regular trash as Medical Solid Waste.

15. Medical Waste

a. "Medical waste" means waste, which meets both of the following requirements:

(1) The waste is composed of waste, which is generated or produced as a result of any of the following actions:

(a) Diagnosis, treatment, or immunization of human beings or animals.

(b) Research pertaining to the activities specified in subparagraph a. above.

(c) The production or testing of biologicals.

(d) The accumulation of properly contained home-generated sharps waste that is brought by eligible patients (active duty personnel, retired personnel, their spouses, and family members), including Branch Medical, Dental, Tricare Outpatient Clinic, and Primary Care managed patients, authorized by NMCSD, to a point of consolidation.

(2) The waste is either of the following:

(a) Biohazardous waste.

(b) Sharps waste.

b. For purposes of this section, "biologicals" means medicinal preparations made from living organisms and their products, including, but not limited to, serums, vaccines, antigens, and anti-toxins.

c. Medical waste includes trauma scene waste.

d. (Not Medical Waste). Medical waste does not include any of the following:

(1) Waste generated in food processing or biotechnology that does not contain an infectious agent.

(2) Waste generated in biotechnology that does not contain human blood or blood products or animal blood or blood products suspected of being contaminated with infectious agents known to be communicable to humans.

(3) Urine, feces, saliva, sputum, nasal secretions, sweat, tears, or vomit, unless it contains fluid blood.

(4) Waste which is not biohazardous, such as paper towels, paper products, articles containing non-fluid blood, and

other medical solid waste products commonly found in the facilities of medical waste generators.

(5) Hazardous waste, radioactive waste, or household waste, including, but not limited to, home-generated sharps waste.

16. Medical Waste Generator. "Medical waste generator" means any person whose act or process produces medical waste and includes personnel at Naval Medical Center San Diego (NMCSD) and all Branch Medical, Dental, Veterinarian Clinics, and TRICARE Outpatient Clinics (TOC).

17. Medical Waste Hauler. A person, organization, contractor, or other entity licensed by the appropriate agency to transport medical waste.

18. Medical Waste Management Plan. "Medical waste management plan" means a document that is completed by generators of medical waste, on forms prepared by NMCSD.

19. Medical Waste Permit. "Medical waste permit" means a permit issued by the enforcement agency to a medical waste treatment facility.

20. Medical Waste Treatment Facility

a. "Medical waste treatment facility" means all adjacent land and structures, and other appurtenances or improvements on the land, used for treating medical waste or for associated handling and storage of medical waste.

b. "Adjacent," for purposes of subdivision (a), means real property within 400 yards from the property boundary of the existing medical waste treatment facility. NMCSD fenceline is permitted as one medical waste treatment facility.

21. 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 is hazardous waste and is subject to regulation as specified in the statutes and regulations applicable to hazardous waste.

b. Medical waste and radioactive waste is radioactive waste and is subject to regulation as specified in the statutes and regulations applicable to radioactive waste.

c. Medical waste, hazardous waste, and 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.

22. Offsite. "Offsite" means any location that is not onsite or located within the fence line of NMCSD.

23. Onsite. "Onsite" means a medical waste treatment facility, or common storage facility on the same or adjacent property as the generator of the medical waste being treated. Adjacent, for purposes of this instruction, means real property within 400 yards from the property boundary of the existing medical waste treatment facility.

24. Pathological Waste. Human tissues and organs amputated limbs or other body parts, fetuses, placentas, and similar tissues from surgery, delivery, or autopsy procedures.

25. Pharmaceutical. "Pharmaceutical" means a prescription or over-the-counter human or veterinary drug. For purposes of this part, "pharmaceutical" does not include any pharmaceutical that is regulated pursuant to either of the following:

a. The federal Resource Conservation and Recovery Act (RCRA) of 1976.

b. The Radiation Control Law.

26. Pharmaceutical Waste. All pharmaceutical materials which are deemed unsuited for dispensing to patients which cannot be returned to the vendor. In general, pharmaceuticals which are intact but are past their expiration dates should be returned to the vendor where appropriate, for credit, determination of extension of expiration date, or otherwise waste determination.

27. Sharps Container. "Sharps container" means a rigid puncture-resistant container that, when sealed, is leak resistant and cannot be reopened without great difficulty.

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

a. Hypodermic needles, hypodermic needles with syringes, blades, needles with attached tubing, syringes contaminated with biohazardous waste, acupuncture needles, and root canal files.

b. Broken glass items, such as Pasteur pipettes and blood vials contaminated with biohazardous waste.

c. Any item capable of cutting or piercing that is contaminated with trauma scene waste.

29. Small Quantity Generator. "Small quantity generator" (SQG) means a medical waste generator, that generates less than 200 pounds per month of medical waste.

30. Specimens. Any material sent to a laboratory for microbiologic analysis.

31. Storage. "Storage" means the holding of medical wastes, at a designated accumulation area, offsite point of consolidation, transfer station, or other registered facility.

32. Tracking Document. "Tracking document" means the medical waste tracking document used by Medical Waste Haulers (except Limited Quantity Haulers), to track the disposal and record the weights of medical waste transported away from the point of generation.

33. Transfer Station. "Transfer station" means any offsite location where medical waste is loaded, unloaded, stored, or consolidated by a registered hazardous waste hauler, or a holder of a limited quantity hauling exemption during the normal course of transportation of the medical waste.

34. Trauma Scene. "Trauma scene" means a location soiled by, or contaminated with, human blood, human body fluids, or other residues from the scene of a serious human injury, illness, or death. For purposes of this Instruction, a location may include, but is not limited to, a physical structure that is not fixed geographically, such as mobile homes, trailers, or vehicles.

35. Trauma Scene Waste. "Trauma scene waste" is regulated waste, that has been removed, is to be removed, or is in the process of being removed, from a trauma scene by a trauma scene waste management practitioner.

36. Trauma Scene Waste Management Practitioner. "Trauma scene waste management practitioner" means a person who is registered and undertakes as a commercial activity the removal of human blood, human body fluids, and other associated residues from the scene of a serious human injury, illness, or death.

37. Treatment. "Treatment" means any method, technique, or process designed to change the biological character or composition of any medical waste so as to eliminate its potential for causing disease.

COMMAND GUIDELINES FOR MANAGEMENT, TREATMENT, AND DISPOSAL OF MEDICAL WASTES

1. Handling and Storage of Medical Waste

a. Medical waste will be contained separately from other waste at the point of origin.

b. Common Storage Facility. The accumulated medical waste of more than one medical waste generator will not be stored in a common storage facility without written approval from the Environmental Division. Any enclosure or designated accumulation area will provide medical waste protection from animals and natural elements so as to prevent establishment of a breeding place or food source for insects or rodents.

c. Storage Area Signs

(1) Any area used for the storage of medical waste containers will be secured and will 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.

(2) The wording of warning signs will 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."

(3) Signs will be readily legible during daylight from a distance of at least 25 feet.

d. Containers

(1) The three types of containers used for the disposal of medical waste: Direct deposit, interim storage, interim storage/transport containers.

(2) The direct deposit containers are the small containers found in direct patient care areas and must be emptied daily.

(3) The interim storage is the hamper style containers and must be removed at the end of each shift.

(4) The interim storage/transport containers are those rigid containers used to contain the red bags and sharps containers generated daily by the work area and transport generated waste to MWSA for disposal. These containers must be emptied within 72 hours or when container is full.

(5) Generators are responsible for the purchase, maintenance, labeling, care, and cleaning of their medical waste containers (except 44 gallon containers which are supplied by the MWSA). Containers can be purchased through Material Management Department. The "Biohazard", "Infectious Waste", and "Empty Daily" labels/lettering can be obtained through the Facilities Management Departments Signs and Engraving shop.

(6) All containers must be labeled with the type of waste inside the container. Containers will be color coded according to waste disposed:

(a) Red = biohazardous waste (containing blood)

(b) White with Blue Lid = pharmaceutical (California only) waste

(c) Yellow = trace chemotherapy

(d) White = pathology

(e) Green = Re-usable devices

(f) Black = bulk chemotherapy and pharmaceutical (RCRA Hazardous) waste

(7) All medical waste transport containers must be leak-resistant, have tight fitting covers/lids, and be kept clean and in good repair. Direct deposit Biohazard waste containers will be marked "Empty Daily" on the lid of the container. Transport containers must be labeled with the international Biohazard symbol and the word Biohazard on the lid, sides, and top of the container.

(8) All containers must have the name of the department generating the waste easily visible on the side of the container. Transport containers must be kept secured inside the biohazard storage area and accompanied when outside this area.

(9) Generators are responsible for cleaning and inspecting their containers. All personnel transporting medical waste will wear appropriate personal protective equipment (PPE) or have it readily available during transport in case of spill. A spill kit consisting of one pair of disposable gloves, a non-absorbent gown, safety glasses and/or disposable face shield, disposable mask, booties, pourable cleaning solution, one red biohazardous waste bag and two absorbent (Chux) pads will be carried by the transporter. Spill kit will be carried by the transporter or affixed to the container during transport of waste.

(10) All medical waste bags will be labeled so that the generator's name, address, and phone number is legible and easily visible on the outside of the bag.

(11) When biohazardous waste bag containers are full and properly secured, and sharps containers lids are properly secured, they will be placed into the appropriate interim storage/transportation containers. The interim storage/transportation containers are to be transported when full, but at least daily to the MWSA. No biohazardous waste or sharps contained in interim storage/transportation containers will remain in any area greater than 72 hours (over a weekend/holiday). Medical waste will only be transported in leak-resistant containers with tight fitting covers/lids. Generators of the waste will ensure that there are no punctures or tears in the containers or lids that could result in spills/releases. Open containers, hand carts, wheelchairs, gurneys, or hand carrying are not authorized methods for transporting medical waste.

(12) The MWSA is equipped with a pressured water hose for container cleaning. PPE and chemical disinfectant will be provided by the MWSA. The generator is responsible for cleaning their containers No container will be overfilled at any time to the point of preventing the lid from fully closing. This will prevent expulsion of any contents during storage or transport in the event the container tips over. All containers will have the lids on them and closed/secured unless in direct use by the generator.

(13) Direct Deposit containers will be emptied daily if there is any medical waste present in the container. Interim Storage/Transport containers will be emptied when they become

full or at least daily. No medical waste will remain in these containers greater than 72 hours (over the weekend/holiday) after first use before proper disposal or treatment.

(14) Generators will inspect each container and lid to ensure there are no holes, cracks, or damage which would compromise the integrity of the container. The generator will also ensure that the lid is fully functional to ensure a complete and tight closure prior to transport of medical waste. If the integrity of the container or lid is compromised in any manner, the generator will remove it from use and replace it with a new one.

(15) Wash and Decontaminate Containers: The cleaning of waste containers will only be done at the MWSA or authorized/designated areas at the Branch Medical Clinics (BMC). A staff member will thoroughly wash and decontaminate reusable rigid containers for medical waste by the following method each time they are emptied, unless the surfaces of the containers have been completely protected from contamination by disposable liners, bags, or other devices removed with the waste. These containers will be maintained in a clean and sanitary manner. The approved method of decontamination is agitation to remove visible soil combined with exposure to chemical sanitizer by rinsing with, or immersion in, one of the following for a minimum of three minutes:

(a) Hypochlorite solution (10%) 500 ppm available chlorine.

(b) Cavicide.

(c) Vespene.

(d) Phenolic solution (500 ppm active agent).

(e) Quaternary ammonium solution (400 ppm active agent).

(16) Medical waste containers, which are no longer usable will be taken out of service and disposed of by the generator through the MWSA. These containers are approved for medical waste only and will not be used for any other purpose. Storage/Transport containers will be replaced by the contractor/hauler.

(a) Medical waste containers will only be transported on staff/patient service elevators. Generators of the waste will not use public access elevators to transport their medical waste to the MWSA. Medical waste containers will not be transported past the Navy Exchange or food service areas.

(b) Medical waste containers will be transported directly to and from the MWSA and will be accompanied at all time during transport.

2. Biohazardous Waste

a. Separate all biohazardous waste from /medical solid waste at its time of origin and place in appropriate red biohazard bags. All bags must be conspicuously labeled with the words "Biohazardous Waste" or with the international biohazard symbol and the word "BIOHAZARD."

b. Prior to first use, all biohazard waste bags must be labeled with the generators' name (hospital/clinic, address, OOD telephone number, department name, and department phone number and must be legible and easily from the outside of the bag.

EXAMPLE: BMC - MIRAMAR
19871 Mitscher PL
San Diego, CA 92145
OOD 619-532-6400
or
Naval Medical Center San Diego
34800 Bob Wilson Drive
San Diego, CA 92134-5000
OOD: 619-532-6400
Main Operating Room
619-532-xxxx

(1) All biohazardous waste must be bagged at the time of transportation, (i.e., when leaving the ward or clinic area or storage area).

(2) When bags are full and ready for transport, using the "double goose neck" method, seal all red bags by securing with silk or duct tape. Closure must be sufficient to preclude leakage or expulsion of contents during all future storage, handling, or transport and to preclude ripping, tearing, or

bursting under normal conditions of usage and handling of a waste-filled bag.

(3) Biohazardous waste ready for disposal should be placed for storage and transported in a rigid container. Transport containers should be leak resistant, have tight-fitting lids, and be kept clean and in good repair. Containers will be red and labeled with the words "Biohazardous Waste" or contain the international biohazard symbol with the word "BIOHAZARD" on the lid and sides.

(4) Transport containers must be kept secured inside the Biohazard storage area on each unit and once in transport, must be accompanied by a staff member at all times. Generators are responsible for cleaning and inspecting their containers to ensure they remain leak-resistant, have tight fitting covers/lids, and are kept clean and in good repair. Replacement transport containers can be acquired at the MWSA or through the contractor/hauler at outlying clinics. All transport containers must be labeled with the generator's information, department name, and phone number on the back of the transport container. Example:

Naval Medical Center San Diego
34800 Bob Wilson Drive
San Diego, CA 92134-5000
OOD: 619-532-6400

(5) Biohazardous waste containers that are full should be transported, along with the appropriate spill kit, to the MWSA for disposal on a daily basis or within 72 hours on a weekend/holiday.

(6) Once deposited, biohazardous waste shall remain in the waste container and shall only be removed from the biohazard bag to eliminate a safety hazard.

(7) The following list includes but is not limited to examples of infectious waste that should be placed into biohazard red bags:

(a) Materials saturated and dripping with blood or body fluids.

(b) Containers of blood products or other potentially infectious materials: cerebral spinal fluid, cardiac pleural fluid, peritoneal fluid, amniotic fluid, semen or vaginal secretions.

(c) Blood bags and tubing.

(d) Hemodialysis tubing

(e) Suction canisters.

(f) Pleurovac and Hemovac containers.

(g) Nasogastric tubes with visible blood.

(h) Peri-pads saturated with blood.

3. Biohazard Trauma Scene Waste

a. Trauma scene waste will be removed immediately upon completion of the investigation phase.

b. Trauma scene waste will be transported to the department of origin or emergency room for proper storage and disposal IAW this Instruction.

4. Laboratory Waste

a. Human or animal specimen cultures from medical and pathology laboratories; cultures and stocks of infectious agents from research and industrial laboratories; wastes from the production of bacteria, viruses, spores, discarded live and attenuated vaccines used in human health care or research, discarded animal vaccines, culture dishes and devices used to transfer, inoculate, and mix cultures.

b. Laboratory cultures and stocks waste bags that contain laboratory cultures and stocks waste must be labeled with the words "Biohazardous Waste" or with the international biohazard symbol and the word "BIOHAZARD". The bag will be labeled so that the generator's name, address, and phone number is legible and easily visible on the outside of the bag.

(1) Seal all bags to prevent leakage of contents during all future storage, handling, or transport.

(2) Laboratory cultures and stocks waste containers that are full should be transported, along with the appropriate spill kit, to the MWSA for disposal.

5. Pathology Waste

a. Anatomical Parts: Recognizable human anatomical parts, with the exception of teeth not deemed infectious by the attending physician, surgeon or dentist shall be segregated for storage and, when placed in a secondary container for treatment as pathology waste, that container shall be labeled with the words "Pathology Waste", on the lid and on the sides, so as to be visible from any lateral direction. Anatomical parts will be disposed of by interment or incineration, unless otherwise hazardous.

b. Animal Carcasses: Animals that die from infectious diseases will be disposed of in the same manner as pathological waste if, in the opinion of the attending veterinarian or local health officer, the carcass presents a danger of infection to humans.

c. Biohazardous waste, which is comprised of human surgery specimens or tissues which have been fixed in formaldehyde or other fixatives, will be segregated for storage and when placed in a secondary container labeled with the words Pathology Waste", on the lid and on the sides so as to be visible from any lateral direction.

d. All tissue and anatomical parts that have been fixed with formalin (or other similar fixative) will be placed in secondary containers for 45 days (ck w/Histology) and designated as Pathological Waste for incineration only.

e. Pathology waste bags that contain frozen or non-frozen materials must be labeled with the words "Pathology Waste".

f. Seal all bags to prevent leakage of contents during storage, handling, or transport.

g. Pathology waste ready for disposal should be placed for storage, handling, or transport in a rigid white container and will be labeled with the words "Pathology Waste" Or "PATH" on the lid and on the sides so as to be visible from any lateral direction.

h. Pathology waste containers that are full will be transported, along with a Pathology waste spill kit, to the MWSA for disposal.

6. Blood Waste

a. Waste which contains recognizable fluid blood, fluid blood products, or containers of equipment containing blood that is fluid, or blood from animals known to be infected with diseases which are highly communicable to humans.

b. Bulk fluid blood suction canisters will be solidified with ISOSORB and then disposed of as a medical waste.

7. Sharps Waste

a. Sharps waste is any device having acute rigid corners, edges, or protuberances capable of cutting or piercing, i.e. needles, needles with syringes, blades, needles with attached tubing, syringes and blood collection tubes contaminated with biohazardous waste.

b. Place sharps waste and material into the rigid puncture resistant sharps containers that are obtained from hospital supply channels.

c. Sharps containers must be labeled with "INFECTIOUS WASTE SHARPS" labels and must contain the international biohazard symbol and the word "BIOHAZARD."

d. The sharps containers will be labeled at the time it is put into use. This label will be easily visible on the outside of free standing containers and easily visible through the view port on wall mounted containers. Label must be affixed so as to ensure level of waste sharps is easily viewed by healthcare provider through view port of waste container. The label must contain the name of the hospital/clinic, address, OOD telephone number, department name, department phone number, and date at closure. Sharps containers must be disposed of within 7 days after being determined they are ready for disposal.

e. "In Use" sharps containers will not be placed on the floor at any time within areas where children are present and/or unauthorized personnel can gain access.

f. Sharps containers will be removed from use when they become three-fourths full or develop an odor. Once a sharps container "in use" is terminated, record the date and seal container by taping closed from top to bottom; further bagging of any Sharps container is not required.

g. Once containers are secured and ready for disposal, sharps containers will be placed in red biohazard transportation containers for no more than 7 days.

h. Red biohazard transportation containers will be taken to the MWSA for proper disposal as described in "Handling and Storage" section.

8. Chemotherapy Waste (Hazardous and Non-Hazardous)

a. Chemotherapy waste may be either RCRA Hazardous waste (Bulk) or California-hazardous waste (trace). This includes sharps used to prepare or administer chemotherapy drugs. **For purposes of this Instruction, waste labeled "Chemotherapy waste" is TRACE Chemotherapy (California-Hazardous waste).**

b. Chemotherapy sharps waste, will be placed in the yellow sharps containers labeled with the words "Chemotherapy Waste", and segregated from other sharps waste. This waste is also referred to as "trace chemo" and may include empty vials, syringes, IV bags and associated tubing. If not empty, this waste should be placed into Hazardous Waste container.

c. Hazardous (Chemotherapy) waste will be placed in black containers labeled with the words "HAZARDOUS Waste" and segregated from other medical and solid waste. Containers of "P" listed chemicals are considered hazardous waste, unless they have been rinsed three times and the rinsate discarded as hazardous waste. (See each department for "P" Listed chemicals used in that department.)

(1) Exception: EPA exempts epinephrine syringe that has been injected into a patient and is therefore infectious waste. This exception does not include vials, IV bags, and other containers which would therefore also be disposed of hazardous waste.

(2) Containers of "U" Listed chemicals (hazardous waste) are empty only when all contents are removed that can be removed

through normal means and no more than 3% by weight remains. (See each department for "U" Listed chemicals used in that department.)

(3) Biohazardous waste which has been contaminated through contact with, or having previously contained, chemotherapeutic agents, will be considered Chemotherapy Waste.

(4) "In Use" Chemotherapy waste sharps containers will not be placed on the floor at any time within areas where children are present and/or unauthorized personnel could gain access.

(5) Seal all bags to prevent leakage of contents during all future storage, handling, or transport.

(6) Chemotherapy waste sharps containers will be removed from use when they become ¾ full. Tape close and/or ensure lid is tightly affixed to full sharps containers ready for disposal to preclude loss of contents. Sharps containers ready for disposal should not be stored for more than 7days.

(7) Chemotherapy waste sharps containers will be placed into a rigid container and will be labeled "Chemotherapy Waste" or "CHEMO" on the lid and on the sides so as to be visible from any lateral direction. The container will be labeled so that the generator's name, address, and phone number are legible and visible.

(8) Chemotherapy waste containers that are full should be transported, along with a chemotherapy spill kit, to the MWSA for disposal.

(9) Bulk chemotherapy is generated only from the Pharmacy and is disposed of as hazardous waste through bldg 25B. Coordination with the Environmental Division will be done prior to transport from the generator's site to bldg 25B.

(10) Mixed waste, consisting of Hazardous (bulk chemotherapy) and Non-hazardous waste which cannot be separated will be disposed of as Hazardous Waste.

9. Solid Waste

a. Generators will separate all medical waste from Medical Solid Waste at its point of origin. A person will not use pails, drums, dumpsters, or bins used for medical waste for the containment of solid waste, or for other purposes, except after being decontaminated by the procedures specified in this Instruction and removal of all medical waste labels.

b. BRANCH MEDICAL/Veterinarian, and Tricare Outpatient CLINICS: Medical Solid Waste dumpster must be secured from unauthorized access at all times. Storage areas may be secured by locks on the dumpsters, fences surrounding the dumpster, or on Entry door. Warning signs identifying type of waste being secured must be posted and readable.

10. Transportation of Medical Waste

a. All medical waste will be hauled by either a registered hazardous waste hauler or by a person with an approved limited-quantity hauling exemption.

b. Transporter Deemed Generator. A trauma scene waste management practitioner who transports trauma scene waste will be deemed the generator of the trauma scene waste for purposes of this Instruction.

c. Trauma scene waste will be removed from the trauma scene immediately upon completion of the removal phase of a trauma scene waste removal operation.

d. Trauma scene waste will be transported to a permitted medical waste transfer station or treatment facility or may be stored in a dedicated freezer at the business location of the trauma scene waste management practitioner for a period of not more than 14 days.

e. Trash Chutes: A person will not use a trash chute to transfer medical waste.

11. Medical Waste Haulers

a. All medical waste transported to an offsite medical waste treatment facility will be transported in accordance with this Instruction by a registered hazardous waste transporter issued a registration certificate. A hazardous waste

transporter transporting medical waste will have a copy of the transporter's valid hazardous waste transporter registration certificate in the transporter's possession while transporting medical waste. The transporter will show the certificate, upon demand, to any enforcement agency personnel or authorized employee of the Department of the California Highway Patrol.

b. Except for small quantity generators transporting medical waste under a limited quantity hauling exemption, medical waste will be transported to a permitted offsite medical waste treatment facility or a permitted transfer station in leak-resistant and fully enclosed rigid secondary containers that are then loaded into an enclosed cargo body.

c. A person will not transport medical waste in the same vehicle with other waste unless the medical waste is separately contained in rigid containers or kept separate by barriers from other waste, or unless all of the waste is to be handled as medical waste.

d. Medical waste will only be transported to a permitted medical waste treatment facility or to a transfer station or another registered generator for the purpose of consolidation before treatment and disposal.

e. Facilities for the transfer of medical waste will be annually inspected and issued permits in accordance with the regulations adopted pursuant to this part.

f. Any persons manually loading or unloading containers of medical waste will be provided by their employer at the beginning of each shift with, and will be required to wear, clean protective gloves and coveralls, changeable lab coats, or other protective clothing. The department may require, by regulation, other protective devices appropriate to the type of medical waste being handled.

12. Tracking and Treatment Records

a. A medical waste generator is required to maintain individual treatment, and tracking records, and will report or submit to the enforcement agency, upon request, both of the following:

(1) An Information document stating how the generator contains, stores, treats, and disposes of any medical waste generated through any act or process of the generator.

(2) Records of any medical waste transported offsite for treatment and disposal, including the quantity of waste transported, the date transported, and the name of the registered hazardous waste hauler or individual hauling the waste pursuant to Section 118030. The generator will maintain these records for five years.

(3) A medical waste generator shall maintain individual treatment, and tracking records if medical waste is removed from the generator's site for treatment.

(4) Except for home-generated sharps collected by a MTF, a hazardous waste transporter or generator transporting medical waste will maintain a completed tracking document of all medical waste removed for treatment or disposal. A hazardous waste transporter or generator who transports medical waste to a facility, other than the final medical waste treatment facility, will also maintain tracking documents, which show the name, address, and telephone number of the medical waste generator, for purposes of tracking the generator of medical waste when the waste is transported to the final medical waste treatment facility. At the time that the medical waste is received by a hazardous waste transporter, the transporter will provide the medical waste generator with a copy of the tracking document for the generator's medical waste records. The transporter or generator transporting medical waste will maintain its copy of the tracking document for five years.

(5) The tracking document will include, but not be limited to, all of the following information:

(a) The name, address, telephone number, and registration number of the transporter.

(b) The type and quantity of medical waste transported.

(c) The name, address, and telephone number of the generator.

(d) The name, address, telephone number, permit number, and the signature of an authorized representative of the permitted facility receiving the medical waste.

(e) The date that the medical waste is collected or removed from the generator's facility, the date that the medical waste is received by the transfer station, the registered large quantity generator, or point of consolidation, if applicable, and the date that the medical waste is received by the treatment facility.

(6) Any hazardous waste transporter or generator transporting medical waste in a vehicle will have a tracking document in his or her possession while transporting the medical waste. The tracking document will be shown upon demand to any enforcement agency personnel or officer of the Department of the California Highway Patrol. If the medical waste is transported by rail, vessel, or air, the railroad corporation, vessel operator, or airline will enter on the shipping papers any information concerning the medical waste that the enforcement agency may require.

(7) A hazardous waste transporter or a generator transporting medical waste will provide the facility receiving the medical waste with the original tracking document.

(8) Each hazardous waste transporter and each medical waste treatment facility will provide data periodically and in a format as determined by the department.

b. Medical waste transported out of state will be consigned to a permitted medical waste treatment facility in the receiving state.

13. Medical Waste Management Plan

a. For NMCSD a medical waste management plan will be on file with the local County enforcing agency and posted onsite in Facilities Management Department. The Plan will contain, but not be limited to, all of the following:

(1) The name of the person.

(2) The business address of the person.

(3) The type of business.

(4) The types, and the estimated average monthly quantity, of medical waste generated.

(5) The type of treatment used onsite, if applicable. For generators with onsite medical waste treatment facilities, including incinerators or steam sterilizers or other treatment facilities as determined by the enforcement agency, the treatment capacity of the onsite treatment facility.

(6) The name and business address of the registered hazardous waste hauler used by the generator to have untreated medical waste removed for treatment, if applicable.

(7) The name and business address of the registered hazardous waste hauler service provided by the building management to which the building tenants may subscribe or are required by the building management to subscribe, if applicable.

(8) The name and business address of the offsite medical waste treatment facility to which the medical waste is being hauled, if applicable.

(9) An emergency action plan complying with regulations adopted by the department.

(10) A statement certifying that the information provided is complete and accurate.

b. For all other sites (small quantity generators) a medical waste management plan will be available which contains, but is not limited to, all of the following:

(1) The name of the person.

(2) The business address of the person.

(3) The type of business.

(4) The types, and the estimated average monthly quantity, of medical waste generated.

(5) The type of treatment used onsite.

(6) The name and business address of the registered hazardous waste hauler used by the generator for backup treatment and disposal, for waste when the onsite treatment method is not appropriate due to the hazardous or radioactive characteristics of the waste, or the name of the registered hazardous waste hauler used by the generator to have untreated medical waste removed for treatment and disposal.

(7) A statement indicating that the generator is hauling the medical waste generated in his or her business pursuant to Section 118030 and the name and any business address of the treatment and disposal facilities to which the waste is being hauled, if applicable.

(8) The name and business address of the registered hazardous waste hauler service provided by the building management to which the building tenants may subscribe or are required by the building management to subscribe and the name and business address of the treatment and disposal facilities used, if applicable.

(9) A statement certifying that the information provided is complete and accurate.

14. Small Quantity Generator Permit (SQGP) for El Centro and San Clemente Island

a. Containment and storage of medical waste will be in accordance with this Instruction.

b. Both San Clemente Island and El Centro Branch Medical Clinics are required to maintain a "Small Quantity Generator Permit" (SQGP) from the State Of California. NMCSD Facilities Department will coordinate obtaining this permit.

15. Limited Quantity Hauling Exemption (LQHE) (San Clemente Island and NMCSD Dental Moblie Unit and Blood Mobile)

a. A LQHE permit issued by the State of California will be maintained for the following Facilities:

(1) San Clemente Island Branch Medical Clinic.

(2) NMCSD Dental Mobile Unit Dental Van.

(3) NMCSD Blood Mobile Van.

(4) All drivers of the Mobil Dental or Blood Vans will be added to the application for the LQHE. Identification of each driver will be updated prior to transporting waste by informing NMCSD Facilities Management Department of all drivers. Generator will maintain a tracking document.

(5) NMCSD Facilities Department will coordinate obtaining the permit and updating names of drivers on application.

(6) The limited-quantity hauling exemption is valid for a period of one year and must be renewed annually.

(7) The handling of medical and biohazardous waste in these areas will be in accordance with all other requirements of this instruction.

16. Bloodmobiles (Located at NMCSD)

a. Bloodmobiles are operated from NMCSD but carry no blood products medical waste, or sharps.

b. A LHQE permit (see above section) is required for the Bloodmobile.

c. Blood products and medical waste are transported in eight-passenger Blood Donor Center vans which are driven by active duty Blood Donor Center personnel.

d. The handling of medical and biohazardous waste in this area will be in accordance with all other requirements of this instruction.

17. Mobile Dental Units (MDU) (Located at Naval Station, bldg 3230)

a. MDU are operated from Naval Station San Diego (NAVSTA).

b. Handling of Medical and Pharmaceutical Waste follows the same process as the Dental Clinic at NAVSTA.

c. A LHQE permit (see above section) is required for each MDU.

d. Biomedical and Pharmaceutical Waste is retained on the MDU and disposed of at the end of each week at NAVSTA with other Dental Waste.

e. Suction waste (water from drilling on teeth, saliva, cut tooth debris and small amounts of blood) is collected in a self-contained tank on the MDU and is emptied into a specific sewage drain on the dry side of NAVSTA.

STANDARD OPERATING PROCEDURES (SOP) FOR DISPOSAL OF PHARMACEUTICAL WASTE

1. Purpose. To establish procedures for disposal of pharmaceutical waste.

2. Proponent. Facilities Management Department/Environmental Division.

3. Applicability. This SOP is applicable to all waste generators assigned to or operating at Naval Medical Center San Diego (NMCSD) and outlying Branch Clinics (Medical, Dental, Veterinarian), including Tricare Outpatient Clinics (TOC).

4. References

a. OPNAVINST 5090.1C Environmental and Natural Resources Program Manual

b. NAVMEDCEN INSTR 6280.1C, Management of Biomedical Waste

5. Definitions

a. "Pharmaceutical" means a prescription or over-the-counter human or veterinary drug, including, but not limited to, a drug as defined in Section 109925 or the Federal Food, Drug, and Cosmetic Act, as amended, (21 U.S.C.A. Sec. 321(g)(1)).

b. Pharmaceutical waste may be California-only hazardous waste (Section B) or RCRA hazardous waste (Section C).

SECTION A

1. General

a. Pharmaceutical Waste means all pharmaceutical materials (RCRA and non-RCRA) which reach an expiration date or are deemed unsuited for dispensing to patients which cannot be returned to the vendor and must be disposed of properly.

b. Medical Waste Management Act, (California H&SC,Division 104, Part 14, Sections 117635g), dated January, 2007, includes waste that is hazardous only because it is comprised of pharmaceuticals in the definition of biohazardous waste. This definition requires pharmaceutical waste (non-RCRA hazardous

waste), at NMCSD, to therefore be managed as biohazardous (medical) waste.

c. "Empty" is defined as any container or liner that has had the contents removed by the generator as much as possible, using methods commonly employed to remove waste or material from containers or liners. If the material which the container or inner liner held is pourable, no material should be able to be poured or drained from the container or inner liner when held in any orientation, including, but not limited to, when tilted or inverted; and/or if the material which the container or inner liner held is not pourable, no material or waste remains in the container or inner liner that can feasibly be removed by scraping.

d. Pharmaceuticals, in liquid form, must be disposed of in its primary or original container (bottle, bag, vial, etc.) prior to placement into pharmaceutical waste containers.

SECTION B

1. California-only hazardous waste

a. For purposes of this section, "pharmaceutical" does not include any pharmaceutical that is regulated pursuant to either of the following:

(1). The federal Resource Conservation and Recovery Act Of 1976, as amended (42 U.S.C.A. Sec. 6901 et seq.).

(2). The Radiation Control Law (Chapter 8 (commencing with Section 114960) of Part 9).

2. Classification

a. All waste from medication products or intravenous solutions originating from the Pharmacy are considered Pharmaceutical Waste and are classified as Medical (Biohazardous or California-only hazardous waste) or RCRA hazardous waste. This is to include, but is not limited to the following:

(1) Intravenous/oral intact ampoules, glass vials, or syringes with drug and electrolyte contents.

(2) Intravenous fluids with drug and electrolyte content.

(3) All oral dosage forms (tablet, capsule, suspension, elixir, etc.)

3. Procedures

a. Pharmaceutical waste is to be either returned to the main pharmacy for proper disposal or separated from other medical waste at the point of use/generation and placed into a Pharmaceutical Waste container with a label affixed onto the container that reads PHARMACEUTICAL WASTE INCINERATE ONLY.

b. Container must be rigid, leak-resistant, puncture resistant and have a tight-fitting lid.

c. Container shall be labeled with the words PHARMACEUTICAL WASTE INCINERATE ONLY on the lid and on the sides so as to be visible from any lateral direction.

d. The outside of the Pharmaceutical waste container must have a generators label placed on it at the time it is put into use. The label will be visible on the outside of freestanding containers and visible through the view port on wall-mounted containers. The label must contain the name of the command, address, zip code, OOD's telephone number, and generator's department name and generator's telephone number extension. The generator will mark directly below the label with an indelible marker, the MO/DD/YR the container was opened and closed for use.

e. Expired and/or pharmaceutical waste should be disposed of in separate (white and blue) sharps container for "incinerate only". (Pharmaceutical waste containers may contain pills, tablets, powders, bottles with unused medication, non-RCRA narcotics waste, residue, etc.(RCRA narcotics waste requires manifesting as hazardous waste, through bldg 25C, for disposal).

f. If a container or syringe used to administer pharmaceuticals has pourable amounts of pharmaceuticals remaining in the bottle/syringe, then that bottle/syringe should be disposed of in the (blue and white) pharmaceutical waste container.

g. Syringes used to administer routine injections and pharmaceuticals (non-RCRA hazardous waste) should be disposed of in separate (red) sharps containers (labeled with INFECTIOUS WASTE SHARPS) when empty. If pharmaceuticals remain in syringe, see f. above for disposal.

h. A broken glass "bottle" that previously held a pharmaceutical would be disposed of into the regular trash container when empty. If pharmaceuticals remain in broken glass bottle, see f. above for disposal.

i. Pharmaceutical Waste is not to be disposed of using sinks, toilets (or equivalent venues), red bags, or red sharps containers. (The red sharps containers are autoclaved - not incinerated - and therefore an incorrect method of disposal for pharmaceutical waste.)

j. The following waste is not considered pharmaceutical waste and may be disposed of IAW our Industrial Waste Water Permit (using sinks, toilets, or equivalent venues): solutions in IV bags containing ONLY saline solution, lactate, and nutrients such as glucose (e.g. D5W), vitamins, and added salts such as potassium and/or other electrolytes.

k. Syringes used to administer toxic substances such as chemo should be disposed of in separate (yellow) sharps containers. Waste containers should be labeled with a label affixed onto the container that reads: "CHEMOTHERAPY WASTE, INCINERATE ONLY." This waste may also be referred to as "trace chemo" and may include IV bags and associated tubing.

l. Sharps or syringes containing blood or bodily fluids (only) will be disposed of in the regular (red) Sharps Container.

m. Once a container in use is terminated, record the date (MO/DD/YR), fully secure the container according to the manufactures recommendations, tape the top of the lid closed, and transport (using secondary containment) to the medical waste storage area (MWSA) bldg 35 for disposal.

n. When transporting Pharmaceutical Waste, both the container used on site and the larger waste container must have a label reading EXPIRED PHARMACEUTICAL WASTE INCINERATE ONLY.

Pharmaceutical waste containers should not be placed into red bags for transport or disposal at the MWSA.

o. Sharps containers **(yellow)** containing toxic substances such as chemo must be disposed of no later than **70 days** of container being opened.

p. Sharps containers **(white and blue)** containing pharmaceutical waste must be disposed of when container is 3/4 full, presents an odor or at least once per year.

q. Sharps containers **(red)** containing regular syringes (used for routine injections, pharmaceuticals, and other non-RCRA hazardous waste) must be disposed of when container is ¾ full, presents an odor or at least once per year.

r. Sharps containers must also be removed from use (regardless of number of days open) when they become filled to three-fourths full or if they present an odor.

s. White and blue pharmaceutical waste containers and appropriate labels may be obtained from the Material Management Supply Warehouse, Ground floor, 619-532-8037. Labels will contain the following information:

(1) Type waste (pharmaceutical, chemo, medical, etc.)

(2) Disposal method (INCINERATE ONLY, etc.), if applicable

(3) Name and address of facility:

NAVAL MEDICAL CENTER SAN DIEGO
34800 BOB WILSON DRIVE
SAN DIEGO, CA 92134-8200,
24 HOUR TELEPHONE NO. (619-532-6400)

(4) DEPT. _____

(5) TELEPHONE _____

(6) OPENED ___/___/___

(7) CLOSED ___/___/___

t. Pharmaceutical waste should be transported to the Medical Waste Storage Area (MWSA) for disposal following all requirements of the NAVMEDCEN SDIEGOINST 6280.1C.

u. Items that may be disposed of in the medical solid waste include:

(1) Bags containing Sterile intravenous solutions Without electrolytes and/or drug contents (normal saline, dextrose 5%, lactated ringers, etc.)

(2) Needle less syringes previously containing sterile intravenous solutions without electrolytes and/or drug contents

(3) Sterile intravenous solutions (per (1) and (2) above) may be disposed of into sinks prior to syringe being disposed of into medical solid waste.

SECTION C

1. RCRA Hazardous Waste

a. Pharmaceutical wastes may be medical waste (California only hazardous waste), hazardous waste (RCRA hazardous waste) or solid waste. For purposes of this section, "pharmaceutical RCRA hazardous waste" means pharmaceuticals regulated pursuant to the federal Resource Conservation and Recovery Act (RCRA) of 1976, as amended (42 U.S.C.A. Sec. 6901 et seq.).

2. Classification

a. Pharmaceutical wastes that must be managed according to the Medical Waste Management Act are those that are classified as "California only hazardous waste". Pharmaceutical wastes that must be managed according to the 40 Code of Federal Regulations (CFR) 261 and Division 4.5, 22 California Code of Regulations (CCR) are "RCRA hazardous waste".

b. Pharmaceutical waste that is comprised of both medical waste (California only hazardous waste) and hazardous waste (RCRA hazardous waste) is considered mixed waste and labeled, handled, stored, and disposed of as hazardous waste.

c. It is the responsibility of the onsite generator to determine the proper classification of each waste type.

Determination of proper classification of pharmaceutical waste may be accomplished through:

(1) Information known from their knowledge of the waste (generator knowledge).

(2) Gained information from an analysis of the waste.

(3) Checking the pharmaceutical waste to be disposed against the two below categories of hazardous waste:

(a) Checking the *hazardous characteristics* of the waste (Toxic, Reactive, Ignitable, Corrosive).

(b) Checking to see if it is included as a *Listed Waste* (F List - Hazardous waste, non-specific sources; K List - Hazardous waste, specific sources; P List - Acute hazardous waste; U List - Toxic hazardous waste).

3. Procedures

a. All persons handling pharmaceutical RCRA hazardous wastes shall be properly trained in handling and storage of hazardous material/waste prior to assuming duties that bring them in contact with the pharmaceutical RCRA hazardous material. Training will include instruction on reading and understanding information contained within the Material Safety Data Sheet (MSDS) for all pharmaceutical RCRA hazardous material for which they handle and/or have operational management and/or control.

b. Proper personal protective equipment (PPE) shall be used while handling hazardous wastes. Minimum PPE is gloves. Other PPE will be determined by reviewing individual MSDS for each pharmaceutical RCRA hazardous material used on site.

c. Pharmaceutical RCRA hazardous wastes shall be segregated by characteristic (toxic, reactive, ignitable, and corrosive) before depositing in containers. A separate container shall be used for each characteristic hazardous waste (one container for toxic waste, one container for reactive waste, one container for ignitable waste, and one container for corrosive waste).

d. Pharmaceutical RCRA hazardous wastes being placed in containers shall be documented on the Pharmaceutical Hazardous Waste Inventory Log (see attached) before being placed in the

container. Log will be posted where it can be readily recognized within the satellite accumulation area.

e. A copy of the MSDS or profile sheet for Pharmaceutical RCRA hazardous wastes shall be maintained with the Pharmaceutical RCRA Hazardous Waste Inventory Log for each pharmaceutical RCRA hazardous waste placed in the container. If three wastes of the same type are placed in the container, only one MSDS or profile is required.

f. Pharmaceutical RCRA hazardous waste shall be stored in approved (black) waste containers available for purchase through the Material Management Department. Containers shall be properly identified with labels available through Material Management Department. Labels will be water-proof with information clearly written on the labels using permanent ink.

g. Labels must identify contents within container by placing one label, clearly visible, on front of container that specifies the words "Hazardous Waste Satellite Accumulation Site". This label must be completely filled out with all requested information (i.e. the composition and physical state of the waste, the hazardous properties of the waste, etc.). Label indicating hazardous characteristics of item(s) being disposed of in container (i.e. toxic, reactive, ignitable, or corrosive) will be placed on the container, adjacent to the Hazardous Waste Satellite Accumulation Site label.

h. Accumulation start date must be written on the Hazardous Waste Satellite Accumulation Site label when waste is first placed into container.

i. When Sharps are placed into container, a separate Sharps label must be affixed to top of container.

j. Containers must be kept closed except when wastes are being added. Containers shall be non-leaking, closed tightly and stored upright with no visible residue on exterior of containers.

k. Pharmaceutical RCRA hazardous waste shall be stored in approved and properly posted satellite accumulation areas designated for pharmaceutical RCRA hazardous waste.

l. Containers shall be inspected daily by Hazardous Waste Handlers, and inspected weekly by their appointed supervisor. Results of the inspections shall be documented on the checklist in the NMCSD departmental Hazardous Waste County Inspection Binder. Handlers of pharmaceutical RCRA hazardous waste must be trained IAW medical and hazardous waste training requirements.

m. Primary and Secondary Hazardous Waste Handlers or their appointed supervisor, only, may remove pharmaceutical RCRA hazardous waste from the hazardous waste satellite accumulation area and transport to the <90 storage facility, bldg 25C.

n. Remove pharmaceutical RCRA hazardous waste containers from the hazardous waste satellite accumulation area no more than 9 months from the accumulation start date or when ¾ full whichever occurs first.

o. Transport pharmaceutical RCRA hazardous waste to the Pharmaceutical RCRA Hazardous Waste <90 day storage facility, bldg 25C. Use appropriate personnel protection equipment and have a spill kit appropriate to the waste being disposed, available during transport. The Pharmaceutical RCRA Hazardous Waste Accumulation Area is open to accept pharmaceutical RCRA hazardous waste Monday through Friday 9:30 AM to 11:00 AM.

p. Turn in the pharmaceutical RCRA hazardous waste with the applicable Pharmaceutical RCRA Hazardous Waste Inventory Log (see attached log sheets for TOXIC, REACTIVE, IGNITABLE, And CORROSIVE), MSDS, and profile sheets to the NMCSD Hazardous waste building operator, and fill out documentation as requested.

Naval Medical Center San Diego
Pharmaceutical RCRA Hazardous Waste Inventory Log

TOXIC

Building / Floor: _____

Accumulation Start Date: _____

Department / Division:

_____

1. Enter date
2. Fill in product label name of waste being disposed
3. Provide either a MSDS or profile of the waste
4. Fill in physical state
5. Fill in physical form
6. Estimate quantity of waste being disposed
7. Print Name of Handler

No.	Date	Product Label Name	MSDS (Y - N)	Profile (Y - N)	Physical State (Example: Liquid/Solid/Gas)	Physical Form (Example: Cream, Tablet, Patch)	Quantity (Example: number, weight)	Print Name
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Naval Medical Center San Diego
Pharmaceutical RCRA Hazardous Waste Inventory Log

REACTIVE

Building / Floor: _____
Accumulation Start Date: _____
Department / Division:

1. Enter date
2. Fill in product label name of waste being disposed
3. Provide either a MSDS or profile of the waste
4. Fill in physical state
5. Fill in physical form
6. Estimate quantity of waste being disposed
7. Print Name of Handler

No.	Date	Product Label Name	MSDS (Y - N)	Profile (Y - N)	Physical State (Example: Liquid/Solid/Gas)	Physical Form (Example: Cream, Tablet, Patch)	Quantity (Example: number, weight)	Print Name
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Naval Medical Center San Diego
Pharmaceutical RCRA Hazardous Waste Inventory Log

IGNITABLE

Building / Floor: _____
Accumulation Start Date: _____
Department / Division:
_____

1. Enter date
2. Fill in product label name of waste being disposed
3. Provide either a MSDS or profile of the waste
4. Fill in physical state
5. Fill in physical form
6. Estimate quantity of waste being disposed
7. Print Name of Handler

No.	Date	Product Label Name	MSDS (Y - N)	Profile (Y - N)	Physical State (Example: Liquid/Solid/Gas)	Physical Form (Example: Cream, Tablet, Patch)	Quantity (Example: number, weight)	Print Name
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Naval Medical Center San Diego
Pharmaceutical RCRA Hazardous Waste Inventory Log

CORROSIVE

Building / Floor: _____ Accumulation Start Date: _____

Department / Division: _____

1. Enter date
2. Fill in product label name of waste being disposed
3. Provide either a MSDS or profile of the waste
4. Fill in physical state
5. Fill in physical form
6. Estimate quantity of waste being disposed
7. Print Name of Handler

No.	Date	Product Label Name	MSDS (Y - N)	Profile (Y - N)	Physical State (Example: Liquid/Solid/Gas)	Physical Form (Example: Cream, Tablet, Patch)	Quantity (Example: number, weight)	Print Name
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

PROCEDURES FOR DETERMINATION OF RADIOLOGICAL CONTAMINATION AND PRESENCE OF RADIOACTIVE MATERIALS

1. References

a. 10 CFR 35.92

b. Appendix W, NUREG-1556, Volume 9

c. NRMP 04-00259-11NP

2. Procedures

a. There may be times when biological fluids from a patient that has undergone a nuclear medicine procedure, either at NMCSD or another medical facility, are placed in the NMCSD medical waste stream. To prevent improper disposal of radioactively-contaminated medical waste, radiation detectors have been mounted at the entrance to the medical waste storage area (MWSA). These detectors are capable of detecting low-levels of radioactive material which emit radiation slightly above background radiation levels.

b. When medical waste is transferred to the MWSA, the barrels are rolled through the door radiation detectors. It is important to roll the barrel midway between the detectors. If the radiation detectors alarm, the barrel should be segregated in a locked storage area and the alarm reset. The Radiation Physics Division should be notified using the following priority list:

(1) During normal working hours: 532-8770/8784/8783

(2) Radiation Technician Pager: 800-837-9615

(3) Radiation Safety Officer Pager: 800-471-9042

3. Collection. During normal working hours, or the next business day, Radiation Physics personnel will collect the radioactive waste. The radioisotope in the waste will be determined by Health Physics personnel and the waste disposed of via the appropriate radiation waste stream, in accordance with references (a), (b), and (c).

4. Calibration of detectors. The detectors shall be calibrated on an annual basis. The Radiation Physics division shall be

responsible for arranging and funding the calibration. The Radiation Physics division shall maintain the calibration records for a period of three years.

5. Maintenance. The Radiation Physics division will perform monthly constancy checks of the detectors to ensure proper operation and their continued ability to detect low-level radioactive material. The constancy checks are performed by placing a gamma-emitting radioactive source (less than 10 uCi) in a barrel and wheeling the barrel through the detectors, ensuring they alarm. The Radiation Physics division shall maintain constancy check records for a period of three years.

NMCSD HOME-GENERATED SHARPS WASTE ACCEPTANCE POLICY

Naval Medical Center San Diego (NMCSD) would like to provide a safe alternative in the disposal of "Home-generated sharps waste" associated with your personal health care. Changes in California law (Medical Waste Management Act) prohibit the disposal of home-generated sharps waste into the regular trash. This includes containers used to collect solid waste, recyclable materials, or green waste. You can help prevent injury and illness to yourself and others by following the procedures as outlined below. This information will ensure the proper disposal of home-generated sharps waste in accordance with Federal, State and local environmental agency requirements. NMCSD personnel will inform beneficiaries that home-generated sharps waste must be disposed of properly IAW disposal methods as contained within this pamphlet.

Home-generated sharps waste may be dropped off at the Medical Waste Storage Area (MWSA), building 35. Building 35 is located on the ground level in back of building 1, across from loading dock 9 (see attached building plan and access routes). Home-generated sharps waste must be properly packaged prior to delivery to the MWMA, building 35. The following procedures pertain to the acceptance of home-generated sharps waste at NMCSD.

1. Home-generated sharps waste means hypodermic needles, pen needles, intravenous needles, acupuncture needles, lancets, blades, and other medical devices that are used to penetrate the skin for the delivery of medication or to conduct a blood test derived from a household, including a multifamily residence or household. The only acceptable home-generated sharps waste for disposal at NMCSD is sharps used in direct patient home care and which was issued by NMCSD, Branch Medical Clinics (BMCs), Branch Dental Clinics (BDCs), or TRICARE Outpatient Clinics (TOCs).

2. Home-generated sharps waste shall be transported to NMCSD in a rigid, puncture and shatter-proof container (i.e. bleach bottle, juice bottle, detergent bottle, metal coffee container, small medical sharps container, etc.) with a secure, tight fitting lid. Lid will be securely closed and taped (i.e. electrician, duct tape, or heavy-duty packaging/sealing tape) so as to prevent expulsion of the contents during transport.

3. The following information shall be placed on the outside of the container in permanent ink or marker: **patient name (last, first, and middle initial), patient address and patient telephone number**.

4. Government identification card will be shown to MWSA personnel to verify eligibility for disposal of waste. Only NMCSD eligible patients (active duty personnel, retired personnel, their spouses, and family members), including Branch Medical, Dental, Tricare Outpatient

Clinic, and Primary Care managed patients, may transport and dispose of home-generated sharps waste at NMCSD. MWSA personnel will ask to view individual's identification card for verification of this eligibility prior to acceptance of waste.

5. Home-generated sharps waste containers will be placed into a red medical waste collection container by MWSA personnel. After collection and consolidation, the home-generated sharps waste will be transported and treated as regulated medical waste. Sharps waste containers ready for disposal will be held or stored for no more than seven days at the MWSA.

6. Home-generated sharps waste is accepted **Monday - Friday, 0815 - 11:30, 12:30 - 15:30, and 17:00 - 19:00 only.** Please note that the MWSA, bldg 35, is the only location on NMCSD approved to accept home-generated sharps waste.

**ALTERNATIVE SITES (CONSOLIDATION POINTS)
IN SAN DIEGO COUNTY FOR
DISPOSAL OF HOME-GENERATED SHARPS**

(ALL SITES ARE DESIGNATED AS A HOUSEHOLD HAZARDOUS WASTE FACILITY)

Chula Vista Transfer Station
1800 Maxwell Drive
Chula Vista, CA 91910
619-691-5122

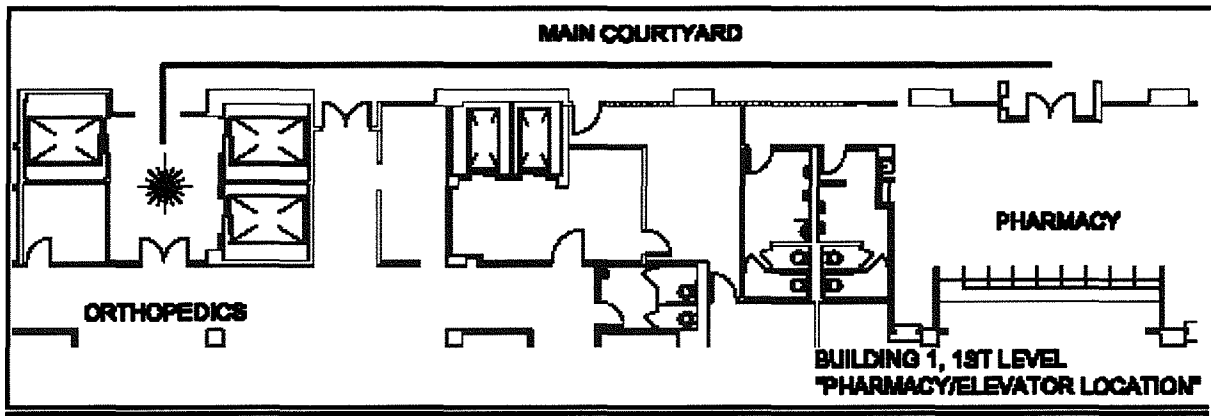
El Cajon Recycling Center
925 O'Conner Street
El Cajon, CA 92020
619-596-5100

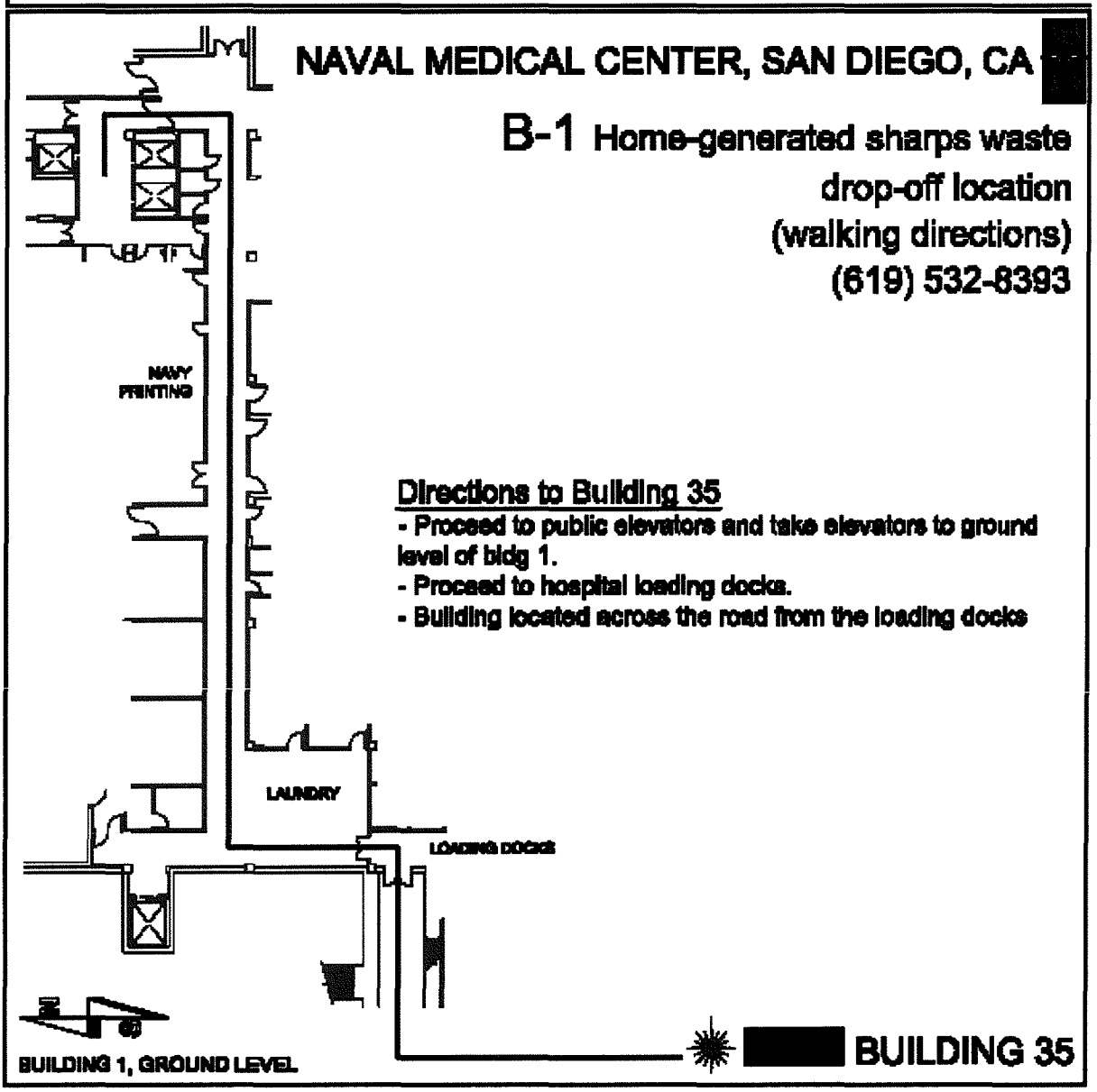
City of Imperial Beach Household HW-PROGRAM
495 10TH Street
Imperial Beach, CA 91932
619-424-4095

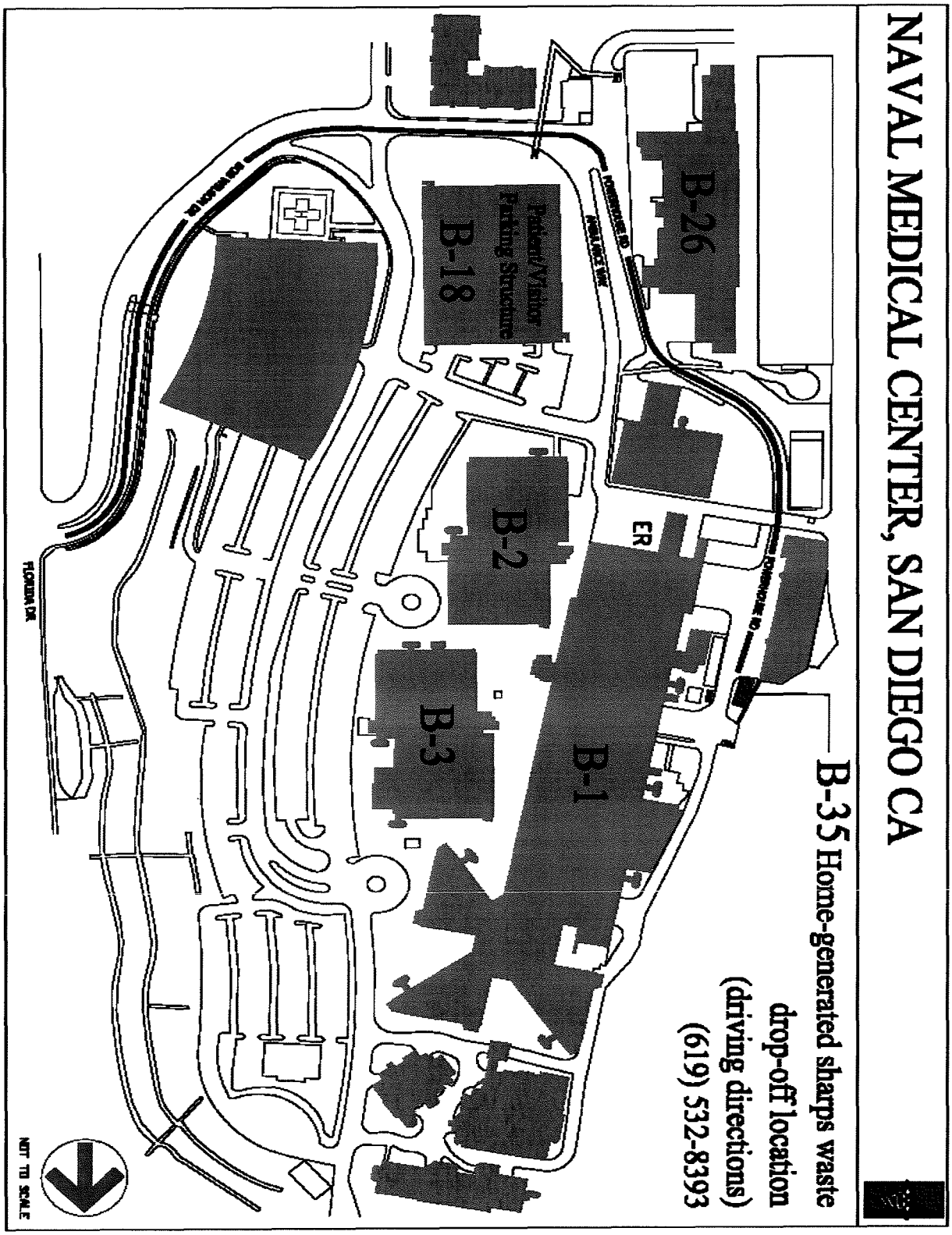
Miramar Landfill
5161 Convoy Street
Miramar, CA 92111
858-694-7000

Ramona Household Hazardous Waste Collection Facility
324 Maple Street
Ramona, CA 92065
877-713-2784

Vista Community Clinic
981 Vale Terrace, #105
Vista, CA 92084
760-631-5000


MAIN COURTYARD
PHARMACY
ORTHOPEDICS
BUILDING 1, 1ST LEVEL
"PHARMACY/ELEVATOR LOCATION"


NAVAL MEDICAL CENTER, SAN DIEGO, CA
B-1 Home-generated sharps waste drop-off location
(walking directions)
(619) 532-8393
NAVY PRINTING
Directions to Building 35
- Proceed to public elevators and take elevators to ground level of bldg 1.
- Proceed to hospital loading docks.
- Building located across the road from the loading docks
LAUNDRY
LOADING DOCKS
BUILDING 1, GROUND LEVEL
BUILDING 35


NAVAL MEDICAL CENTER, SAN DIEGO CA
B-35 Home-generated sharps waste drop-off location (driving directions) (619) 532-8393
B-26
B-18
Patient/Visitor Parking Structure
B-2
B-3
B-1
ER
FLORIDA DR
NOT TO SCALE

NMCSD HOME-GENERATED SHARPS WASTE ACCEPTANCE POLICY

Home-generated sharps waste may be dropped off at NMCSD, Medical Waste Storage Area, building 35. Home-generated sharps waste must be properly packaged prior to delivery to builing 35 as detailed below. The following procedures pertain to the acceptance of home-generated sharps waste at NMCSD.

1. Place sharps waste in a rigid, puncture and shatter-proof container (i.e., bleach bottle, juice bottle, detergent bottle, metal coffee container, small medical sharps container, etc.) with a secure, tight fitting lid.

2. Tape lid closed securely (i.e. electrician tape, duct tape, heavy-duty packaging/sealing tape) so as to prevent expulsion of the contents during transport.

3. Place the following information on the outside of the container in permanent ink or marker: **patient name (last, first, and middle initial), patient address and patient telephone number**.

4. Transport home-generated sharps waste to NMCSD, Medical Waste Storage Area, building 35, located on the ground level in back of bldg 1, across from loading dock 9 (see reverse for building plan and access routes).

5. Show government identification card to Medical Waste Storage Area personnel to verify eligibility for disposal of waste. Only NMCSD eligible patients (active duty personnel, retired personnel, their spouses, and family members), including Branch Medical, Dental, Tricare Outpatient Clinic, and Primary Care Managed patients, may transport and dispose of home-generated sharps waste at NMCSD.

6. Home-generated sharps waste is accepted **Monday - Friday, 0815 - 11:30, 12:30 - 15:30, and 17:00 - 19:00 only.** Please note that the Medical Waste Storage Area, bldg 35, is the only location on NMCSD approved to accept home-generated sharps waste. POC is Facilities Management, 619-532-6125.

PROCEDURES FOR RECEIVING WASTE AT MEDICAL WASTE STORAGE AREA (MWSA)

1. Customer transports waste to MWSA as follows:

a. Must have spill kit appropriate to cleaning up items being transported.

b. Must have proper labels on bags and containers.

c. Must have lids securely attached/sealed on containers.

d. Must be transported by personnel wearing proper personal protective equipment (PPE) - two pair of disposable gloves and removable non-absorbent gown.

e. Transporters must be properly trained on biohazardous waste procedures and spill cleanup.

f. Biohazardous and infectious waste containers are transported on service elevators, except select locations where service elevators are unavailable.

2. One customer inside MWSA at a time.

3. Customer:

a. Takes lid off container.

b. Lifts red bag out of container.

4. MWSA Personnel:

a. Inspects bag for integrity (no rips, tears, contaminants, etc.).

b. Inspects interim storage/transport container (inside and outside) for blood, biohazardous waste spills within container.

5. Customer:

a. Must clean and re-bag if bag is compromised/ contaminated.

b. Must clean container using disinfectant and water at floor sink provided in MWSA if contaminants are visible within container.

6. After inspection by MWSA Personnel:

a. Customer places pathological waste into freezer (as appropriate).

b. Customer puts lid back on barrel.

7. MWSA personnel:

a. Spin barrel midway between radiation detectors. (If radiation detector alarms, refer to PROCEDURES FOR DETERMINATION OF RDIOLOGICAL CONTAMINATION AND PRESENCE OF RADIOACTIVE MATERIALS for how to handle radioactive contaminated waste.)

b. Put barrel on weight scale.

c. Scan barrel bar code

d. Log in weight, department, and type of waste

8. Customer stacks barrel with bar code facing out and gets clean barrel for return to department (if needed).

SPILL RESPONSE AND CLEAN UP PROCEDURES FOR MEDICAL WASTE

1. Isolate the spill/release using absorbents, signs, and/or appropriate barricades.

2. Open your spill kit containing the following items. These spill kits are commercially available through the NMCSD supply system or you can make your own ensuring the below items are included in the kit:

a. One large zip lock plastic bag (as the spill kit bag).

b. One pair of disposable booties.

c. One non-absorbent smock/gown.

d. One pair disposable safety glasses/goggles/face shield.

e. One pair of disposable protective gloves.

f. Four - six disposable Chux pads.

g. One roll of absorbent paper towels (optional).

h. One medical (red) waste bag.

i. One 8 - 10 fluid ounce pourable bottle containing disinfectant.

j. One permanent black marker.

k. One blank label to be used for identifying waste placed into red bag during clean up (may use preprinted label from generator site if appropriate).

3. Put on appropriate personal protective equipment (PPE) (i.e. safety glasses/face shield, protective gloves, non-absorbent smock/gown, and disposable booties).

4. Contain spill/release to prevent access or exposure to unauthorized personnel.

5. Cover the spill/release with an absorbent material (i.e. disposable chux pads). Let stand for 5 to 8 minutes to enable

the absorbent material to absorb as much of the spill/release as possible.

6. Pick up the disposable material using caution to ensure that you do not cut yourself on any glass fragments that may be included. Place the contaminated material into the medical waste red bag. Place all glass residue into a sharps container (if available).

7. To disinfect spill area, do the following once and then **repeat a second time**:

a. Pour a 1 to 10 mixture of bleach to water or a tuberculocidal hospital disinfectant (such as Vesphene diluted according to manufacture's recommendations) over the contaminated area.

b. Allow surface to remain moist for a minimum of ten minutes.

c. Dry spill area with a clean disposable Chux pad or paper towels.

d. Repeat steps a., b., and c. (**thus disinfecting the area twice**).

8. Clean and disinfect spill kit items used during clean up procedures, including bottle of disinfectant and safety glasses if necessary.

9. Deposit contaminated PPE used during clean up procedures into the medical waste red bag with the other spilled material.

10. Properly mark and dispose of the waste bag for disposal. If waste contains glass or other "sharps" material, waste must be disposed of using the appropriate Sharps container.

11. Ensure that all materials used out of the Medical Waste Spill Kit are replaced immediately and the kit is returned to its routine location for future use.

12. Spill Responders must be properly trained in all clean up procedures. Spills will be promptly cleaned up by transporter/generator at time of spill. If transporter/generator needs assistance in cleaning up spills

occurring **inside a building**, transporter/generator may call MWSA, 2-8393, or the Housekeeping Office, 2-6632, for assistance. If transporter/generator needs assistance in cleaning up spills occurring **outside a building**, transporter/generator may call MWSA, 2-8393 or Facility Management, 2-6125 for assistance by properly trained Transportation Grounds personnel.

SPILL RESPONSE AND CLEAN UP PROCEDURES FOR CHEMOTHERAPY SPILLS

1. Isolate the spill/release using absorbents, signs and/or appropriate barricades.

2. Open your spill kit containing the following items. These spill kits are commercially available through the NMCSD supply system or you can make your own ensuring the below items are included in the kit:

a. One large zip lock plastic bag (as the spill kit bag).

b. One pair of disposable booties.

c. One non-absorbent smock/gown.

d. One pair disposable safety glasses/goggles/face shield.

e. Respiratory mask.

f. Two pairs of chemotherapy protective gloves.

g. Four - six disposable Chux pads.

h. One roll of absorbent paper towels (optional).

i. One chemotherapy (yellow) waste bag.

j. One 8 - 10 fluid ounce pourable bottle containing disinfectant.

k. One permanent black marker.

l. One blank label to be used for identifying waste placed into waste bag during clean up (may use preprinted label from generator site if appropriate).

3. Put on appropriate personal protective equipment (PPE) (i.e., safety glasses/face shield, respiratory mask (read enclosed instructions regarding the mask to ensure proper fit) protective gloves (double chemotherapy gloves, gown, and goggles if splashing may occur), non-absorbent smock/gown, and disposable booties).

4. Contain spill/release to prevent access or exposure to unauthorized personnel. Determine size of spill:

a. Small spills (<5cc).

b. Large spills (>5cc). All spills of >5cc must be reported to safety.

5. Cover the spill/release with an absorbent material (i.e. disposable chux pads). Let stand for 5 to 8 minutes to enable the absorbent material to absorb as much of the spill/release as possible.

6. Pick up the disposable material using caution to ensure that you do not cut yourself on any glass fragments that may be included. Place the contaminated material into the chemotherapy waste yellow bag. Place all glass residue into a (yellow) trace chemotherapy sharps container (if available).

7. To disinfect spill area, do the following once and then **repeat a second time**:

a. Pour a 1 to 10 mixture of bleach to water or a tuberculocidal hospital disinfectant (such as Vesphene diluted according to manufacture's recommendations) over the contaminated area.

b. Allow surface to remain moist for a minimum of ten minutes.

c. Dry spill area with a clean disposable Chux pad or paper towels.

d. Repeat steps a., b., and c. (**thus disinfecting the area twice**).

8. Clean and disinfect spill kit items used during clean up procedures, including bottle of disinfectant and safety glasses if necessary.

9. Deposit contaminated PPE used during clean up procedures into the chemotherapy waste yellow bag with the other spilled material.

10. Properly mark and dispose of the waste bag for disposal. If waste contains glass or other "sharps" material, waste must be disposed of using the appropriate Sharps container.

11. Ensure that all materials used out of the Chemotherapy Waste Spill Kit are replaced immediately and the kit is returned to its routine location for future use.

12. Spill Responders must be properly trained in all clean up procedures. Spills will be promptly cleaned up by transporter/ generator at time of spill.

a. If transporter/generator needs assistance in cleaning up spills occurring **inside building 1**, transporter/generator may call MWSA, 2-8393, or the Housekeeping Office, 2-6384, for assistance; **inside all other buildings**, transporter/generator may call MWSA, 2-8393, or the Housekeeping Office, 9-696-7645.

b. If transporter/generator needs assistance in cleaning up spills occurring **outside a building**, transporter/generator may call MWSA, 2-8393 or Transportation/Facility Management, 2-6154/6125 for assistance by properly trained Transportation Grounds personnel.