

 <p>HAWAII HEALTH SYSTEMS CORPORATION <i>"Touching Lives Everyday"</i></p> <p>Policies and Procedures</p>	<p>Quality Through Compliance</p>	<p>Policy No.:</p> <p style="text-align: center;">EOC 0002</p>
		<p>Revision No.:</p> <p style="text-align: center;">N/A</p>
<p>Subject:</p> <p>Corporate Policy on Medical Waste</p>	<p>Issued by:</p> <p>Corporate Compliance Committee</p>	<p>Effective Date:</p> <p>November 1, 2000</p>
	<p>Approved by:</p> <p>Thomas M. Driskill, Jr. President & CEO</p>	<p>Supersedes Policy:</p> <p style="text-align: center;">N/A</p>
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- I. **PURPOSE:** To set forth Hawaii Health Systems Corporation's (HHSC's) policy regarding hazardous, bio-hazardous (infectious) and low-level radioactive waste (collectively referred to as "Medical Waste"), and to require each facility to handle and dispose of Medical Waste in accordance with applicable federal and State laws and regulations.
- II. **POLICY:** HHSC and its employees and contractors shall take action required to dispose of Medical Waste in accordance with federal and State laws and regulations. HHSC has an obligation to both its personnel and to the people of the State of Hawaii to prevent and protect patients, employees, and the environment from any unnecessary exposure to, or contamination from, Medical Waste.

The unsafe storage of a potentially toxic, radioactive or hazardous material, the improper release of any such materials into the environment or the unsafe transportation or disposal of any such materials must be reported promptly to your immediate supervisor or to the Regional Compliance Officer. Federal and State laws and regulations also require that HHSC maintain records which accurately describe the amount, concentration and composition of hazardous and infectious waste that HHSC discharges, generates, or transports. Failure to report this information or inaccurate reporting must also be reported promptly to your immediate supervisor or to the Regional Compliance Officer.

Each facility shall cooperate with HHSC administration to determine whether it must register with EPA as a generator and comply with generator requirements. A site-specific hazardous waste separation, recycling, and waste minimization program must be developed to minimize the generation of Medical Waste.

HHSC may accept Medical Waste generated by sources other than HHSC at the discretion of and pursuant to terms established by the Regional CEO. The terms of providing this service shall be in writing and reviewed by General Counsel. A facility must use an EPA/Department of Transportation (DOT) certified hazardous waste transporter to remove the waste and dispose of it at an EPA registered treatment or disposal site. The hazardous waste disposal contract must be reviewed by General Counsel.

HHSC recognizes that the disposal of Medical Waste is governed by complex laws and regulations. Accordingly, this policy can only describe the general procedures which HHSC

employees must follow. Supervisors are expected to explain and promote this policy to their subordinates. Any questions or comments concerning Medical Waste disposal or practices should be referred to the Regional Compliance Officer (RCO). If the RCO is unable to resolve an employee's question or concern, the RCO should find the answer.

III. PROCEDURE:

A. Hazardous Waste:

1. Registration and Analytical Testing:

- (a) First, determine if a waste material is classified as "hazardous waste." Also, determine if the facility is a conditionally exempt generator, a limited quantity generator, a small quantity generator, or a large quantity generator before it registers with EPA as a hazardous waste generator. If a facility needs assistance in the waste category determination, it should contact OSHA. A limited quantity generator is not required to annually report to State/EPA.
- (b) Each EPA-certified hazardous waste disposal facility requires a one-time waste profile before the waste can be accepted. If a facility generates a new type of hazardous waste, either from specific projects or routine health care operations, the waste should be tested. A facility should ask for a copy of the analytical test results and keep it on file.

2. Handling:

- (a) Never mix hazardous wastes. Each waste stream must be stored separately. Never mix hazardous waste with other types of waste materials (such as regular trash or medical waste).
- (b) Stored hazardous waste must be locked at all times. Waste must be properly labeled and tagged with appropriate warnings. Secondary containment should be provided for all hazardous waste storage/holding. Do not store a waste more than 180 days. If the facility is a large quantity generator, the maximum storage time is 90 days.
- (c) Visually inspect hazardous waste storage weekly.

3. Transportation:

- (a) It is not acceptable for facility personnel to transport hazardous waste.
- (b) Each facility should verify the registration (DOT and State Environmental Agency) of the hazardous waste transporter, and have the transporter sign the manifest for each removal.
- (c) Each shipment of hazardous waste must be accompanied by a properly executed EPA hazardous waste manifest and applicable land ban notification forms. A facility should keep this origination copy of manifest. Any hazardous waste must be packaged in a DOT approved container with proper label and warning.

4. Disposal:

- (a) Each facility must have the hazardous waste disposed at an EPA-registered treatment or disposal site. A facility should verify that the disposal site is properly operated in accordance with all applicable State and federal requirements. Avoid those facilities with poor operating records, too many violations, or listed as an uncontrolled site.
- (b) After a shipment of hazardous waste is removed, the manifest, signed by the transporter and the ultimate disposal facility, should be returned to the facility. The manifest should be kept forever. If a complete hazardous waste manifest has not been returned to the facility within 45 days, the facility is required to write an "exception report" with explanation and attachment of original manifest.

5. Record-keeping: A complete file should include:

- (a) A list of wastes for off-site hauling (waste profile);
- (b) Original EPA (or State) notification form for hazardous waste generator registration and all subsequent amendments;
- (c) A copy of the permit from each hazardous waste transporter and disposal facility which provides services for the property;
- (d) Agency visit/inspection records;
- (e) Any annual reports to EPA;
- (f) All manifests, receipts, or equivalent documents (never destroy these records);
- (g) Waste pickup logs;
- (h) Weekly inspection (by facility personnel) logs; and
- (i) Personnel training records.

B. Infectious/Bio-Hazardous Waste:

1. Registration:

- (a) Each facility should be properly registered with the appropriate State agency as a bio-medical waste generator as applicable. A copy of the registration and agency inspection records must be kept at the facility.
- (b) If a facility uses an incinerator for biomedical waste treatment, the facility must keep a medical waste incinerator permit, a permit exemption, or proof of permit-by-rule. A one-time analytical test (TCLP-metals) must be performed for the incinerator ash. The facility must ask for a copy of the analytical test results and keep it on file.

2. Handling:

- (a) Never mix biomedical waste with other types of waste materials (such as regular trash or hazardous waste).
- (b) Biomedical waste collected for on-site incineration or off-site disposal should be stored in a secure manner and in a location where the waste is protected from

theft, vandalism, inadvertent human or animal exposure, rain, water, and wind. The waste storage time should be less than 7 days.

- (c) Wastes must be properly labeled and tagged with appropriate bio-hazard warnings.
- (d) Visually inspect medical waste storage weekly.
- (e) If the facility incinerates biomedical waste on-site, the operating records should include:
 - (1) Date of incineration;
 - (2) Amount and type of bio-medical waste incinerated;
 - (3) Name and initials of person(s) performing incineration; and
 - (4) Special equipment conditions and incineration temperature chart.

3. Transportation:

- (a) It is not acceptable for facility personnel to transport bio-medical wastes.
- (b) Each facility must verify the registration (with DOT and State Environmental Agency) of the biomedical waste transporter and have the transporter sign the manifest for each removal.
- (c) Each shipment of biomedical waste must be accompanied by a properly executed EPA non-hazardous waste manifest. A facility must permanently keep the original copy of the manifest. Any liquid containing biomedical waste must be packaged in a DOT approved container with proper label and warning.

4. Disposal:

- (a) The facility must have biomedical waste disposed of at an EPA and State registered treatment or disposal site. The facility must verify that the disposal site is properly operated in accordance with all applicable State and federal requirements. Avoid those facilities with poor operating records, too many violations, or listed as uncontrolled sites.
- (b) After a shipment of biomedical waste is removed, the manifest must be signed by the transporter and the ultimate disposal facility and returned to the facility. The facility should receive an executed manifest signed and returned by the treatment/disposal facility within 30 days after the removal from the facility. If this manifest is not received, the facility must call the disposal facility and request the executed manifest.

5. Record-keeping: Depending on the method of biomedical waste disposal utilized, a complete file should include:

- (a) A copy of off-site hauling contracts;
- (b) Analytical results of incinerator ashes;
- (c) Original State notification form for medical waste generator registration;

- (d) A copy of the permit from each medical waste transporter and disposal facility used;
- (e) Agency visit/inspection records;
- (f) A certification from each red bag and sharp container supplier(s) indicating material properties and testing data;
- (g) All manifests, receipts, or equivalent documents;
- (h) Waste pickup logs;
- (i) Monthly inspection (by facility personnel) logs; and
- (j) Personnel training records.

C. Low-Level Radioactive Waste:

1. Procedure:

- (a) Radioactive material must be handled by qualified personnel only.
- (b) Unused doses of radioactive materials must be returned to the Nuclear Medicine Department for proper storage in original containers until the supplier picks them up for return.
- (c) Solid radioactive waste may be stored in a secured container until decay has occurred. A full container must be sealed with tape and tagged to show the date and initials of the person sealing the container. Once decay is complete, the labels must be defaced; then the material can be disposed along with the proper category of waste.
- (d) Never mix radioactive waste with other types of waste materials.
- (e) The decay-in-storage area must be kept locked, with controlled access by the Nuclear Medicine Department personnel, and must be properly identified with appropriate warning signs. Inspection of the storage area must be in accordance with the license requirements.

2. Recordkeeping: A complete file must include:

- (a) A list of radioactive materials used;
- (b) RC License (or equivalent state license) for handling radioactive materials;
- (c) Bioassay program, if applicable, and personal monitoring;
- (d) A copy of the written Operating and Emergency Procedures;
- (e) Waste inventory logs;
- (f) Inspection (by facility personnel) log;
- (g) Personnel training records; and
- (h) Radiation detection instrument maintenance record.

Attachment: 1. List of Typical Hazardous Wastes Generated by a Facility

LIST OF TYPICAL HAZARDOUS WASTES GENERATED BY A FACILITY

<u>Waste Substance*</u>	<u>Hazardous Waste Code</u>
Formaldehyde	U122
Xylene	U239
Acetone	U002
Chloroform	U044 or D022 (mixture)
Toluene	U220
Carbon Tetrachloride	U211
Benzene	U019
Methylene Chloride	U080
Freon	R-11(U121), R-12 (U075)
Mixed Solvents	F001, F002, F003 depending on chemicals
Silver Containing Wastes	D011
Barium	D005
Mercury Containing Wastes	D009
Lead Containing Wastes	D008
Ethylene Oxide	U115
Phenol	U188
Waste Acids (sulfuric acid, nitric acid, etc.)	D002 or depending on chemicals
Waste Oil	D001
Waste Paints	Depending on chemicals
Picric Acid (solid or semi-solid)	D003

*Not reclaimed or burnt for energy recovery