

OREGON STATE HOSPITAL

PORTLAND – SALEM

POLICIES AND PROCEDURES

SECTION 8: Safety, Security, Emergency Management

POLICY: 8.020

SUBJECT: Hazardous Waste Management Program

POINT

PERSON: MIKE BROWN

APPROVED: GREG ROBERTS
SUPERINTENDENT



DATE: November 3, 2011

I. POLICY

- A. All Oregon State Hospital (OSH) employees are responsible for minimizing use of hazardous chemicals and finding methods of reducing waste, including recycling, from chemical products used in performing their work assignment.
- B. All OSH employees shall handle and dispose of waste in an environmentally responsible manner in compliance with State and Federal regulations.
- C. Work areas producing hazardous waste shall have procedures addressing safe handling, use and disposal of hazardous chemicals, and waste specific to their operations.
- D. The Facilities Services Director is the manager of the hospital-wide hazardous waste program.

II. DEFINITIONS

- A. "Hazardous Waste" means any product that contains a chemical that meets the criteria of EPA, as set forth in 40 CFR, as a hazardous waste.
- B. "Biohazard Waste" means all laboratory infectious waste including blood, other body fluids (except urine), bacterial culture plates, sharps, needles, or contaminated (used) syringes.
- C. "Infectious Waste" means sharps, extremely contagious agents, dressing or materials fully saturated with blood or body fluids, except urine, feces, or throat cultures. Any other body fluid that cannot be flushed down the municipal sewer system, i.e., radioactive isotopes.

- D. "Waste Stream" means the process where a product becomes waste, leading to its complete disposal.

III. PROCEDURES

- A. Supervisors shall notify the Facilities Services Director of new waste streams.
- B. The Facilities Services Director shall determine if waste is a "listed" hazardous waste or fits one of the four characteristics of a hazardous waste and therefore is subject to regulations.
- C. All infectious waste shall be placed in a red plastic bag and labeled "Infectious Waste" and sent to the Housekeeping Department for routing out of the hospital for incineration.
- D. Used needles, syringes and disposable sharps shall be placed in a puncture-proof container. When container is full as designated on the container (i.e., three fourth's full), it shall be sealed shut according to the manufacturer's instructions (label, directions are on the container). The container is routed to Housekeeping. The container is not placed in a red bag (a clear bag may be used) or concealed in any way for transport.
- E. Linens and clothing contaminated with urine and/or feces shall be placed in a single plastic bag and sent to the laundry service.
- F. Labeling:
1. All waste shall be appropriately labeled. Hazardous wastes shall be labeled as such. Waste that is not hazardous shall not be labeled as hazardous.
 2. The date of waste generation shall be indicated on the label.
- G. Storage:
1. Waste shall be stored away from sources of flame and food production or handling, and in areas inaccessible to patients, visitors, and unauthorized employees. Appropriate safety and fire prevention/response practices such as ventilation, diking, separation from incompatible materials or processes, and extinguisher selection shall be employed as required by fire and safety regulations.

2. Containers used to store waste shall be inspected weekly for signs of leakage.
3. Biohazard waste generated by the Laboratory shall be placed in a vendor supplied container and stored within the Laboratory until picked up by said vendor for outside incineration.
4. Infectious waste and used sharps containers routed to the Housekeeping Department shall be placed in a vendor supplied container and kept in a locked area until picked up for outside incineration.
5. Biohazard and infectious waste shall not be stored for outside pick-up longer than one week.

H. Training:

1. Staff working with hazardous waste shall be informed by their supervisors that OSH is responsible for damage and resulting liability from hazardous waste generated at OSH from its generation through and after its disposal; otherwise known as "cradle to grave" responsibility.
2. Work areas working with chemicals that may result in hazardous waste are to generate procedures specific to their operation describing safe handling of chemicals and waste, emergency procedures, and storage and labeling requirements. The work area management staff is to train staff on such procedures as well as this policy and procedure.
3. Staff working in areas that generate biohazard waste or infectious waste shall receive training by their supervisor in the safe handling and correct disposal procedures for such waste as explained in the OSH Infection Control Manual.

I. Disposal:

1. Staff shall not dispose of any waste products or items contaminated by waste products in a manner not authorized by regulatory agencies. If unsure of how to dispose of a product, the Facilities Services Director shall be contacted.
2. Transporters and disposal sites shall be approved by the Facilities Services Department for appropriate licensing. The Purchasing Supervisor assures adequate insurance protection as evidenced by

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a certificate of coverage. The certificates of coverage shall be kept on file in the Purchasing Department.

3. Hazardous waste delivered to Facilities Services Department for disposal shall be picked up by an authorized disposal contractor within 30 days of arrival.

J. Documentation:

1. Manifests and other shipping or disposal documents shall be kept on file in the area of waste generation.
2. The hospital's EPA Identification Number shall be kept on file in the Facilities Services Department.

IV. REFERENCES

Resource Conservation and Recovery Act
40 Code of Federal Regulations, Parts 260 – 272
OAR 437, Division 155
OAR 437, Division 2, CFR 1910.1030

Replaces OSH Policy and Procedure 8.020, *Hazardous Waste Management Program*, dated 4/11/2006.