

WVU Physicians of Charleston

Hazardous Materials & Waste Communication Plan
(pursuant to the requirements of 29 C.F.R. 1910.1200)

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HAZARDOUS MATERIALS AND WASTE COMMUNICATION PLAN

PURPOSE:

West Virginia University Physicians of Charleston (WVUPC) is committed to the health and safety of its employees, patients, and visitors as well as protection of the environment. To that end, a comprehensive Hazardous Materials and Waste Communication Plan (HMWCP) has been developed for implementation. Employees are informed of their rights under the law, and are given information through continued training to recognize and understand labeling systems, proper emergency procedures, and Safety Data Sheets (SDS).

Infectious/Biological waste is addressed in the WVUPC Exposure Control Plan.

OBJECTIVES:

- To develop an ongoing HMWCP that addresses the identification of hazardous substances, ensures proper labeling of these substances throughout WVUPC controlled facility, assures the availability of applicable SDS's, and provides training to employees regarding these hazardous substances.
- To manage the program in accordance with regulatory and accreditation requirements of the Environmental Protection Agency (EPA), Occupational Safety and Health Administration (OSHA), National Fire Prevention Association (NFPA), State and other regulatory agencies.
- To identify the types of materials and waste that require special handling. Maintain a system that assures that all potentially hazardous materials that enter or that are created within WVUPC controlled facilities are identified.
- To define how materials and waste shall be managed from the time they enter the facility until they are removed and legally disposed of.
- To train employees to ensure that they have adequate knowledge to safely manage these materials while within WVUPC controlled facilities, so as to minimize any potential hazards.
- To store and use hazardous materials and waste in compliance with appropriate local, state, and federal laws, regulations or safe work practices in order to minimize any potential hazards.
- To provide environmental monitoring, as needed, to assure that engineering controls, protective equipment, or other control methods are in place and are currently functioning.
- To provide necessary safety and personal protective equipment for employees when so required for the safe handling and use of these materials, and to assure the use of such protective devices.

- To ensure that all hazardous materials and hazardous waste that are generated within WVUPC controlled facilities are disposed of in compliance with all applicable laws, regulations or standards.

B. COMMAND AND CONTROL:

Whenever any individual employee or associate discovers what they believe to be a hazardous condition or dangerous situation, that individual should immediately contact the Administrator and clinical manager of the department where the condition or situation has been observed. The manager and/or Administrator shall provide further direction and instructions to the employee(s) for resolution of the situation and/or abatement of the condition. The Administrator shall notify the Chief Operating Officer or his/her designee for any further instructions or intervention. Law enforcement authorities should be contacted whenever the most senior administrator available at the time of the discovery of the condition or situation determines, in a reasonable exercise of their discretion, that such authorities' involvement is required or advisable.

PROCEDURES:

LABELING:

- 1) Each department is responsible for identifying and labeling all hazardous materials and wastes within the clinical areas which are under their control.
- 2) All containers (e.g. drums, buckets, jugs, pails), which contain hazardous chemical substances, will have a clear, complete, conspicuous and durable label identifying the chemical.

SAFETY DATA SHEETS AND SDS LOCATION:

- 1) SDS's and the list of hazardous chemicals present within WVUPC controlled environs shall, to the extent required by law, be available to all employees, medical staff and contractors during their work shifts.
- 2) The location of relevant SDS shall be communicated to all employees.
- 3) All employees are responsible for knowing how to access the location of the SDS's in each area that they work.
- 4) Any time new information becomes available for any chemical that WVUPC uses, the Administrator of the affected department shall notify both the COO of the corporation and the Director of Corporate Compliance regarding required updating of the Safety Data Sheets.

TRAINING:

1. New Employees:

All new WVUPC employees who are required to handle hazardous materials or waste as a function of their employment will be provided with appropriate education regarding this Plan as part of their orientation activities.

2. Annual:

Annually, employees will have a refresher course on OSHA related issues, including hazard communication, related to the chemicals used in their areas.

3. Training Program Content:

WVUPC's hazard communication training program will consist of:

- A. Printed material
- B. NetLearning Computer-Based Learning modules
- C. Location/departmentally based lectures and instruction

Each employee also is provided information relating to:

- WVUPC's HMWCP and applicable laws/regulations.
- What the Occupational Safety and Health Administration (OSHA) Hazard Communication Standard requires.
- The availability and location of this written hazard communication program, SDS, and list(s) of hazardous chemicals.
- Where to find information regarding physical and health hazards of chemicals in his/her work area or department.
- Protective measures/clothing – available for use when handling hazardous substances.

A. DEPARTMENT DIRECTOR/MANAGER RESPONSIBILITIES:

Departmental Administrators and his/her designated manager(s) are responsible for:

1. Completing a physical survey of the clinical locations which they operate and control to identify hazardous materials.
2. Completing chemical/product inventory forms;
3. Establishing appropriate departmental policies and procedures for handling, storage, use and disposal of hazardous materials, and for ensuring that each employee who uses any hazardous materials receives the proper training. By law, training must be documented, and kept in departmental and/or organizational files.
4. Requesting or conducting specific training on an ongoing basis whenever:

- a. A new employee is hired;
- b. Procedures/equipment change.
- c. New materials are introduced;
- d. Incidents reveal employee performance is inadequate;
- e. Employees receive new work assignments.

B. ENVIRONMENTAL CONTROL TECHNIQUES:

Exposure to hazardous substances will be minimized by the following methods:

1. Stock levels kept at a minimum;
2. Substitution of less hazardous chemicals, where applicable;
3. Use of proper containers
4. Good housekeeping (routine and emergency).
5. Area monitoring for example, but not limited to, formalin, xylene, ETO;
6. Establishing sound processes and procedures for handling chemicals;
7. Periodic inventory of chemicals;
8. Ventilation (exhaust and hoods);
9. Disinfection

Periodic departmental surveys shall be conducted by one or more members of senior management appointed by the COO in order to monitor for unwanted or contaminated material.

C. STORAGE AND HANDLING:

1. Hazardous chemicals will be stored in appropriately labeled containers intended for this purpose.
2. Materials, which ignite easily under normal conditions (flammable), are considered fire hazards and will be stored in a cool, dry, well-ventilated storage space, away from areas of fire hazard.
3. Highly flammable materials will be kept in an area separate from oxidizing agents with a flammability rating from NFPA of 3 or 4 (material susceptible to spontaneous heating; explosives, etc.).
4. The storage area for flammables will be supplied with fire fighting equipment, either automatic or manual. There will be "no smoking" or "flammable" signs posted in and around the storage area.
5. Oxidizers will not be stored close to liquids of low flash point.
6. Acids and acid fume sensitive materials will be stored in a cool, dry, well ventilated area, preferably wooden.
7. Materials which are toxic as stored or which can decompose into toxic components from contact heat, moisture, acids, or acid fumes will be stored in a cool, well ventilated place out of the direct rays of the sun. Incompatible toxic materials will be isolated from each other.

8. Corrosive materials will be stored in a cool, well-ventilated area (above their freezing point). The containers will be inspected at regular intervals to ensure they are labeled and kept closed.
9. Corrosives will be isolated from other material.
10. Protective clothing and equipment will be available for use when handling these materials.
11. Regular inspections will be made of the storage site to ensure that there are no leaking or spilled containers.

D. SPILLS/LEAKS: CLEAN-UP AND DISPOSAL PROCEDURES:

Every employee will receive training specific to departmental needs and requirements. If a spill occurs, the following should be done:

- 1) Evacuate all non-authorized personnel and limit all access to area.
- 2) In the event of a **MERCURY** spill, it is extremely important to prevent exposure of patients and staff. The person discovering such a spill shall determine the manner necessary to restrict access and to limit exposure to others including him/herself. The Administrator and clinical manager of the department where the spill occurred shall be contacted immediately to make appropriate arrangements for proper cleanup.
- 3) **Spill Clean-Up Procedures:**
 - a) Before attempting to clean up any hazardous chemical spill or splash,
 - i) know what the chemical is
 - ii) read SDS and labels when applicable.
 - b) Clean the spill using an approved spill kit
 - i) Location of Spill Kits: Spill kits should be readily available in each clinical location. Administrators or their managerial designees are responsible for ensuring an adequate supply of spill kits, and for conducting routine inventories relating to the same.
 - ii) Spill kits are to be clearly labeled according to their capabilities and clean-up contents are to be readily accessible to WVUPC personnel.
 - iii) Follow the clean-up instructions noted in the applicable SDS, if any.
 - iv) SDS directions shall be followed according to the established procedures from the SDS for cleaning up the chemical spills or leaks.
- 4) Personnel cleaning up spills should wear protective clothing such as gloves and aprons, boots, face shields, and other necessary equipment.
- 5) The appropriate solvent absorbent should be applied to the spill in quantities sufficient to neutralize the chemical and absorb it as much as possible.

6) The saturated absorbent is to be swept up and placed in a labeled bag and disposed of appropriately.

7) The room where the spill occurred should be “off limits” to all unauthorized personnel until it has been well ventilated.

8) An incident report, detailing the spill material, the nature of the accident, and the corrective action taken, should be prepared by the departmental Administrator or his/her managerial designee immediately following clean up by the personnel involved. Copies of the incident reports for such spills shall be maintained by the Administrator(s) where the spills have occurred, and such reports shall be available for inspection by the COO or his/her designee upon request.

E. IDENTIFICATION AND STORAGE OF HAZARDOUS MATERIALS AND WASTES:

All hazardous materials must be:

1. Identified and labeled;
2. Stored and handled safely and appropriately.
3. Separated from “ordinary” waste;
4. Separated into “like” groups;
5. Packaged or containerized to prevent contamination of surrounding environment.

F. PERSONNEL PROTECTION/CLOTHING AND DEVICES:

Where needed, an adequate supply of personal protective clothing/devices such as gloves, goggles, face shield, apron, etc., are to be maintained at individual work areas.

G. REGULATED MEDICAL WASTE/INFECTIOUS MEDICAL WASTE:

Regulated Medical waste/Infectious Medical Waste is addressed in the WVUPC Exposure Control Plan.

CHEMOTHERAPY:

A. GENERAL GUIDELINES FOR CHEMOTHERAPY AGENTS:

1. Only WVUPC personnel who have been educated, trained and designated as qualified shall prepare, handle or administer chemotherapy agents.
2. Annual demonstration of competency will be required and the departments whose providers administer chemotherapy shall be responsible for conducting all such training and competency checks as necessary to comply with this directive.

B. LABELING:

1. All prepared doses will have an identification label listing the drug's generic name, dose, and instructions for administration and expiration date.
2. Labeling will include "Investigational Drug" when appropriate.
3. Chemotherapy warning label stating "Cancer Chemotherapy – Dispose of Properly" will be placed on all doses including oral agents.
4. Drugs with vesicant properties require the label "Vesicant."

C. HANDLING:

1. Due to the ability to damage cells, chemotherapeutic agents may have potential mutagenic, teratogenic and carcinogenic risks associated with their handling. Therefore, chemotherapy, including drugs given to treat both malignant and non-malignant conditions, will be considered cytotoxic drugs, and will be referred to as "CD's" in these guidelines. Biological response modifiers are NOT included. Examples include interferon, interleukin-2, monoclonal antibodies, etc.

2. Cytotoxic drugs (CD's) will be handled according to procedures that will ensure the safe preparation, administration and disposal of these drugs, and that all items contaminated by these drugs will not pose a hazard to anyone who is involved with their use and/or with the care of patients receiving them. These procedures are based on guidelines recommended by the following agencies:

Occupational Safety and Health Administration (OSHA)
National Study Commission on Cytotoxic Agents
American Society of Health System Pharmacists

3. All CD's will be prepared and handled in the same manner

4. All employees with potential exposure to CD's during preparation, or transport will be informed of potential dangers and the need to take adequate precautions.
5. Employees who are pregnant, or breast-feeding are NOT permitted to prepare CD's.

D. ACCIDENTAL EXPOSURE GUIDELINES:

1. If skin is directly exposed to a CD, immediately remove the gloves and/or gown and thoroughly wash the affected area with soap (not germicidal cleaners) and water. Rinse the area with copious amounts of water.
2. For eye exposure, immediately flush the affected eye with water or isotonic eyewash designated for the purpose and continues flushing for at least five minutes (using at least one liter of fluid). Have a physician (Emergency Department) examine the eyes immediately.
3. Needle sticks from needles attached to syringes, etc. containing a CD should be considered an acute exposure. The site should be cleaned as with any needle stick and examined by a physician.
4. Needle sticks received by personnel handling blood specimens of patients who have been treated with CD's do NOT have to be considered an acute exposure. However, ordinary needle stick procedures should be followed.
5. A physician (Emergency Department) should examine any exposed area as soon as possible.
6. Notify the Administrator of the Department where the exposure occurred for further instructions, including instructions relating to referral for an employee health evaluation.
7. Complete and submit an incident report.

F. SPILL GUIDELINES FOR TRAINED PERSONNEL:

1. Chemotherapy drug spill kits are to be available in any WVUPC controlled area, if any, where such drugs are administered. The spill kit should contain protective equipment and clothing. Additional and/or replacement spill kits shall be obtained as necessary to ensure an adequate supply.

2. The spill kits should contain:
 - a. Spill proof prep mats
 - b. Chemo gown
 - c. Safety eyewear
 - d. Latex gloves
 - e. Heavy duty latex gloves
 - f. Foot covers
 - g. Dust and mist respiratory mask
 - h. Absorbent toweling
 - i. 4-mil Chemo disposal bag
 - j. 2-mil poly bag
 - k. Container to act as a scoop for picking up fragments

3. The person involved in a CD spill or the first person to discover the spill should:
 - a. Remain at the spill site, restrict access to the area and prevent contamination of other persons.
 - b. Alert another staff member to bring the spill kit and to notify the housekeeping supervisor for immediate assistance.
 - c. If the spill involves a disconnected IV that is still flowing, immediately put on gloves, turn off the IV and/or pump, remove gloves and wash hands.
 - d. If the spill involves a flowing liquid, carefully drop disposal pads (blue pad, absorbent side down) onto the liquid to contain the spill until the kit arrives.
 - e. If the spill involves the patient bed, have the patient vacate the bed if possible.
 - f. Put on the disposable gown, foot covers and safety eyewear. If there is danger of airborne powder or generation of an aerosol, put on the respiratory mask (otherwise the mask is optional).
 - g. Wash hands and put on two pairs of latex gloves.
 - h. Soak up liquid with absorbent mats and/or toweling (follow the spill kit manufacturer's instructions). Never "dry sweep" or "dry mop".
 - i. Wipe spill from outer edge and work toward the center, using absorbent gauze for liquids and wet absorbent gauze for solids.
 - j. Utilizing the scoop container, pick up any glass particles and place in the appropriate box.
 - k. Place all contaminated articles in the disposal bags provided.

4. Upon arriving on the department, the housekeeping employee will wash his/her hands, put on a protective disposable gown, disposable foot coverings, and two pairs of surgical latex gloves. After the Nurse or Pharmacist has completed clean-up of the gross contamination, the housekeeping employee will thoroughly clean the contaminated area (floor,

bed, mattress, etc.) with a detergent solution at least two times and then again with clean water.

5. All non-disposable linens, washable mop head, etc. should be placed in a laundry bag labeled "Chemotherapy – Handle with Gloves" and laundered according to procedure.

a. After properly disposing of all contaminated articles including protective clothing, thoroughly wash hands and any skin area that might have been exposed.

6. All spills on WVUPC controlled premises must be documented on the WVUPC Incident Report Form (Appendix 1) by the Administrator of the department where the spill occurred, or his/her managerial designee, and such report shall be delivered to the Chief Operating Officer of WVUPC. Note that the following information needs to be on the incident report:

- a. All individuals involved
- b. Date, time and location of the occurrence.
- c. Factual description and explanation of the entire event.
- d. CD that spilled
- e. Approximate amount spilled
- f. Clean up interventions

7. If anyone experienced an acute exposure of skin or eyes during the spill, this should be noted on the Spill Incident Report and an additional employee or patient Incident Report should be submitted.

RADIOACTIVE WASTE:

A. DEFINITION:

For purposes of disposal, radioactive wastes will be divided into the following categories:

1. Dry Solid Radioactive Waste
2. Solid Biological Radioactive Waste
3. Liquid Radioactive Waste
4. Liquid Scintillation Vials

No radioactive waste should be in WVUPC controlled facilities; however, WVUPC personnel may be exposed to such waste while performing their job in another facility. If a radioactive occurs in this situation:

- Restrict the spill area and restrict traffic in the area.
- Immediately contact your immediate supervisor and the Administrator of the department where the spill occurred for further instructions.
- Report the location of the spill and type of material (if known).

- Use specific Radioactive Waste bags (yellow) for clean up.

HAZARDOUS GAS AND VAPORS MONITORING AND DISPOSAL:

1. Personnel concerned with the use and transport of compressed gas shall be trained in the proper handling of cylinders, cylinder trucks and supports, and cylinder valve protection caps. Unauthorized individuals shall protect all cylinder storage areas from extremes of heat and cold and from unauthorized access.
2. The department shall perform regular visual inspections of compressed cylinders to ensure cylinders are in safe condition during regular inspections.
3. The department managers, through visual inspections, will ensure that oxygen equipment does not come in to contact with any form of grease or oil.

Definitions:

Safety Data Sheets (SDS) – is the document provided by the chemical/product manufacturer that offers complete and accurate information about chemical substances in accordance with 29 CFR Part 1910.1200 – OSHA, and any amendments thereto.

Chemical/Hazardous Material – a substance which by reason of being explosive, flammable, poisonous, carcinogenic, teratogenic, corrosive, oxidizing, irritating or otherwise harmful is likely to cause internal or external injury to humans or the environment.

**WVU PHYSICIANS OF CHARLESTON
HAZARDOUS MATERIALS & WASTE MANAGEMENT PLAN**

APPENDIX 1

HAZARDOUS MATERIALS INCIDENT REPORT FORM

DATE OF INCIDENT: _____

TIME OF INCIDENT: _____

DEPARTMENT/INCIDENT LOCATION: _____

PHONE NO. OF DEPARTMENTAL ADMINISTRATOR: _____

PHONE NO. OF SUPERVISOR ON SITE AT TIME OF INCIDENT: _____

SUBSTANCE(S) INVOLVED: _____

DESCRIPTION OF HOW SPILL/INCIDENT OCCURRED: _____

WITNESSES TO INCIDENT/SPILL: _____

IF CHEMICAL SPILL, IS MSDS REQUIRED AND AVAILABLE? _____
(if so, was SDS given to employee present at time of spill? _____)

INFECTIOUS AGENT? _____

If so, identify source's name, address and telephone number:

COULD THIS INCIDENT HAVE BEEN PREVENTED? IF SO, HOW: _____

CORRECTIVE ACTION TAKEN: _____

DATE OF CORRECTIVE ACTION: _____

Signature of Administrator/Manager of Dept.

(This form, once completed, shall be forwarded to the COO of the corporation for filing)

