

LEGACY HEALTH

ADMINISTRATIVE

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SECTION: FACILITIES & SAFETY
TITLE: HAZARDOUS MATERIALS PROCEDURES

DEFINITIONS:

Hazardous waste: Any waste material that exhibits one or more of the characteristics of waste as defined by EPA (corrosivity, reactivity, ignitability and toxicity).

Infectious waste: In Oregon and Washington, the items which have been classified as "infectious" and thus require more stringent disposal practices include the following:

1. Cultures and stocks of infectious agents and associated biologicals
2. Human blood and blood products
3. Liquid body wastes (fluid form) visibly contaminated with blood
4. Pathological waste
5. Sharps

Radioactive waste: Unused or unusable solids, liquids, or gases, which spontaneously emit radiation.

PROCEDURE:

1. Hazard Identification - Department managers are responsible for the identification of hazardous substances in their work area. These substances may be identified by the following:
 - a. Label on product includes words caution, hazardous and/or warning.
 - b. Material Safety Data Sheet (MSDS) sent with product.
 - c. Materials which have one or more physical or biological hazard characteristics (i.e., flammable, corrosive, neurotoxin) are designated as hazardous.
 - d. Products that are mixtures of chemicals are considered hazardous if they contain at least 0.1% of carcinogen or at least 1% of any other health hazard.

KEY POINT: *Radioactive Materials must be coordinated with the Radiation Safety Officer*

2. Hazardous Materials Audit
 - a. The LHS Environmental Manager shall assure that annual hazardous material audits are performed by all departments, and results discussed and documented in Safety Committee minutes.
 - 1) This shall be completed by an annual department audit of hazardous materials by the Manager or department safety officer. All areas of the Hospital shall be inspected for hazardous materials to ensure that a Material Safety Data Sheet (MSDS) is available and that the materials are properly labeled.
 - 2) Procedures and work locations shall be inspected by the LH Safety Officer or designee, upon request or in response to a concern, to ascertain in procedure, location, isolation or ventilation should be made to reduce exposure and prevent contamination of surrounding area.

- 3) Outdated hazardous substances, or materials that have not been recently used and are not needed, shall be disposed of in the appropriate way by the manager through the LH Environmental Manager.
 - 4) A copy of the department audit shall be retained in the department, and a copy sent to the LH Environmental Manager. This department audit list shall be called the Department Hazardous Materials Inventory list.
 - b. All employees also have responsibility to assure that all hazardous materials are identified/labeled appropriately. All new items or those not previously used shall be immediately reported to the LH Safety Officer.
3. Material Safety Data Sheets (MSDS) - An MSDS is an information sheet created by the manufacturer that contains important health and scientific data, first aid information, and emergency telephone number.
4. MSDS Acquisition
- a. Any department ordering a product considered to be hazardous shall indicate the need for an MSDS on the Materials Requisition form, if the product is not already listed on their department Hazardous Materials Inventory list.
 - b. Add the new product to your inventory list immediately and send a copy to the Environmental Manager and, if applicable, the Radiation Safety Officer.
5. MSDS Access
- a. MSDS are available via the Legacy Intranet and are also available via fax from our MSDS vendor.
 - b. The MSDS may also be kept in the Department using the Hazardous Material.
6. Hazard Labeling
- a. All original hazardous material containers will have a label containing the following information **prior to introduction** to the workplace:
 - 1) content identity,
 - 2) appropriate hazard warnings,
 - 3) name and address of manufacturer.
 - b. Secondary transfer containers will be labeled according to section 6. a. 1) and 2) above. If a secondary transfer container will be used by only one person and emptied at the end of shift, it does not require labeling (i.e., mop bucket).
 - c. Labels must be clearly legible and shall be replaced if damaged or defaced.
 - d. In the absence of an acceptable label, the department manager shall be consulted immediately, and an acceptable label created and affixed to the container before use, as described in section 6. a. 1) and 2) above.
 - e. Labeling of pipes and piping systems were exempted from the labeling requirements of Division 155, Hazard Communication. However, labeling of pipes with the identity of the contents and hazard warning at points where confusion could exist, and every 75 feet for pipes insulated with asbestos, is required under Division 153, Pipe Labeling. Prior to starting work in these areas, Facilities Services shall be contacted for information regarding:
 - 1) the chemical in the pipes, or the insulation material on the pipe,
 - 2) potential hazards,
 - 3) safety precautions which should be taken.
 - f. Proper labeling will be the responsibility of the department manager and all employees as appropriate.

7. Employee Training - It is the responsibility of the department Manager to ensure that all employees attend both a system orientation to hazard communication and departmental training on hazard communication and safe handling of hazardous materials. Employees will receive this training upon hire and annually thereafter.
 - a. Legacy Health New Employee Orientation.
 - 1) Federal Hazard Communication Law (Right To Know).
 - 2) Material Safety Data Sheets (MSDS).
 - 3) Hazard Labeling.
 - 4) Location of Material Safety Data Sheets (MSDS).
 - b. Departmental Training on Hazard Communication - It is the responsibility of the department manager to ensure that:
 - 1) Departmental training is conducted,
 - a) annually, for current employees on all hazardous materials present,
 - b) prior to introduction of a new hazardous material to the work area,
 - c) for new employees prior to being allowed to work with hazardous materials.
 - 2) Attendance records are retained in the department and a copy sent to the employee personnel file where they will be retained for 7 years.
 - 3) Necessary protective equipment and spill clean-up materials and available information will be presented on the following items:
 - a) Location of hazard communications information, protective equipment, and spill clean up materials in the department,
 - b) how to interpret different types of labels,
 - c) the specific chemicals/hazards in the department and the information available on the Material Safety Data Sheets.
8. Hazard Material Communication to Outside Contractors - All outside contractors with employees working in facilities owned or operated by Legacy Health will be informed of hazardous chemicals or conditions which will be encountered within the scope of their assigned work and instructed in the appropriate procedures to be utilized in an emergency situation involving hazardous chemicals.
 - a. The contractor's representative will be informed it is their responsibility to notify all contractors' employees and all subcontractors of the potential hazardous materials and situations, and the appropriate action in case of an emergency.
 - b. The hospital's Hazardous Communication Program will be made available on the job site for the contractor's use through the manager of the department contracting the outside agency.
 - c. An inventory for all chemicals used on Legacy property by contractors shall be provided to the Environmental Manager annually with updates as new chemicals are used.
 - d. Tenants in Legacy buildings shall annually provide an inventory of chemicals used on Legacy property to the Environmental Manager.
9. Disposal of Hazardous Waste - It is the policy of Legacy Health to minimize hazardous waste.
 - a. Inventory Management.
 - 1) Obsolete chemicals should be removed from inventory promptly.
 - 2) Purchase fewer toxins and more non-toxic chemicals.
 - 3) Purchase only what you need and avoid ending up with out-of-date or off-specification chemicals that require disposal.
 - 4) Contact the LH Environmental Manager for proper disposal of Hazardous materials.
 - b. Waste Disposal
 - 1) All unknown chemicals and/or suspected hazardous waste will be disposed of by Legacy Health Environmental Manager.

- 2) All departments will establish and continue appropriate disposal methods for their hazardous waste. Procedures will be reviewed by the Safety Officer, Radiation Safety Officer or Environmental Manager to ensure compliance.

KEY POINT: *The disposal of Regulated Medical Waste is covered in standard 900.3113 Disposal of Regulated Medical Waste.*

KEY POINT: *The disposal of Radioactive Waste is covered in standard 900.21 NM Radioactive Waste Disposal.*

Approval: Environment of Care Committee
Environmental Manager
Executive Council
Originator: Environment of Care Committee