

**UCLA Health System
Medical Waste Management Plan
Effective January 2013**

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MEDICAL WASTE MANAGEMENT PLAN

UCLA Health System

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MEDICAL WASTE MANAGEMENT PLAN

UCLA Health System

PROGRAM RESPONSIBILITY / CONTACTS

The Environmental Services and Safety Departments collaboratively, are responsible for the implementation and oversight of the Medical Waste Management Plan and Program for the UCLA Health System.

Contacts are as follows:

Environmental Services – Westwood Campus

Andrei Roudenko, Director
310-267-9492 (office)
310-833-7920 (emergency, 24 hours)

Environmental Services – Santa Monica Campus

Arturo Sanchez, Director
424-259-9404 (office)
424-259-4000 (emergency, 24 hours)

Safety Department

Erik Eggins, Director
310-825-4012 (office)
310-825-6301 (emergency, 24 hours)

BASIC FACILITY INFORMATION

Listed below are the building names and addresses where medical waste is generated from the UCLA Health System:

Westwood – on campus

Ronald Reagan - UCLA Medical Center
757 Westwood Plaza
Los Angeles, CA 90095

Center for the Health Sciences
10833 Le Conte Ave.
Los Angeles, CA 90095

- Rehabilitation Center
- Clinical Research Center, out-patient
- Clinical Laboratories
- Jules Stein Eye Institute

UCLA Medical Plaza 100
Los Angeles, CA 90095

UCLA Medical Plaza 200
Los Angeles, CA 90095

UCLA Medical Plaza 300
Los Angeles, CA 90095

Westwood – buildings within 400 yards from Health System campus

The UCLA Blood and Platelet Center (leased space)
1045 Gayley Ave.
Los Angeles, CA 90024

The UCLA Blood and Platelet Center in Ackerman Student Union
308 Westwood Plaza
Los Angeles, CA 90024

West Medical Building
1010 Veteran Ave.
Los Angeles, CA 90024

Tiverton House
900 Tiverton Ave.
Los Angeles, CA 90024

Cytogenetics Laboratory
1000 Veteran Ave., Rm. 2-226
Los Angeles, CA 90024

UCLA Molecular Diagnostics Laboratories
695 Charles E Young Drive South
Los Angeles, CA 90095

Santa Monica – on campus

Santa Monica – UCLA Medical Center and Orthopedic Hospital
1250 16th Street
Santa Monica, Ca 90404

Santa Monica - buildings within 400 yards from Health System campus

Medical Office Building
1223 16th Street
Santa Monica, CA 90404

Medical Office Building
1245 16th Street, Rm.100
Santa Monica, CA 90404

Stuart House
1336 16th Street
Santa Monica, CA 90404

Large Quantity Generators – off campus
UCLA Clinical Laboratory – Brentwood Annex
11633 San Vicente Blvd.
Brentwood, CA 90049

TRANSPORT and DISPOSAL CONTRACTORS

The following contractors transport and dispose of regulated medical waste, as follows:

- Stericycle
2775 E. 26th St.
Vernon, CA 90023
213-263-6400

Recognizable human blood (Westwood only), human surgical specimens, fixed human tissues, laboratory waste, trace chemotherapy waste, bulk chemo waste, hazardous pharmaceutical waste.

- Daniel's Sharpsmart
161 N. Clark St. ste. 4700
Chicago, Ill. 60601
888-937-6464
888-952-8950 24-hour emergency

WASTE MANAGEMENT

Biohazardous Blood Waste (red bag waste)

Biohazardous blood waste consists of waste contaminated with recognizable human blood, fluid human blood, fluid blood products, other body fluids, and containers or equipment containing fluid blood or fluids. It is generated in most patient care areas.

Bags and Containers

Biohazardous waste, consisting of recognizable human blood or fluids, is placed in red biohazard bags, labeled, "Biohazardous Waste" or with the international biohazard symbol and the word, "Biohazard".

Full red bags must be tied so that leakage or expulsion of contents does not occur and should be contained in a rigid container. The container can be of any (preferred to be red) color with a tight-fitting lid and labeled "Biohazard," readable from any lateral direction.

Handling and Disposal

This waste is segregated and stored in utility rooms or other designated, posted areas throughout the Health System. It is contained and labeled separately from all other types of waste from initial point of generation, during internal transport, staging, and storage, through pick-up and disposal by an outside contractor (WW), or in-house treatment (SM). Containers are transported internally by trained Environmental Services staff.

Sharps

Sharps include hypodermic needles, hypodermic needles with attached syringes, needles with attached tubing, blades, broken glass, acupuncture needles, and pipettes, whether or not contaminated with biohazardous or pharmaceutical material. They are generated from most patient care and clinical support areas.

Sharps Containers

All sharps are disposed of in either a labeled sharps container or a pharmaceutical / chemo sharps container. Container is labeled "SHARPS WASTE" or "BIOHAZARD," with the international biohazard symbol.

Handling and Disposal

Used sharps are placed into the appropriate sharps container immediately after use. Full sharps containers are collected regularly and replaced with empty containers, by Environmental Services staff. Full sharps containers are secured in designated areas for pick up by contractor. The Health System uses re-usable sharps containers.

Human Anatomical Waste

Human anatomical waste is generated from surgical and other interventional procedures which take place in designated, controlled areas. This waste category, which includes any recognizable human anatomical parts such as limbs, organs and larger tissue samples deemed non-infectious, is considered pathological waste.

Product of Conception (POC): The Medical Center proceeds with disposing of the remains as pathological waste if there is consent from the authorized person, or if the consent form is not signed.

Bags and Containers

This waste is placed into a bag which is appropriately tied, and then placed into a rigid container with a tight-fitting lid. Both the container and lid are labeled "Pathology Waste" or "PATH."

Handling and Disposal

All human anatomical waste, independent of where or how generated, is brought to the Pathology Department for possible analysis, processing and preparation for disposal. A permitted contractor transports and incinerates human anatomical waste generated by the Health System.

Human Surgical Specimens

Human surgical specimen waste is generated from (1) surgical and other interventional procedures, performed in both in- and out-patient areas, and (2) Pathology and Laboratory Medicine, Clinical Labs areas.

Human surgical specimens or tissues, removed at surgery or autopsy, are considered potentially contaminated with infectious agents known to be contagious to humans. This includes cultures and stocks of infectious agents, live attenuated vaccines and dishes and devices used to culture infectious agents. They are considered pathological waste.

Bags and Containers

This waste, independent of how or where generated, is placed into bags appropriately tied, and then placed into a rigid container with a tight-fitting lid. Both the container and the lid are labeled "Pathology Waste" or "PATH."

Handling and Disposal

A permitted contractor transports and incinerates pathological waste generated by the Health System.

Pharmaceutical Waste

Pharmaceutical waste and hazardous pharmaceutical waste are produced from most patient care and clinical support areas.

Pharmaceutical Waste: includes, but is not limited to unused, partially used or expired prescription or over-the-counter medications (e.g. vials, tablets, capsules, powders, liquids, creams/ lotions, eye drops, suppositories), IV bags and tubing, full syringes, glass vials and ampules, narcotics and controlled substances in syringes, narcotic patches (cut in half), carpujets, and tubexes.

Hazardous Pharmaceutical Waste: includes, but is not limited to, syringes, inhalers, tubexes or IV bags/piggybacks with residual (>5ml) of medication (i.e.: all cytotoxic drugs, cyclosporine, mycophenolate, oxytocin, coumadin, warfarin, epinephrine, and nitroglycerin tablets). This waste stream also includes items that may contain mercury, including vaccines, topical preparations, eye, ear and nose drops.

Containers

Pharmaceutical waste is placed in the purple-top Daniels pharmaceutical waste containers. All are labeled "INCINERATION ONLY" so that it can be visible from any lateral direction.

Hazardous pharmaceutical waste is placed in the black Stericycle RCRA waste containers that meet the EPA requirements for disposal of P, U and D-listed chemicals. All are labeled "INCINERATION ONLY" so that it can be visible from any lateral direction.

Handling and Disposal

Pharmaceutical waste, including empty vials and syringes, is placed into a sharps container or chemo container at the point of generation, stored in a utility room, and then transported to a central holding area at the loading dock.

Hazardous pharmaceutical waste, including IV bags and bottles, is placed into a black RCRA waste container on the unit of generation, stored in a utility room, and then transported to a central holding area at the loading dock.

Bulk pharmaceutical waste, independent of where generated, is returned to a pharmacy. Pharmaceutical waste is managed and disposed of by the Pharmacy according to procedures specific to the medication type.

Chemotherapeutic Waste

Chemotherapeutic waste is a product of oncology patient care activities. It's generated from and managed by dedicated inpatient units, outpatient clinics and Pharmacy.

Chemo waste consists of materials which previously contained or had contact with chemotherapeutic agents including tubing, empty bags, bottles, vials, syringes, gloves, masks, gowns and wipes. In addition, any materials used to clean up spills or otherwise contaminated through incidental contact.

Trace Chemotherapeutic Waste: containers which previously held chemo agents are considered empty if (1) the liquid residue can no longer be poured or, (2) the solid material can no longer be removed by scraping.

Bulk Chemotherapeutic Waste: Unused or bulk chemo waste is returned to the Pharmacy. EVS collects the bulk chemo waste and it is processed separately from trace chemo waste for disposal as hazardous chemical waste.

Containers

Chemo waste, independent of how or where generated, is segregated from all other types of waste and placed in a bag or rigid container with a tight-fitting lid. Both the container and the lid are labeled "Chemotherapy Waste" or "CHEMO" so that it can be read from any lateral direction.

Handling and Disposal

A permitted contractor transports and incinerates chemotherapeutic waste generated by the Health System.

Mixed Waste**Hazardous Chemicals, Mixed with**

Medical waste mixed with hazardous chemicals is generated primarily in Pathology and Laboratory Medicine areas from activities associated with tissue fixing and preservation. The chemicals are usually solvents such as alcohol and xylenes, or formalin.

This waste is maintained within and under the control of Pathology and Laboratory Medicine. Once designated as waste, it is segregated and stored in a specified, posted area. All containers are labeled accordingly.

Before this type of medical waste is disposed, the chemical is decanted off by a licensed hazardous waste contractor.

Radioactive Materials, Contaminated with

Medical waste contaminated with radioactive materials may be generated from any patient care area, originating from patients who recently underwent nuclear medicine procedures, either in- or outpatient.

This type of mixed waste is usually in the form of excrement or materials which have had contact with excrement, from these patients. It is identified as waste when (1) initially generated or (2) (WW only) at the loading dock when passed through a mounted radiation detector.

Either way, radioactive medical waste is segregated and stored in a placed in a designated, secure area and monitored until the activity level drops below threshold, at which point the waste re-enters the medical waste stream.

Isolation Waste:

Waste contaminated with the excretion or secretion from patients isolated with highly communicable diseases. Waste of this type is rarely generated.

STORAGE

Medical waste is staged in designated soiled utility rooms in the patient care areas in which the waste is generated. These doors to these rooms are posted with a biohazard sticker and are either locked or under the supervision and observation of staff.

When a portion of a unit is designated as an overflow patient care area, the overflow area utilizes the unit's existing soiled utility room. The existing soiled utility room is assessed for the needs of the overflow patient population and additional medical waste receptacles are added if necessary.

Medical waste is transported from the soiled utility rooms to designated storage areas which are also posted with a warning sign and kept locked. The warning signs state in English and Spanish:

CAUTION – BIOHAZARDOUS WASTE STORAGE AREA
UNAUTHORIZED PERSONS KEEP OUT

And in Spanish:

CUIDADO – ZONA DE RESIDUOS BIOLÓGICOS PELIGROSOS
PROHIBIDA LA ENTRADA A PERSONAS NO AUTORIZADAS

The medical waste transport and disposal contractor picks up the waste directly from these storage rooms, at least once each week.

A list of room numbers is available from Environmental Services.

TREATMENT

On-Site

The Santa Monica Medical Center treats waste contaminated with recognizable human blood in a Sanipak infectious waste treatment sterilizer located at the south loading dock. This facility is a permitted Medical Waste Treatment Facility.

Standard operating procedures for the treatment of medical waste at Santa Monica are detailed in ES 0505, "On-Site Treatment of Medical Wastes by Steam Autoclave." This policy is attached to this management plan as an addendum.

The Westwood Medical Center does not treat on-site.

Off-Site

Both the Westwood and Santa Monica Medical Centers utilize the services of registered contractors for the removal and treatment of medical waste, as listed above in "Transport and Disposal Contraction" section.

CONTAINER CLEANING

Contractors who provide medical waste pick-up and disposal services are expected to wash and decontaminate the containers they provide, utilizing methods and disinfectants that are in compliance with the California Medical Waste Management Act.

Containers owned and utilized by the UCLA Health System are steam cleaned and disinfected daily, utilizing a Hospital Epidemiology Dept. approved disinfectant.

BIO-HAZARDOUS MATERIALS SPILL or RELEASE

Only staff members who are trained and competent regarding the proper procedures, that have the appropriate spill clean-up equipment and personal protective equipment, are allowed to clean up blood or other potentially infectious materials. Department heads are responsible for ensuring that staff members have been trained regarding spill response procedures for biological materials to which they may be exposed.

Procedure

1. Alert people in immediate area of spill to keep away and not to touch the material or walk near it.

2. If trained, put on protective equipment including gloves, gown and face and eye protection.
3. Cover spill with paper towels or other absorbent material.
4. Carefully pour a hospital-approved germicide around the edges of the spill and then into the spill. Avoid splashing. Avoid making the spill significantly larger.
5. Wipe up the spill with towels, absorbent material and dispose properly.
6. Follow other applicable departmental procedures.
7. Exposed individuals should be immediately referred to the Occupational/Employee Health Facility or Emergency Department.
8. Document actions, if necessary.

Reference: Policy HS 8206, "Bio-hazardous Materials Spill or Release"
Policy HS IC 8801, "Routine Environmental Cleaning"

RECORDS MANAGEMENT

Tracking documents and treatment records pertaining to the generation and disposal of medical waste are maintained by the Environmental Services Department at each respective campus; Westwood or Santa Monica.

All tracking documents and treatment records are maintained for at least three years.

CONTINGENCY PLAN

Disruption of Service – Transport and Treatment Contractor (WW, SM)

In the event that service by the medical waste transporter and/or treatment contractor is interrupted for any reason, the following actions would be implemented:

1. Determine when regular service from regular transport and treatment contractor can be resumed. Inquire if contractor has alternative transportation, storage and disposal plan that can be implemented.
2. Notify the California Department of Public Health, Medical Waste Management Division of service interruption and what actions will be taken.

If the contractor cannot provide services within a reasonable time, then the following actions will be implemented:

1. Attempt to secure the services of an alternate contractor who may be able to transport and dispose of waste until regular service is restored. (ref: CDPH Medical Waste Management Division list of Approved Facilities)

www.cdph.ca/gov/certlic/medicalwaste/Pages/TransferTreatment.aspx

2. Determine ability to utilize the steam sterilizer at Santa Monica Medical Center. If possible, determine staging area, transportation and storage.

Notify:

- CDPH Medical Waste Management Division at 916-449-5689.
 - Los Angeles County Solid Waste Management Program at 213-881-4151.
 - Campus Department of Environment, Health and Safety at 310-825-5689.
3. Transport waste only in vehicles with isolated cabs, and which comply with Department of Transportation regulations.

Equipment Failure (SM)

If the steam sterilizer at the Santa Monica Medical Center becomes non-operational, then the registered contractor who already provides services to other areas of the UCLA Health System will be contracted to remove and treat the waste.

TRAINING

Staff members who handle medical waste are trained regarding personal protection and safety, and proper containerizing and labeling. This training focuses on staff members who (1) handle medical waste from the point-of-generation at the bedside, (2) transport the waste, and (3) prepare the waste for sterilization or transport by contractor. Training includes bloodborne pathogen safety.

Review

California Department of Public Health regulations are reviewed annually and the Medical Waste Management Plan is updated as needed to reflect the most current regulations.

STATEMENT of ACCURACY

I hereby certify that to the best of my knowledge and belief, the contents of this Medical Waste Management Plan are complete and accurate.

Signature: _____ Date: _____

Title: Safety Director Dept.: Health System Safety