

IREDELL HEALTH SYSTEM

Hazardous Drug and Waste Disposal	
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Nurse Leadership Risk Management/Safety Committee P&T Committee	Date: 03/2020 Date: 02/2020 Date: 04/2020

Purpose: To protect employees from hazardous drugs, their waste, and trace contamination on equipment and personal protective equipment (PPE). The following policy details appropriate safety measures to be taken when disposing of hazardous drugs, their waste, and supplies presumed to have trace contamination.

Definitions: (NIOSH Group 1 Waste Definitions)

“Trace”

- Containers and tubings with less than 3% by weight of the hazardous drug remaining
- Disposable chemotherapy mats
- Disposable utensils and supplies used in cleaning
- Compounding Aseptic Containment Isolator PPE used during compounding, cleaning, administration, and other hazardous drug handling activities

“Bulk”

- Containers and tubing with more than 3% by weight of the hazardous drug remaining
- Significantly contaminated utensils, supplies, and PPE
- Mats, utensils, supplies, and PPE used to clean up spills

Policy:

- Hazardous waste containers are available in all areas where hazardous drugs that are also identified as hazardous waste are prepared and administered.
- These containers are used only for hazardous waste. They are puncture proof, have lids that seal securely, and are distinctly different from other types of waste containers.
- These containers are labeled with a warning that identifies the contents as RCRA Hazardous Waste or Trace Chemotherapy Waste.
- No patient labels or identifiers shall be placed into waste containers.
- All antineoplastic drugs are managed and disposed of as hazardous waste.

Procedure:

A. Segregation of waste

1. NIOSH Group 1 (antineoplastic drugs)

- i. Bulk waste, as defined above and including chemotherapy prepared or dispensed but not used or administered, is placed into separate waste bins for bulk waste and labeled for RCRA Hazardous Waste.
- ii. Containers and tubing with less than 3% by weight of the antineoplastic drug remaining are disposed of in containers labeled for Trace Chemotherapy.
- iii. After administration of oral antineoplastic drugs, the unit dose wrappers are placed in small “chemotherapy” sealable bags and then placed in containers labeled for Trace Chemotherapy.

- iv. Contaminated soft materials used for preparation of antineoplastic drugs such as gloves and other PPE, prep mats, paper waste, IV tubing, and other contaminated materials are discarded in containers labeled for Trace Chemotherapy Waste in the Compounding Aseptic Containment Isolator (CACI).
 - v. Contaminated soft materials used for administration of antineoplastic drugs such as gauze, wipes, paper drapes, gloves and other PPE, pads, empty IV sets, and other contaminated materials are discarded in yellow chemotherapy bags. These bags are then placed in containers labeled for Trace Chemotherapy Waste located on the nursing unit.
2. **NIOSH Groups 2 and 3**
- i. Bulk amounts (>3% by weight) of these drugs, as well as any significantly contaminated items or materials involved in handling a spill, are disposed of in containers labeled for RCRA Hazardous Waste.
 - ii. Refer to the AOR for disposal procedures for smaller amounts of these drugs and for the disposable utensils, supplies, and PPE used in preparing and handling them.

B. P and U Code items

1. Agents like, oral and IV contrast, silver nitrate, insulin, nitroglycerin and warfarin (Coumadin) are disposed of in specific containers as outlined in the pharmaceutical waste program. Refer to the pharmaceutical waste program to determine what specific agents shall be disposed of in the specific labeled containers.
2. Empty containers that held these substances are placed in containers labeled for Pharmaceutical Waste.

C. Spills - All items contaminated by a spill, and the materials and PPE used to manage it, are placed in containers labeled for RCRA Hazardous Waste. See *Handling Hazardous Drug Spills* policy.

D. Sharps

1. Needles and syringes must not be clipped or capped, but are placed directly in the sharps container.
2. Sharps used in the preparation or administration of NIOSH group 1 drugs must not be placed in red biohazard sharps containers for infectious waste.
3. Sharps used in the preparation of NIOSH group 1 drugs are placed in sharps containers located inside the CACI and labeled for Trace Chemotherapy Waste.
4. Needles and other sharps used to administer NIOSH group 1 drugs are disposed of in puncture-proof containers labeled for Trace Chemotherapy Waste.

E. Hazardous and Biohazardous Waste - Hazardous waste contaminated with blood or other bodily fluid is disposed of in containers labeled for RCRA Hazardous Waste or Trace Chemotherapy Waste, according to guidelines set forth in this policy addressing its hazardous contents and/or volume.

F. Managing Hazardous Waste Containers

1. Healthcare workers are not to reach into hazardous waste containers when discarding material.
2. The lid of the waste container is kept closed except when placing waste into the containers.
3. Disposal containers are not to be overfilled. They are to be sealed when three-fourths full. Upon sealing, Environmental Services (EVS) personnel shall be notified to remove the container.
4. Hazardous waste containers are picked up for disposal only by EVS personnel or disposal vendor representatives and are managed according to the *Hazardous Waste Contingency Plan*.

G. Personal Protective Equipment

1. All Iredell Health System (IHS) employees who dispose of hazardous drugs, hazardous waste, or materials presumed to have trace contamination (such as cleaning materials and

- contaminated PPE) must wear double chemotherapy gloves and an impervious gown intended for use with hazardous drugs. If splashing is possible, eye protection must be used. If the potential of inhaling hazardous drugs is present, respiratory protection must be used.
2. Reusable items that have been contaminated must be handled while wearing PPE and cleaned with soap and water before being returned to use.

H. Training

1. Department managers are responsible for ensuring that all personnel who handle hazardous drug waste, including those who perform custodial waste removal and cleaning activities in hazardous drug handling areas, are trained in appropriate procedures to protect themselves and the environment from hazardous drug contamination.
2. This training will be accomplished during initial employee orientation and/or at the time direct care or service is needed.
3. Employees will also be trained prior to the introduction of a new hazardous drug or new equipment and prior to a significant change in work practice or policy.
4. Employees must demonstrate understanding and/or competency before independently handling hazardous drugs and their waste.
5. Competency will be reassessed and documented annually. Documentation will be kept on file in employee personnel files.
6. See *Hazard Communication Program* and *Hazardous Drug Training* policy.

INITIAL EFFECTIVE DATE: 05/2020

DATES REVISIONS EFFECTIVE:

DATES REVIEWED (no changes): 04/2021