

OPP120

HAZARDOUS MATERIALS POLICY and PROCEDURES

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1. POLICY INTRODUCTION

This policy ensures the safe management of known hazardous materials that a National Ambulance employee may encounter in the course of their duties including the identification, storage, use and handling, monitoring and inventorying, as well as any emergency procedures used for hazardous materials.

Hazardous materials are defined as any substance or product that has the ability to harm a person or the environment. This includes, but is not limited to, compressed gasses, sharps, cleaning materials, fuel, medications, and vehicle fluids.

This policy should be read and understood alongside the following National Ambulance policies and procedures:

- Operative IQ Policies and Procedures
- OPP 114 CBRNE Policy
- CGP129 Infection control programme
- OPP 112 Occupational Health Policy
- QHP201 Risk Management Policy (all Hazard near miss or incidents must be reported).

2. SCOPE

This policy applies to all known or suspected hazardous materials. This policy applies to all NA staff that may come into contact with hazardous materials. NA personnel responding to known or suspected HazMat incidents, or any events in which the NA crew learns of a possible HazMat exposure after coming in contact with a suspected exposed patient, shall follow the procedures and guidelines contained herein.

3. ROLES AND RESPONSIBILITIES

Director of Operation is responsible for development, implementation and monitoring of this policy.

Chief Administrative & Medical Officer is responsible for clinical input to this policy and for advice and support for any clinical related issues.

Operation Manager are responsible for ensuring that this procedure is being adhered to by NA Operational staff and advising on any necessary education that should be completed. They should undertake any relevant training or supervision activities as required.

All NA Staff should follow this policy to ensure safe handling and personal protection while dealing with Hazardous Materials and an appropriate level of scene safety and patient management. They should undertake any relevant training.

4. POLICY STATEMENT COMPRESSED GASES

Core part of the Policy Compressed gases that the NA employee may encounter while on duty include Oxygen (O2) and Nitrous Oxide (NO2).

4.1. IDENTIFICATION

The compressed gas cylinders will be labelled using the Globally Harmonised System for Classification and Labelling of Chemicals (GHS). See Appendix B.

Oxygen cylinders will be labelled with the label "OXYGEN," OR "O2." NA will add:



- Nitrous Oxide cylinders will be labelled with the label "NITROUS OXIDE," or "NO2."



4.2. USE AND HANDLING

- When handling compressed gasses, the control and securing of the cylinders is paramount.
- When carrying compressed gas cylinders, the employee must either carry it with two hands, by the incorporated carry handle or in an approved carrying bag.
- When placing the cylinder down, the employee must do so gently and NEVER stand the cylinder upright. Always place the cylinder lying flat to prevent it from falling over.
- When transporting compressed gasses, the cylinders must be firmly secured in the vehicle.

4.3. MONITORING AND INVENTORY

- Monitoring and Inventory policy and procedures for all compressed gases is the responsibility of the NA Supply Chain team.

4.4. EMERGENCY PROCEDURES

4.4.1. COMPRESSED GAS LEAK

- Ventilate the area around the cylinder by opening doors/windows, or bringing the cylinder in the open air.
- Keep the cylinder away from ignition sources.
- Keep unauthorised personnel away from the leak.
- Attempt to locate the leak; if it is a regulator leak, try tightening the regulator or turning the cylinder to the off position and removing the regulator.
- Inform your supervisor of the leak; the supervisor will decide whether or not to contact Civil Defence and/or the compressed gas distribution company.
- If a fault is found with the cylinder, the employee will affix the following label:

DEFECTIVE	
REASON	
SUPERVISOR INFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DATE	NAME

4.4.2. FIRE

- Evacuate the compressed gas storage room and the building.
- Notify Civil Defence, and the Duty Manager.
- If possible, get a copy of the MSDS and give it to Civil Defence, but DO NOT enter the burning building to do so.

5. SHARPS

Sharps that NA employees may encounter include, but are not limited to, Needles, Cannula, Drug Ampoules/containers, Razors, Scalpels/blades, Sharp bones.

All open packaged sharps should be considered contaminated from use.

The items listed above are not considered a "Sharp" if they are in sealed packages from the manufacturer, and will be referred to in this section of the policy as "Items."

Management of body fluid exposure and further detail on sharps management is contained in the NA Infection Control Programme and the NA Occupational Health Policy.

5.1. CLASSES OF SHARPS

Unused items will be labelled by the manufacturer and in appropriate packaging that will protect from causing injury.

Used sharps, or items whose packages have become unsealed will be placed into sharps containers.

Sharps containers will be labelled by the manufacturer and clearly indicate both “Needles and/or Sharps,” as well as “Biohazard(ous).”

If the sharps containers are not labelled, or the label is unreadable, National Ambulance will label the containers with the following label.



5.2. STORAGE

- Unused items that are not in operational use will be stored in stock rooms.
- The stock rooms will have locking mechanisms and only be accessible to authorised employees.
- Unused items that are in operational use will be stored in response units and response bags.
- Used sharps, or sharps whose packages have lost integrity will be placed into operational sharps containers.
- Sharps containers should be situated in a safe and secure location. Where possible, sharps containers should be wall mounted.
- When the sharps container becomes $\frac{3}{4}$ full of sharps to its designated “Full” or “Replace” level, it must be taken out of operational use, disposed of using the “WASTE MANAGEMENT” section of this policy, and be replaced by a new sharps container.

5.3. LABELLING

- Sharps containers must be labelled according as per the information required on the container.
- The date of assembly and the signature of the person who assembled the sharps container should be noted on it, as well as the location to be used.
- When sharps containers become $\frac{3}{4}$ full, they should be locked and disposed of.
- When 3 months pass since the first use date of the sharps containers, they should be locked and disposed of.
- The date and signature of the person locking and disposing of the container should be noted on the label.

• USE AND HANDLING

- Sharp instruments, regardless of level of contamination, must not be passed by hand. Once, a sharp has been opened, it can only be used and/or placed into the sharps container.
- Sharps should not be re-sheathed or have needle guards replaced.
- Sharps should only be handled by qualified, trained, and/or licensed personnel
- All persons generating a sharp must be responsible for its safe disposal immediately following its use.
- At no time should sharps containers be placed on the floor.

- ONLY sharp instruments should be placed within sharps containers. No other non-sharps waste should be discarded in to sharps containers.

5.4. MONITORING AND INVENTORY

- Items are to be tracked in general inventory documents.
- When “sharps” are used “items,” they are not tracked using inventory documents.
- Sharps are to be handled using the WASTE MANAGEMENT section of this policy.

5.5. EMERGENCY PROCEDURES

5.5.1. ‘CLEAN’/ DIRTY CUT OR STICK

- Immediately report incident to ACC Team Leader
- Follow the CGP129 Infection Control Program and CGW103 Needle Stick Injury Workflow

6. CLEANING MATERIALS

6.1. IDENTIFICATION

- Cleaning materials will be labelled by the manufacturer and have appropriate labels.
- If the cleaning material is not appropriately labelled, or the label is unreadable, regardless of a warning label, the cleaning material will be discarded following the WASTE MANAGEMENT section of this policy.

6.2. STORAGE

- Cleaning materials that are used for the purpose of housekeeping such as window, toilet, stove, floor cleaners, etc., will be kept in a designated cabinet.
- The designated cabinet may only contain cleaning materials, and vehicle fluids (as outlined in the VEHICLE FLUIDS section of this policy).
- Food must never be kept in this cabinet.
- NA will affix the following label to the outside of the designated cabinet:



- Cleaning materials that are used for the purpose of cleaning/sanitising operational or field equipment, but have not been taken out of inventory for operational use, will be stored in designated stock rooms.
- Cleaning materials that are used for the purpose of cleaning/sanitising operational or field equipment that have been taken out of inventory for operational use will be stored in response units or response bags.

6.3. USE AND HANDLING

- Use and handling of cleaning materials is outlined in **CGP129** 'Infection Control Policy Programme'.

6.4. MONITORING AND INVENTORY

All approved hazardous chemicals shall be approved by QHSE department. An approval sticker should be placed in the product, hazardous chemicals cannot be approved without a Material Safety Data Sheet.

7. NEW, ALTERNATIVE AND RE-STOCK OF HAZARDOUS CHEMICALS

7.1. NEW HAZARDOUS CHEMICALS

For a new hazardous chemical, the process is initiated by requestor:

- A Material Safety Data Sheet shall be requested through QHSE for any new hazardous chemicals via e-mail to check the availability of product Material Safety Data Sheet.
- If the Material Safety Data Sheet of the product was available from the manufacturer/supplier, then QHSE would create a summary sheet and approve the product and the requestor would then continue purchasing process with purchasing department.
- If there was no MSDS from the manufacturer/supplier, QHSE will inform the requestor and suggest an alternative product (can be suggested by QHSE or requestor).
- Once the approved chemical arrives to the warehouse after the requester has finalised the purchasing procedure, the staff in the warehouse would be informed by QHSE that the product is approved and they would stick MSDS approved stickers (shown below) onto each chemical prior to sending it to the requester.



7.2. RESTOCK OF A HAZARDOUS CHEMICAL

- Any re-stock of an approved product should have the MSDS approved sticker on it placed by the warehouse staff.

7.3. ALTERNATIVE HAZARDOUS CHEMICAL

- In order to choose an alternative product, the requester should check if QHSE approves the alternative product.

- If the hazardous chemical Material Safety Data Sheet was available, then the QHSE department would approve the product and communicate the change to ensure that the replaced product was removed from all sites and no one is using it anymore.

8. EMERGENCY PROCEDURES

- In the event of a spill, use the MSDS forms to mitigate the spill.
- In the event of an employee ingesting or getting splashed in the eyes by the materials, follow the warning labels on the product, dial '999,' and/or call the Poison Hotline.
- Follow the CGP102 Occupational Health Policy for management of any Hazardous Materials related incident that affects health.

9. FUEL

National Ambulance will not store fuel.

10. MEDICATIONS – NITROGLYCERINE

Nitroglycerine is mentioned in this policy due to its flammability. All other medications are discussed in CGP211 Medication Management Manual.'

Nitroglycerine will be labelled by the manufacturer with its name and expiration date, as well as a warning. If nitroglycerine is not labelled with its name by the manufacturer, has an unreadable label, or is expired, it will be discarded in accordance with the WASTE MANAGEMENT section of this policy.

11. VEHICLE FLUIDS

National Ambulance does not store vehicle fluids including oils and radiator fluid.

12. WASTE MANAGEMENT

NA follows the UAE Federal Law and local environmental and health regulations when planning and implementing treatment and disposal for the wastes they generate.

12.1. GENERAL

- NA Operations has a logbook tracking and maintaining a record of all disposed medical waste. The log book must include the following information such as the date and time the waste was collected, name of the waste, type of waste, the weight of the waste and the name and signature from both parties (NA designated person and waste collection company designated person).
- There must be a bi-annual meeting with the outsource companies who are collecting, transporting and disposing the waste. All of the issues or concerns which are observed during the inspection will be discussed with them and the ways for improvement will be identified and implemented.
- Clinical waste should be disposed of in accordance with the CGP129 Infection Control Programme.

12.2. PACKAGING

- NA will store its hazardous material waste as outlined in this section of the policy until a contracted waste management company takes it away.
- All packaged medical waste should be marked with a biohazard symbol.
- Waste bags and containers should be sealed and labelled with the "National Ambulance," the waste category, and marked with a biohazard sign for medical waste.

12.3. WASTE PACKAGING

- **Group A Medical Waste:** (Anatomical, Pathological waste) Heavy duty polyethylene (gauge 400) **RED COLOURED BAGS**.
- **Group B Medical Waste:** (Sharp Objects) Heavy duty thick polyethylene **plastic boxes** internationally known as “Sharps Boxes” clearly marked as outlined in the SHARPS section of this policy. The boxes for preserving such waste shall be tightly sealed with a cap or lock or any other means so as not to be opened and must not be stowed for more than 75% of their capacity.
- **Group E Medical Waste:** All used materials receiving patient secretions and stomach waste and other waste (except patient suffering from contagious disease listed under Group A) shall be placed in medium duty polyethylene (gauge 300) **YELLOW COLOURED BAGS**. These bags should not be filled more than 65% of their capacity, shall be tied, and tagged as **Medical Waste**. These bags must be isolated in a separate place from other medical waste (usually cut into small pieces and disinfected before treatment).

12.4. TYPE OF WASTE

- See appendix A

12.5. STORAGE

- NA will store its hazardous material waste as outlined in this section of the policy until a contracted waste management company takes it away.
- Waste should not be stored close to patients or where food is prepared.
- Waste will be dropped off at the receiving facility when the patient is received, where possible
- General waste may be stored in a separate room at the facility, pending collection by the municipality or contractor.
- All infectious waste (group A) must be stored in a designated area with access limited to authorised, personnel only.
- Hazardous health-care waste should be stored in a separate, well secured and ventilated room allocated to store medical waste. The room floor should be an Impermeable surface (no cracks or floor drains).

12.6. STAFF

- All NA staff, including waste handlers, should be immunized for Hepatitis B in accordance with the CGP102 Occupational Health Policy.
- Training is provided to all NA staff who are involved in this process especially to the house keeping staff and cleaners whether directly employed by NA. The training for clinical staff includes the demonstration of the colour coded bags for waste management and scenario training.
- A record of current training is to be maintained.

13. RELEVANT LEGISLATION

International, federal or local legislation and circulars relevant to this Policy. Full detail on this legislation can be found in QHP109 Legal Register.

Code, Name of Legislation	Jurisdiction
Regulation for Handling Hazardous Materials, Hazardous Wastes and Medical Wastes 2001	UAE
Law No. (21) Of 2005 For Waste Management In The Emirate Of Abu Dhabi	Abu Dhabi

14.RELATED POLICIES AND FORMS

List related policies and procedures to the created/updated policy.

Policy & Procedure /Form
CGP211 Medication Management Manual
CGP129 Infection Control Programme
CGP102 Occupational Health Policy

15.FEEDBACK

Any feedback or suggestions for improvement to this Policy, Processes or Procedures can be submitted to qhse@nationalambulance.ae

16.DOCUMENT CONTROL AND OWNERSHIP

A review and update of this document will take place as necessary, when changes occur that identify the need to revise this Policy such as changes in roles and responsibilities, release of new legislative or technical guidance, or identification of a new policy area.

This document ownership for editing is identified as:

- Director of Operation

Change Brief

Version No.	Date	Change
1.0	15-January-14	New Documents
2.0	March 2015	Comprehensive re-write plus addition of new process for Material Safety Data
3.0	September 2016	Updated for HAAD Audit
4.0	April 2019	Removal of supervisors from positions Minor changes role titles
5.0	December 2019	Addition of Appendix 1 Hazard Warning Signs
6.0	July 2022	<ul style="list-style-type: none"> • Changes from Medical Director to Chief Administrative & Medical Officer • Changes from Chief of Operations to Director of Operations

CEO Approval

Board Member Verification



Hazardous Materials Policy and Procedures
July 2022

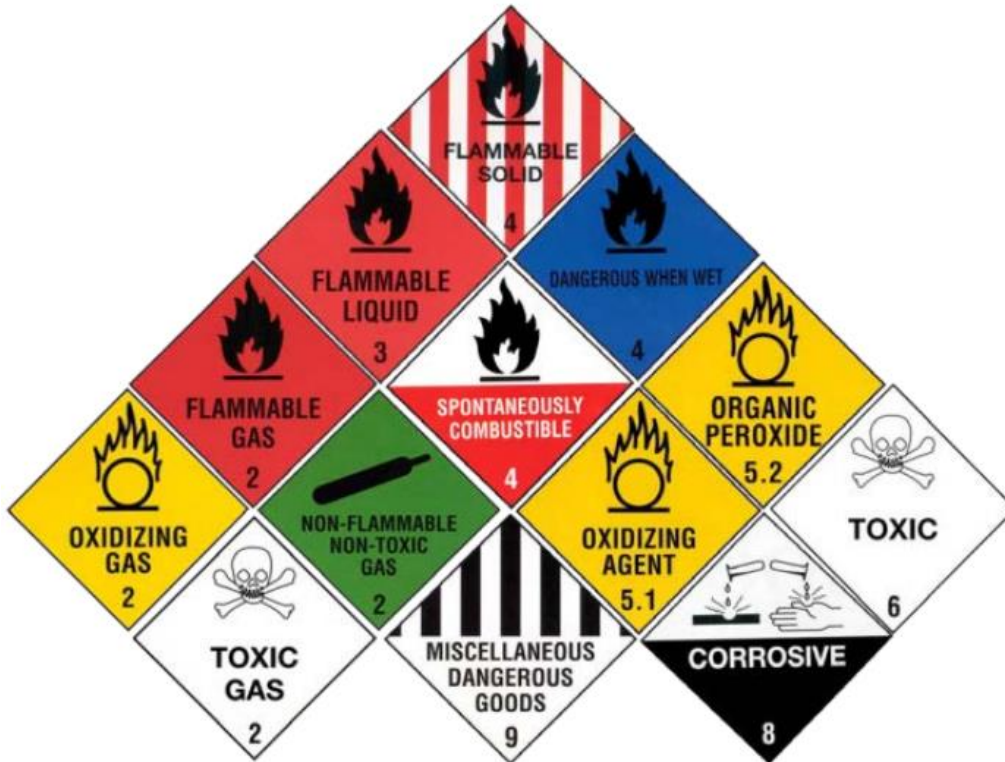
OPP120
Version 6

APPENDIX A: TYPE OF WASTE

Group A Medical Waste	Anatomical or pathological waste, waste contaminated with human blood or other body fluids, excreta, vomit, human tissue, wastes from contagious diseases, dirty bandages, bed sheets, animal remains and all other materials on which animal lay or cloth or used by animal whether contaminated or not and mortuary wastes.
Group B Medical Waste	Sharps, usually syringes and needles, surgical tools, different medicine and medical equipment vessels, broken glass and all other sharp equipment, tools and materials.
Group E Medical Waste	Disposable linings used for patient beds, caps of bottles for receiving and storing blood, urine, urine diapers, bags or vessels used for receiving stomach waste and similar wastes.
Pharmaceutical Waste	Pharmaceutical that are expired or no longer used or needed, items contaminated by or containing pharmaceuticals bottles, boxes.
Heavy Metals	Batteries, broken thermometer, blood pressure gauges, etc.
Pressurized Containers	Pressurized containers. Gas cartridges, aerosol cans.

APPENDIX B: HAZARD WARNING SIGNS

Hazardous warning signs are used to alert public and signal the presence of hazardous materials. Each hazard class has a different hazard warning label.



Hazard Classes:

- a. Hazard Class 1, Explosives.



- b. Hazard Class 2, Gases Compressed, Liquefied, or Dissolved Under Pressure



- c. Hazard Class 3, Flammable and Combustible Liquids



d. Hazard Class 4, Flammable Solids:



e. Hazard Class 5, Oxidizers and Organic Peroxides



f. Hazard Class 6, Hazard Division 6.1, Toxic Materials



g. Hazard Class 7, Radioactive Material



h. Hazard Class 8, Corrosive Material



i. Hazard Class 9, Miscellaneous Hazardous Material

