

Waste Management – Methods of Disposal

Policy Purpose

This policy is to assist all stakeholders within the Vancouver Coastal Health Authority to better understand their responsibilities, to outline appropriate standards and to provide more detailed information concerning waste management issues. The collection, transport and disposal of waste shall be done according to waste regulations and ensuring the safety of patients and employees.

Policy Statement

The Vancouver Coastal Health Authority, in co-operation with each of its facilities, commits to providing a safe and healthy environment for all stakeholders.

By using all available resources, and setting realistic and appropriate goals and objectives in the development of the highest possible standards, the Vancouver Coastal Health Authority shall achieve and maintain effective environmental stewardship.

Policy Scope

All regional staff are responsible for ensuring the health and safety of all stakeholders, which includes patients, visitors, and co-workers, by adhering to the regional specific policies and procedures established.

Policy Principles

The Vancouver Coastal Health Authority shall show due diligence with legislation, regulations and by-laws concerning the environment, which is recognized as a minimum standard, and strive to create and foster an excellent, healthy and safe work environment for all stakeholders.

Roles and Responsibilities

Senior Management

- Establish specific responsibility for the implementation and maintenance of the Environmental Management Program.
- Convey and actively support VCHA's commitment to working towards a healthy environment, providing security against environmental risks and becoming a leader in greener healthcare
- Endorse the Environment Management Dept. (EM) goals and objectives and review annually
- Ensure that environment and waste management concerns are addressed in all aspects of strategic planning
- Ensure that all levels of management are accountable for waste management in their area of responsibility
- Ensure that all personnel receive appropriate training
- Support the development and activities of green teams

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Environmental Management Department

- Assist VCHA in developing programs that work towards a healthy environment, providing security against environmental risks and becoming a leader in greener healthcare
- Lead the development, implementation and management of environmental policy and an environmental management system for VCHA
- Advise or consult with internal users and senior representatives from each facility on environmental, sustainability and waste related issues
- Assist green teams on each site to address environmental issues and foster environmental leadership
- Ensure security of environmental waste
- Ensure each facility strives to reduce waste disposal costs
- Assist management in their accountability for waste management in their area of responsibility
- Ensure that all personnel receive appropriate training

Supervisory Personnel

- Actively support VCHA's commitment to working towards a healthy environment, providing security against environmental risks and becoming a leader in greener healthcare
- Ensure that all staff are fully familiar with and that they are properly trained in and comply with all the waste management policy and procedures
- Maintain records of training and orientation
- Monitor waste management performance of staff in their area of responsibility
- Ensure that waste management requirements are given consideration when implementing or altering processes, programs or physical facilities
- Make recommendations to EM as appropriate

Employees/Medical Staff

- Actively support VCHA's commitment to working towards a healthy environment, providing security against environmental risks and becoming a leader in greener healthcare
- Follow all waste management policy and procedures
- Report all deficiencies, unsafe conditions or procedures not being followed
- Actively participate in all required training session

Monitoring Waste Management Performance

- It is the responsibility of all staff to follow policy and procedures as outlined. Periodic waste audits will be conducted. Deficiencies will be reported to the appropriate departments for corrective action. A review of the corrective action and a subsequent audit will take place to ensure compliance.

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Procedures – General

The collection, transport, and disposal of waste shall be accomplished according to waste regulations, ensuring the safety of patients and employees.

General Waste

Designated staff shall close and seal the bag and remove to a designated holding area, storage area or waste bin.

Human Blood and Body Fluids Waste

Items, which are saturated to the point of dripping with blood or other body fluids contaminated with blood, are placed in a designated biomedical container lined with yellow biomedical bags. When the container is full, designated staff shall tie the bag and securely close the container. The containers are then transferred to an interim storage area. Prior to shipping, the containers shall be weighed and the weight indicated on the attached label. Designated staff responsible for preparing the waste material for shipment must be trained and have a certificate of training under the 'Transportation of Dangerous Goods regulations'.

Sharps

Sharps materials are placed into a yellow Sharps container labeled biomedical. When the container is 3/4 full, housekeeping or designated staff shall seal the lid and take the container to a designated storage area. The wall mounted or countertop sharps containers shall be placed into a designated biomedical container where applicable. When the container is full, housekeeping or designated staff shall tie the bag and securely close the container or secure the lid on the pail and place a label on it, identifying the department, date, and initials of the packager. The container is then transferred from the designated area to the storage room. Prior to shipping, the containers shall be weighed and the weight indicated on the attached label.

Cytotoxic Waste

Cytotoxic waste is placed in a white container or biomedical container labeled 'Cytotoxic'. The containers are taken by Housekeeping or designated staff to a holding area and labeled identifying the department, date, weight and initials of the packager. Housekeeping or designated staff shall transfer the containers to the designated interim storage area.

Pharmaceuticals

Pharmacy staff packs unused medication into labeled white pails with red lids. Housekeeping or the designated staff will label the container identifying the department, date, and initials of the packager. The container is then transferred from the designated area to the storage room. Prior to shipping, the containers shall be weighed and the weight indicated on the attached label.

Confidential Material

All confidential materials are to be disposed of into the confidential waste stream as appropriate. There will be no confidential material found in the regular waste, which goes into the solid waste stream.

Recyclable Materials

Corrugated cardboard is placed for pick up by Housekeeping or designated staff and placed into the appropriate container. Other Items are placed in designated containers for removal.

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Definitions

General Waste

General waste is any waste, which does not fall under the biomedical, hazardous or special waste categories and does not pose a disease-related risk; examples are food waste, waxed paper, carbons, tissues, etc. It does not include any items, which can be recycled; for example, computer paper, colored paper, cardboard, etc.

Human Blood and Body Fluid Waste (Patient Care Items)

"This consists of human fluid blood and blood products, items saturated to the point of dripping with blood, body fluids contaminated with blood, and body fluids removed for diagnosis during surgery, treatment or autopsy. This does not include urine or feces."¹

Sharps

Waste sharps which are clinical and laboratory materials consisting of needles, syringes, blades, or laboratory and other glass capable of causing punctures or cuts.¹

Cytotoxic Waste

Cytotoxic drugs are identified by Pharmacy and are used to treat cancer. They are also referred to as antineoplastic or chemotherapy. Disposal supplies contaminated with cytotoxic agent, blood, vomitus, urine or stool are included in this disposal category.

Pharmaceutical Waste

This consists of drugs, narcotics or medicinal chemicals that are no longer usable in patient treatment as they have become outdated or contaminated, were stored improperly or are no longer required.

Confidential Material

This consists of any material, which contains the full name of the patient, and may also include demographic information, diagnosis, medications or personal information. It also applies to personal information regarding employees.

Glass Waste

This applies to clean empty glass containers and/or clean broken glass. Glass Waste must be packaged so as to protect the handlers of the material.

Recyclable Materials

This applies to materials such as paper, newspapers, cardboard, beverage containers, batteries, tin etc. from which the material can be recovered for manufacture of new products.

References

1. Canadian Council of Ministers of the Environment; *Guidelines for the Management of Biomedical Waste in Canada*. February 1992.
2. Canadian Standards Association, *Handling of Waste Material in Health Care Facilities, Veterinary Health Care Facilities, Z317.10-01*
3. Canadian Hospital Association, *Hospital Waste Audit Manual, 1993*
4. Ministry of Environment, lands and Parks, *Waste Management Act*, November 25, 1993
5. BC Environment, *Special Waste Legislation Guide*, February 1993

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6. Greater Vancouver Sewerage and Drainage District, *Sewer Use By-law No. 164*
7. Canadian Society of Hospital Pharmacists, *Guidelines for the Handling and Disposal of Hazardous Pharmaceuticals*. 1997.
8. Vancouver Coastal Health Authority, *Cytotoxic Standards*, Occupational Health and Safety Program Manual, 2003.
9. Vancouver Coastal Health Authority, *Radiation Safety Manual*, 2005.

In original copy only:

Issued by:		
Name: John Blatherwick	Title: Chief Medical Officer	Date: Oct. 17, 2005

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Community Health Units/Clinics

General Waste

The disposal of general waste will be done to comply with all government regulations and to ensure the safety of employees handling the material.

Material in this category is waste that has not been included in other waste categories, does not pose a disease-related risk or threat to people or the environment and is not recyclable.

1.0 Procedure

- 1.1 Waste is placed in the appropriate containers, lined with dark green/black bags.
- 1.2 The waste is collected and taken to a bin in a holding area.

2.0 Criteria

- 2.0 Items included in this category are office waste, kitchen waste, and general non-biomedical waste. When the waste is heavy or "wet", it shall be double bagged.
- 2.1 Items that shall **NOT** be included in this category are any biomedical, chemical, cytotoxic, radioactive wastes or confidential materials. Items such as cardboard, paper, newspapers, telephone books, batteries and beverage containers are disposed of through the recycling program.

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Human Blood and Body Fluid Waste

The procedure for the disposal of human blood and body fluids follows the guidelines of the Canadian Council of Ministers of the Environment. This category consists of human fluid blood and blood products, items saturated or dripping with blood, body fluids contaminated with blood and body fluids removed for diagnosis during surgery, treatment or autopsy. This does not include feces or urine.

1.0 Procedure

- 1.1 The waste material is placed in a designated container lined with a yellow bag.
- 1.2 Staff will tie the bag and remove it to a designated holding area.
- 1.3 Designated staff shall pack the bags into transport tubs or designated containers and relocate the full tub/ containers to an interim storage area, where they will be picked up by the contracted biomedical disposal company. The sealed container(s) shall be labelled identifying, date, weight and initials of the packer.
- 1.4 Spills - refer to the "code brown" procedures.

2.0 Criteria

- 2.1 ITEMS TO BE INCLUDED:
 - blood tubing and bags with residual blood (tubing containing 1/4 or more of blood)
 - dialysis tubing
 - syringe with blood (no needle)
 - cardiotomy reservoirs
 - perfusion circuits
 - disposable underwater chest drainage
 - disposable suction containers containing blood
 - items saturated or dripping with blood or body fluids contaminated with blood
- 2.2 ITEMS NOT INCLUDED (unless the item is saturated with blood, body fluid contaminated with blood:
 - paper products and cardboard
 - used gloves
 - disposable pads and aprons
 - hand towels
 - disposable sheets
 - sponges
 - glass
 - empty specimen containers with no patient identifiers

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Sharps

Vancouver Coastal Health Authority is committed to ensure that sharps are disposed of properly in accordance with CCME Guidelines, VCHA Infection Control Guidelines and Waste Management Regulations.

All staff members including medical staff and attending physicians are responsible for the proper disposal of sharps, contaminated or otherwise.

Individual units/department managers must ensure that employees adhere to the provisions of this policy.

1.0 Standard

Sharps containers must be colour-coded yellow, labelled with the biomedical symbol, be sturdy enough to resist puncture, have lids that can be tightly secured and be of the size appropriate to the task.

2.0 Special Instructions

Report sharps injuries by following the appropriate site BBF Exposure/Needle stick injury protocols and completing an Employee Incident Report Form A94, and forwarding to Employee Health unit within 24 hours. Always carry a sharps container by the handle.

Do not place thermometers in a sharps container.

3.0 Procedure

- 3.1 Determine the appropriate size of container for task/ work, area or site.
- 3.2 When a sharps container is three-quarters full, close and lock the lid. Remove the container to a designated holding area for disposal. It is important to keep the container upright; do not place on the side or upside down.
- 3.3 If you are transporting a sharps container back to your unit you must place the container so that it is secure. Do not transport sharps containers **containing sharps** with out closing and locking the lid.
- 3.4 When providing care to a residential based client, leave the appropriate container at the home until the container is full and ready for disposal. Replace with an empty sharps container.

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Cytotoxic Waste

The disposal of cytotoxic waste will be done in accordance with the guidelines of the Canadian Council of Ministers of the Environment and the Canadian Society of Hospital Pharmacists. Cytotoxic agents are drugs used in treating cancer and which have a toxic effect on cells, examples are antineoplastic or chemotherapy agents.

Pharmacy staff labels drugs, which are classified, as cytotoxic before they are issued. Items to be included are units of cytotoxic drugs no longer intact and equipment used in giving the drugs, e.g. needles, syringes, and tubing. Residual cytotoxic waste will be incinerated at an off site facility while concentrated material must be disposed of by a licensed special waste company.

1.0 Procedure

1.1 Residual Volume

- a) Staff are to call Hospital Sterilization Services at 604 945 8838, request a cytotoxic waste container, HSS will deliver and pick up the containers at the clients home. You must provide HSS with billing information ie HealthUnit name HSS will invoice that account.
- b) When the container is full, secure the lid; call Hospital Sterilization Services 604 945 8838 for pick up.

1.2 Full volume

The volume of cytotoxic material must not exceed one percent of the volume of the container. If the volume exceeds one percent, make arrangements with the Regional Environmental Management 604 875 4615 for disposal as chemical hazardous waste.

1.3 Spills - refer to the "code brown" procedures.

2.0 Special Instructions

Cytotoxic wastes are packaged at source in the provided plastic container labelled with cytotoxic and biomedical symbols. All items coming in contact with cytotoxic drugs must be treated as cytotoxic waste and handled and disposed of accordingly. Any doses, which have not been administered, are to be returned to Pharmacy. Partially used doses are disposed of in the provided plastic cytotoxic container.

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Pharmaceutical Waste

This covers the disposal of non-narcotic, non-cytotoxic drugs, which are collected and packed by the Pharmacy Department. This includes drugs, which are unusable and/or outdated, and containers with confidential patient information. This pharmaceutical waste is disposed of through incineration at an offsite facility or is returned to the supplier for disposal.

1.0 Procedure

- 1.1 Outdated or unusable drugs are clearly marked for disposal and returned to the issuing Pharmacy.
- 1.2 Residents are to take unused prescription and non-prescription drugs to their local pharmacy to be disposed of.

2.0 Standard

Narcotics must be disposed of by the Pharmacy staff through an established procedure. Pharmaceuticals must be disposed of in such a manner that they cannot be reused.

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Confidential Material

Vancouver Coastal Health Authority is committed to maintaining the confidentiality of patient information. The Hospital shall ensure that appropriate procedures are in place to dispose of materials containing personal information on patients and staff members. This policy covers the disposal of confidential information in printed or written form.

All staff members including medical staff and attending physicians are responsible for the proper handling of confidential materials.

Individual units/department managers must ensure that employees adhere to the provisions of this policy.

Failure of personnel to comply with this policy shall result in disciplinary action up to and including termination of employment, student experience or assignment with Vancouver Coastal Health Authority.

1.0 Standard

There shall be no confidential material found in the regular waste, which goes into the solid waste stream.

2.0 Procedure

2.1 Paper products

- a) Paper containing confidential information on patients or staff is disposed of by placing the material in a "confidential shredding" container.
- b) May include armbands and addressograph cards; paper with or without carbons, staples and clips.
- c) Departments, having shredders should shred the material and collect the shredded paper into a recycling container

2.2 Non-paper products

- a) Patient items (infusion packs, IV Bags with patient information, etc.) Material, which cannot be shredded, shall be disposed of through the biomedical waste stream. This is done by placing the item into a container lined with a yellow bag. Examples of items include empty medication packs, labelled specimen tubes.
- b) Tapes, computer tapes, 35 mm slides, CDs.
Arrangements to have these items incinerated are made by contacting the Regional Environmental Management department at 875-4615

3.0 Special Instructions

- 3.1 The definition of confidential material for this policy is any material, which contains patient's name, demographic information, diagnosis, medications, and personal information. Examples include addressograph requisitions, interim laboratory reports, nurses notes, operating room slates, medication labels, medication packs, transplant lists, armbands. See Confidentiality Policy AD033 Administrative Policy Manual.
- 3.2 Material, which contains information on staff members, is also confidential and includes, draft copies of performance evaluations, salary information, disciplinary notes, copies of personnel information forms, etc.

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Glass

The disposal of glass will be done so as to protect the handlers of the material. This applies to empty glass containers and broken glass. Bottles, which have contained chemicals, must be empty and rinsed before being discarded.

1.0 Procedure

1.1 Intact Glass Containers

- a. Package in a cardboard box; any sturdy cardboard box can be used for this purpose and it should be taped shut prior to disposal.
- b. Label the box "Glass Disposal Only".
- c. Leave the box for pick up.

1.2 Broken Glass

- a. Small quantities of broken glass may be placed in a sharps container for disposal.
- b. Quantities, which will not fit in a sharps container, should be carefully packed in a box and labelled for "glass disposal only" box. Double box if there is any concern that the glass could pierce the container.

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Recyclable Materials

The Hospital is committed to recycling materials, which cannot be reused or returned to the supplier, based on cost effectiveness and market availability.

1.0 Procedure

1.1 Paper products

- a. Paper products which can be recycled include; white and coloured bond paper, copy and computer paper, letterhead, post-its, note paper, fax paper and may have paper clips or staples. Do not include carbon paper, glossy or waxed paper, paper towels, tissues, rubber bands, magazines or newspapers.
- b. Small containers are kept in office and work areas. When the small container is full, staff are to empty it into a larger container marked for recycling.

1.2 Corrugated cardboard

- a. Corrugated cardboard has three layers; top, bottom and inner rippled layer, do not include paper boxboard (glove boxes, tissue boxes - see mixed paper pack).
- b. Flatten the box and leave for pick.

1.3 Telephone books

- a. Leave at Recycling Depot or "pick up" location for pick up.

1.4 Newspapers

- a. Place in designated newspaper recycling container or in a mixed paper pack container lined with a clear plastic bag.
- b. When the bag is full, tie off and remove for pick up.

1.5 Mixed Paper Pack

- a. This includes paperboard products and glossy paper such as glove boxes, kleenex boxes, sav-a-day trays, magazines, journals, brown envelopes, deep coloured paper and newspapers.
- b. Place in designated recycling container lined with a clear plastic bag.
- c. When the bag is full, tie off and remove to recycling.

1.6 Toner cartridges

- a. Place in a bag, label contents and send to supplier.

1.7 Beverage Containers

- a. Place in designated recycling container lined with a clear plastic bag.
- b. When the bag is full, tie off and remove for recycling.
- c. Includes any ready-to-drink beverage in plastic, glass or metal container. (I.e. tetra pak and gable top containers.)
- d. Does not include milk or milk substitute's containers.

1.8 Batteries

- a. Place in designated "batteries" box.
- c. All types of dry cell batteries are included: alkaline, lithium, nickel cadmium, zinc and all sizes: button, 9V, AA, AAA, C, D, and all others.
- d. Prevent lithium batteries from reacting with other batteries, by placing individually in a plastic bag.

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