

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.

EM CONTACT INFORMATION:

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Procedures (General) – Site-specific procedures follow in the appendix

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

General Waste

Housekeeping or designated staff shall close and seal the bag and remove it from the soiled utility or designated holding area, to a designated storage area. The bags are then transferred to an external general waste container. The container will be hauled to landfill and emptied.

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, housekeeping or designated staff shall tie the bag and securely close the container. The containers are then transferred from the designated area 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'.

Microbiology Laboratory Waste

Cultures, stocks or specimens or microorganisms: live or attenuated vaccines; human or animal cell cultures used in research; and laboratory material that come into contact with the above, including autoclaved waste must be disposed of as Biomedical waste.

This waste is placed in a biomedical container lined with yellow biomedical bags or other appropriate containers lined with a yellow bag. When the container(s) is full, Housekeeping or designated staff shall tie the bag and securely close the container or secure the lid on the designated container and place a label on it, identifying the department, date, and initials of the packager. The container(s) are 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. Other non-biomedical waste is placed in black bags and treated as general waste, see *General Waste*

Sharps

Sharps materials are placed into a designated 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 containers 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.

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Cytotoxic Waste

Cytotoxic waste is placed in a white pail or biomedical container labeled 'Cytotoxic'. The pail(s) or 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 pail(s) or containers to the designated interim storage area.

Human Anatomical Waste

Note: Human anatomical waste is packed at source in red biomedical bags or pails.

Housekeeping or designated staff shall label the container identifying the department, date, and initials of the packager. The container(s) are then transferred from the designated area to the interim storage room. Prior to shipping the containers shall be weighed and the weight indicated on the attached label.

Animal Waste

Animal waste is packed at source in red biomedical bags or pails. The research staff shall label the container identifying the department, date, and initials of the packager. The containers 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.

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.

Chemical Waste

Staff shall ensure all hazardous waste is packaged in an appropriate leak proof container. The container(s) shall be sealed and labeled identifying the contents, (using the proper name not the trade name), volume, and the department disposing of the waste; where possible an attached MSDS shall be provided. Housekeeping or designated staff shall be contacted to pick-up the waste material.

The hazardous waste shall be stored in an appropriate storage room or cabinet as per Provincial regulatory requirements.

Radioactive Waste

Radioactive Waste is required to decay in designated specially identified areas (hot room, lead lined areas). Once the radioactive waste has been reached accepted radioactivity levels, it can be discarded with the general waste. Contact the Radiation Safety Officer for further information.

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.

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Recyclable Materials

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

Procedures (Site Specific)

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[St. Paul's Hospital](#)

[University of British Columbia Hospital](#)

[Mount St. Joseph Hospital](#)

[Richmond General Hospital](#)

[Squamish General Hospital](#)

[Lion's Gate Hospital](#)

[Powell River Hospital](#)

[St. Mary's Hospital \(Sechelt\)](#)

Exceptions (see policy & procedures)

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

Microbiology Laboratory Waste

"This consists of laboratory cultures, stocks or specimens of micro-organisms, live or attenuated vaccines, human or animal cell cultures used in research, and laboratory material that has come into contact with any of these."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

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Human Anatomical Waste

"This consists of human tissues, organs, and body parts, but does not include teeth, hair, and nails."¹

Animal Waste

"This consists of animal tissues, organs, and body parts, carcasses, bedding, fluid blood and blood products, items saturated or dripping with blood, blood fluids contaminated with blood, and body fluids removed for diagnosis or removed during surgery, treatment or autopsy, but does not include teeth, hair, nails, hooves and feathers."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.

Chemical Waste

These are materials, which shall not be sent to landfill or discharged into the sewer system. They may be solid, liquid or gaseous chemicals from diagnostic, Laboratory procedures or research work.

They include the following characteristics: corrosive (acids of pH 2.0 and bases of pH 12.0), flammable, reactive (explosive, water reactive, shock sensitive), toxic, or genotoxic (mutagenic, carcinogenic or teratogenic). The definition relies heavily on the classification contained in the Transportation of Dangerous Goods regulations. Check the Material Safety Data Sheet for specifics on the substance.

Radioactive Waste

Radioactive waste is comprised of any waste containing or contaminated with radioactive isotopes (radionuclide).

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.

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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
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.

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Name: _____	Title: _____	Date: _____

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Vancouver General Hospital

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 by Housekeeping and taken to a bin in a holding area or is placed down the garbage chute.
- 1.3 The Distribution staff will relocate the bins of garbage from the designated areas to the Power Plant and dispenses of the contents into the compactor.
- 1.4 The compacted general waste collected is hauled to a designate disposal facility.

2.0 Criteria

- 2.0 Items included in this category are office waste, kitchen waste, and general non-infectious 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 designated container lined with a yellow bag.
- 1.2 Housekeeping staff will tie the bag and remove it to a yellow cart in a designated holding area (i.e. tunnel area)
- 1.3 Distribution staff shall relocate the yellow carts to the Pack room located in the basement of the Power Plant.
- 1.4 Distribution 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.
- 1.5 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 (see 3.0 Special Instruction)
 - garbage from patients on restrictive (level 4) isolation
 - 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

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3.0 Special Instructions (Pleur-evac™)

- 3.1 The underwater seal chest drainage system is a single use item and is unsafe to drain manually.
- 3.2 After the system has been removed from a patient, the tubing shall be knotted near the end, and the end covered with a piece of gauze secured with an elastic band.
- 3.3 The sealed pleur-evac container is placed in a yellow garbage bag for disposal as biomedical waste.

4.0 Special Instructions (Blood in Glass Bottles)

- 4.1 Place in a secure biomedical waste container.
- 4.2 Seal the biomedical waste container.
- 4.3 Housekeeping will move container to yellow cart in tunnel area.

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Microbiology Laboratory Waste

The treatment and disposal of waste from the Microbiology Laboratory will be done according to the CCME Guidelines. This category consists of laboratory cultures, stocks or specimens of micro-organisms, live or attenuated vaccines, human or animal cell cultures used in research, and laboratory material that has come into contact with any of these.

It is the responsibility of the generator of microbiology laboratory waste to identify, properly handle, treat and segregate the material before placing the material in the disposal containers.

1.0 Procedure

- 1.1 Laboratory staff place the waste into a yellow tub, lined with a yellow biomedical waste bag.
- 1.2 Housekeeping staff shall remove the entire container to a yellow cart in a designated holding area.
- 1.3 Housekeeping staff shall replace the yellow tubs lined with a yellow biomedical waste bag.
- 1.4 Distribution staff shall relocate the cart to the pack room located in the tunnel area of the Power Plant where the tubs are packaged for off site treatment. All containers shall be properly labelled identifying date, weight and initials of the packer.
- 1.5 Spills - refer to the "code brown" procedures

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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 and have lids that can be tightly secured.

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 site(s) for work area disposal containers.
- 3.2 Deposit sharps into designated disposal containers immediately following use.
- 3.3 When a sharps container is three-quarters full, Housekeeping staff will close and lock the lid and remove the container to a designated biomedical waste container in the holding area. It is important to keep the container upright; do not place on the side or upside down.
- 3.4 Replace with empty sharps container.
- 3.5 Distribution will move the bin to Pack room located in the basement area of the Power Plant where the sharps containers are packed in containers for off site treatment.

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Human Anatomical Waste

The disposal of human anatomical waste will be done in accordance with the guidelines of the Canadian Council of Ministers of the Environment. Human anatomical waste, consisting of tissues, organs and body parts, but excluding teeth, hair, and nails, must be incinerated in a biomedical waste incinerator.

Note: Depending on the department, some areas will use red biomedical waste pails, other area will use boxes lined with red bags.

1.0 Procedure

Generating department:

- 1.1 If using a red biomedical waste pail, ensure the lid is properly sealed and leave for housekeeping.
- 1.2 If using a box, open the cardboard box and close the bottom edges.
- 1.3 Line the box with two red liners.
- 1.4 Place the anatomical waste into the lined container. Fill up to 22 Kilograms in weight.
- 1.5 Tie off the red liners, close the box and tape it shut.
- 1.6 Label the container cardboard biomedical box with "bar coded" label, waste category" on the box.
- 1.7 Store the box in the refrigerator if being stored for more than 4 days.

Distribution Services:

- 1.8 Distribution staff shall relocate waste containers to the Pack room located in the basement of the Power Plant.
- 1.9 Distribution staff shall relocate the full tub/ containers to an interim storage area, where the contracted biomedical disposal company will pick them up. The sealed container(s) shall be labelled identifying, date, weight and initials of the packer.

2.0 Procedure Special Instructions

Anatomical wastes must be stored at 4°C or lower if being stored for more than 4 days.

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Animal Waste

The disposal of animal waste will be done in accordance with the guidelines of the Canadian Council of Ministers of the Environment. Animal waste with the exception of teeth, nails, hooves and feathers, shall be incinerated in a biomedical waste incinerator. This includes all animal tissues, organs, body parts, carcasses, fluid blood and blood products, items saturated or dripping with blood, body fluids contaminated with blood, and body fluids removed for diagnosis, treatment or autopsy.

1.0 Procedure

Generating department:

- 1.1 The waste material is placed in designated container lined with a red bag. (this does not pertain to red biomedical pails)
- 1.2 Place the animal waste into the lined container. Fill up to 22 Kilograms in weight.
- 1.3 If using a red biomedical waste pail, ensure the lid is properly sealed.
- 1.4 Tie off the red liners, close the box and tape it shut.
- 1.5 Label the container, (i.e. cardboard biomedical box) with "bar coded" label, and tick off "animal waste category" on the box.
- 1.6 Generator shall tie the bag and remove it to a designated holding area. (i.e. refrigerator)
- 1.7 Generator shall relocate waste containers to the Pack room located in the basement of the Power Plant.
- 1.8 Distribution staff shall 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.

2.0 Special Instructions

Anatomical wastes must be stored at 4°C or lower. The wastes are packaged in cardboard boxes at source according to the procedure below.

3.0 Bedding

Bedding from cages that housed animals with known infection is to be autoclaved or treated as biomedical waste. Remainder of bedding is treated as General Waste, i.e. placed in a black bag and written confirmation that waste is not infectious may be required.

Once every quarter, the generating department must provide a certificate (as indicated in the CCME guidelines) indicating the waste disposed of into the general waste stream was not considered 'Biomedical' as indicated in the CCME guidelines.

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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) The items are placed in the white "cytotoxic" containers and the lid kept on. When the pail is full, secure the lid on the container.
- b) Housekeeping staff will transfer the sealed container to a yellow biomedical cart.
- c) Distribution staff will transfer the cart to the Pack room located in the tunnel area.
- d) The Distribution staff will pack the containers in cardboard boxes, which are labelled "cytotoxic waste":
 - i. Open the cardboard box and seal the bottom edges.
 - ii. Line the box with a yellow liner.
 - iii. Place the containers into the lined box. Fill up to 22 kilograms in weight.
 - iv. Tie off the liner, close the box and tape it shut. Label the box with "bar coded" label and tick off "Cytotoxic Waste" category on the box.
- e) The box is picked up by the biomedical treatment company and incinerated.

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 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 a white 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 returned to Pharmacy. Partially used doses are disposed of in the white 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 Pharmacy.
- 1.2 The pharmacy staff pack the vials, tablets or containers into a labelled white pail. When the container is full it is to be sealed with a red lid.
- 1.3 The pail is transferred to the pack room located in the basement area of the Power Plant 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.

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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Mercury Waste

The disposal of mercury will be done in accordance with the Special Waste Legislation of BC Ministry of Environment and the Transportation of Dangerous Goods regulations. Mercury waste includes intact thermometers or other items containing mercury that are being discarded or material from clean up of mercury from breakage of items containing mercury.

It is the responsibility of the originating department to ensure that mercury is contained so that exposure to mercury or mercury vapors does not occur.

1.0 Procedure

1.1 Intact thermometers or equipment containing mercury

- a. Package item so breakage will not occur and that those handling package will not come in contact with mercury. Please do not use containers or bags with the biomedical symbol, as the chemical disposal company cannot accept for disposal.
- b. Label package as "Mercury waste".
- c. Contact the Regional Environmental Management department "875-4615" to arrange disposal. There is a "Mercury waste" barrel located in waste shed #3.

1.2 Mercury Spill Waste

- a. Clear the area of personnel, guests and visitors to avoid spread of the spill.
- b. Close off the area to prevent traffic from moving through and post warning sign.
- c. Follow procedures as outlined in the 'Code Brown' manual

1.3 Thermometers from Isolation Rooms

- a. Thermometers must not be placed in a sharps container.
- b. The thermometer will be removed from the room by designated staff.
- c. Contact the Regional Environmental Management department "875-4615" to arrange disposal.

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Chemical Waste

The disposal of chemical waste will be done in accordance with the Special Waste Legislation of BC Environment and the Transportation of Dangerous Goods (TDG) regulations. Chemical waste comprises discarded solid, liquid and gaseous chemicals used in the laboratories, research work, Housekeeping and disinfecting procedures.

It is the responsibility of the originating department to ensure that chemicals are identified as hazardous waste, and transported to the designated chemical storage cabinet in the hospital. In BC, the definition and naming of special waste relies heavily on the classifications found in the Transportation of Dangerous Goods Regulations (Canada).

Definition of Chemical Waste

Waste is considered as chemical waste if the material is, any one of the following;

- toxic;
- corrosive (acids of pH<2.0 and bases of pH>12.0);
- flammable;
- reactive (explosive, water reactive, shock sensitive) or
- genotoxic (carcinogenic, mutagenic, teratogenic or otherwise capable of altering genetic material); or
- classed as leachable toxic waste.

1.0 Procedure

1.1 General Chemical Waste

- a. Separate the chemicals into compatible groups (see listing attached).
- b. Ensure that the primary container is clearly labelled with the full name of the chemical and that the container is tightly closed.
- c. Pack in a sturdy box, include the Material Safety Data Sheet (MSDS), and add packaging material to prevent breakage. The intent is to ensure that the chemicals are contained and that no leakage or escape occurs.
- d. Do not seal the package, but label the box with the date, chemical name, quantity and the name of your Department.
- e. Laboratory staff transfers the box to the Laboratory storage cabinet. When the cabinets are full, contact the Regional Environmental Management department, who will coordinate removal of the chemicals by a contracted chemical disposal company.
- f. All other departments, contact Regional Environmental Management department at 875-4615 and arrange to bring materials to storage area, or to have larger containers moved by designated staff.

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

2.0 Attachments

2.1 Summary of Hazard Classes and Divisions

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TDG Classifications

Class	Division	Description
1-Explosives	1.1	A substance or article with a mass explosion hazard
	1.2	A substance with a fragment projection hazard, but not a mass explosion hazard.
	1.3	A substance with either a minor blast hazard or a minor projection hazard or both, but not a mass explosion hazard.
	1.4	A substance or article which presents no significant hazard. Explosion effects are largely confined to the package. No fragment projections of an appreciable size or Range are to be expected.
	1.5	A very insensitive substance, although it has a mass explosion hazard as in 1.1
.....		
2-Gases	2.1	A flammable gas.
	2.2	A non-flammable, non-toxic, non-corrosive gas.
	2.3	A poisonous gas.
	2.4	A corrosive gas.
.....		
3-Flammable Liquids	3.1	Extremely flammable liquid (flash point of less than - 18°C)
	3.2	Very flammable liquid (flash point not less than - 18°C)
	3.3	Moderately flammable liquid (flash point not less than 23°C but less than 61°C)
.....		
4 - Flammable solids, Spontaneously combustible and dangerous when wet	4.1	A solid which under normal circumstances is readily ignitable and burns persistently, or which causes or contributes to fire, through friction or from heat retained from manufacturing or processing.
	4.2	A substance liable to spontaneous combustion under normal conditions of transport or when in contact with air, liable to spontaneous heating to the point where it ignites.
	4.3	A substance which, on contact with water, emits dangerous quantities of flammable gases or becomes spontaneously combustible on contact with water or water vapour.
.....		
5 - Oxidizing substances & organic peroxides	5.1	A substance which contributes to the combustion of other material by yielding oxygen or oxidizing substances, whether or not the substance itself is combustible.
	5.2	An organic compound that contains the bivalent “-O-O-” structure which is a strong oxidizing agent and may be liable to explosive decomposition or is sensitive to heat, shock or friction.
.....		
6 - Poisonous & Infectious Substances	6.1	A solid or liquid that is poisonous through inhalation, by skin contact or ingestion.
	6.2	Organisms that are reasonably believed to be infectious to humans or animals and the toxins of such organisms.
.....		
7 - Radioactive Materials		Radioactive materials with activity greater than 74 kBq/kg, within the meaning of the Atomic Energy Control Act.
.....		
8 - Corrosive Substances		A substance that causes visible necrosis of the skin or that corrodes steel non-clad aluminium, of that has a pH less than 2 or greater than 12.5
.....		
9 - Miscellaneous Dangerous Goods	9.1	A substance or product which presents sufficient dangers to warrant regulation, but which cannot be assigned to any other class.
	9.2	An environmentally hazardous substance.
	9.3	Leachable toxic products or substances.

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Radioactive Waste

The Vancouver Coastal Health Authority is committed to maintaining safe practices in the disposal of radioactive materials and to comply with the federal and provincial regulations, and licensing requirements.

1.0 Procedure

Unless specifically stated in the license, disposal of radioactive waste can be performed as follows:

- 1.1 Sent, after making prior arrangements to a facility possessing an appropriate Waste Facility Operating License issued by CNSC.
- 1.2 Released through the municipal garbage system, municipal sewage system or released to the atmosphere provided that the quantity does not exceed the values shown in the following table or in your licence:

Radioisotope	Garbage	Sewer	Air
	Per kg	Per year	Per cubic metre
Tritium-3	37 MBq	1 TBq	37 kBq
Carbon-14	3.7 MBq	10 GBq	-
Fluorine-18	10 kBq	-	-
Phosphorus-32	370 kBq	1 MBq	-
Chromium-51	3.7 MBq	100 MBq	-
Cobalt-57	370 kBq	1 GBq	-
Gallium-67	37 kBq	100 MBq	-
Technetium-99m	3.7 MBq	1 GBq	-
Iodine-125	37 kBq	100 MBq	30 Bq
Iodine-131	37 kBq	10 MBq	175 Bq

- 1.3 Any material which does not fit any of the above categories will require special arrangements with the Radiation Safety Officer and the Regional Environmental Management department.
- 1.4 Spills - refer to the "code brown" procedure
 - In the event of a major spill or contamination of personnel or release of volatile material, notify the your supervisor and the Radiation Safety Officer:
 - Daytime; pager 871 5154 or Nuclear Medicine at 54612.
 - After hours via switchboard 875-5000 (Nuclear Medicine physician on call)
 - Decontaminate personnel by removing contaminated clothing by flushing contaminated skin with lukewarm water and mild soap.
 - Record spill details and contamination monitoring results, complete a Hazard Report. (See the VHHSC Radiation Safety Manual for more details).

2.0 Records

Records will be maintained in the originating Department to show the location and the methods of disposal for all radioactive waste. Compliance with this requirement will be checked periodically.

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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 will be no confidential material found in the regular waste which goes into the GVRD 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. A suitable box may be obtained from Inventory Control, and lined with a blue "confidential" bag. Distribution staff will replace the blue bag and take away the full bag.
- b) May include armbands and addressograph cards; paper with or without carbons, staples and clips.
- c) Departments, having shredders shall shred the material and collect the shredded paper into a clear plastic bag. When the bag is full, place at a Recycling Depot or a Distribution "pick up" location. Blue bags may be obtained from Distribution at 62729.

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. Locked red Schaefer Collection containers are located in specific areas and/or confidential collection cage.

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 contain 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 shall be taped shut prior to disposal.
- b. Label the box "Glass Disposal Only". Identification stickers may be obtained from Stores, #55800.
- c. Leave the box for pick up by Housekeeping.
- d. Housekeeping transfers the box to a garbage container.
- e. Distribution transports the container to the Power Plant and puts the container directly into the compactor.

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 shall 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.
- b. Small containers are kept in office and work areas. When the small container is full, it is emptied into a larger container marked "confidential shredding" lined with a blue coloured plastic bag.
- c. Distribution will empty on a regular basis; if you generate a low volume of material call Distribution at 62729 for pick up.
- d. Do not include carbon paper, glossy or waxed paper, paper towels, tissues, rubber bands, magazines or newspapers.

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 Housekeeping staff.
- c. Housekeeping staff will move the boxes to the tunnel and Distribution takes the boxes to the recycling compactor.

1.3 Telephone books

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

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 move to recycling depot for pick up by Distribution.

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 move to recycling depot for pick up by Distribution.

1.6 Toner cartridges

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

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 move to recycling depot for pick up by Distribution.
- 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.

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- 1.8 Batteries
- a. Place in designated "batteries" box. Units with Area Supply rooms will find the box on the return shelf/cart.
 - b. Arrange with Distribution to transfer box to Power Plant.
 - 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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Waste Oils & Solvents

The disposal of waste oil and solvents must be done in accordance with the Special Waste Legislation of BC Ministry of Water, Land and Air Protection, the Transportation of Dangerous Goods (TDG) regulations and Sewer Use By-Laws of the GVRD and City of Vancouver. This disposal procedure applies to the disposal of waste oil, waste solvents or a non-hazardous material containing more than 3% by weight of oil.

It is the responsibility of the originating department to ensure that the waste oil and solvents are identified as hazardous waste, and transported to the designated storage cabinet in the hospital.

Waste oil or solvents are not permitted in sanitary or storm sewers or landfills.

1.0 PROCEDURES

1.1 Waste Oil or waste solvents

- a. The workplace collecting container holding the material must be labelled with a WHMIS label indicating "waste oil", "waste solvents" or "waste oil and water"
- b. When container is 3/4 full, it shall be drained into the collection drums in the Power Plant shed. A separate drum is needed for:
 - waste oil,
 - oily rags,
 - waste oil and water,
 - waste solvents.
- c. To gain access to the storage shed, go to the Power Plant Control Room or call the Control Room at 62601. The Control Room maintains a logbook of source for waste and will ask for the name of your department, contact name, telephone local and type of material to be placed in the storage room.
- d. Completely drain contents into the drum and take initial container back to the work area for re-use. Empty metal containers can be in the open bin with the lid removed; must be completely drained. Plastic pails cannot be recycled or placed in the garbage, must be re-used.
- e. When the drum is full, it must be capped off and a new drum labelled for collection. Only one drum at a time for each category shall be in use.
- f. When 4 drums have accumulated, notify the Facilities Environment Coordinator to arrange removal.

1.2 Spills - refer to the "code brown" procedures

1.3 Housekeeping

- a. The storage shed is to be kept free of debris, empty small containers such as oil cans, transfer pails, etc are not to be left in or near the shed.
- b. One litre oil cans must be completely drained before placing in the garbage, one at a time.
- c. Metal containers that have been completely drained and lid removed, can be placed in the open bin.
- d. Plastic pails cannot be recycled or placed in the garbage.. DO NOT PLACE IN THE OPEN BIN - IT IS FOR SCRAP RECYCLING ONLY.

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2.0 EXAMPLES OF WASTE OIL

Examples of waste oil include:	Examples of waste solvents include:
<ul style="list-style-type: none"> • Cutting oil, • Fuel oil, • Gear oil, • Hydraulic oil, • Refined petroleum based oil, Synthetic oil, • Vacuum-pump oil, and • Oily rags. <p>Oil must not be contaminated with PCBs</p>	<ul style="list-style-type: none"> • degreasers, • paint thinners

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UBC Hospital

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 by Housekeeping and taken in a holding area.
- 1.3 The Housekeeping staff will relocate the waste from the designated holding areas to the compactor room in the Koerner Pavilion and compacts the waste.
- 1.4 The compacted general waste collected is hauled to a designate disposal facility.

2.0 Criteria

- 2.0 Items included in this category are office waste, kitchen waste, and general non-infectious 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 designated container lined with a yellow bag.
- 1.2 Housekeeping staff will tie the bag and remove it to a designated holding area.
- 1.3 Housekeeping staff shall relocate the Biomedical waste to the Compactor/ Pack room in the Koerner Pavilion.
- 1.4 Housekeeping 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.
- 1.5 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 (see 3.0 Special Instruction)
 - garbage from patients on restrictive (level 4) isolation
 - 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

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3.0 Special Instructions (Pleur-evac™)

- 3.1 The underwater seal chest drainage system is a single use item and is unsafe to drain manually.
- 3.2 After the system has been removed from a patient, the tubing shall be knotted near the end, and the end covered with a piece of gauze secured with an elastic band.
- 3.3 The sealed pleur-evac container is placed in a yellow garbage bag for disposal as biomedical waste.

4.0 Special Instructions (Blood in Glass Bottles)

- 4.1 Place in a secure biomedical waste container.
- 4.2 Seal the biomedical waste container.
- 4.3 Housekeeping will remove the biomedical waste container to a holding area.

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Microbiology Laboratory Waste

The treatment and disposal of waste from the Microbiology Laboratory will be done according to the CCME Guidelines. This category consists of laboratory cultures, stocks or specimens of micro-organisms, live or attenuated vaccines, human or animal cell cultures used in research, and laboratory material that has come into contact with any of these.

It is the responsibility of the generator of microbiology laboratory waste to identify, properly handle, treat and segregate the material before placing the material in the disposal containers.

1.0 Procedure

- 1.1 Laboratory staff place the waste into a container lined with a yellow bag. Housekeeping staff shall relocate the bag to a designated holding area.
- 1.3 Housekeeping staff shall relocate the waste to the pack room located in the Koerner Pavilion where the bags are repackaged for off site treatment. All containers shall be properly labelled identifying date, weight and initials of the packer
- 1.4 Spills - refer to the "code brown" procedures.

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Sharps

Vancouver Coastal Health Authority is committed to ensure that sharps are disposed of properly in accordance with CCME Guidelines and the Body Substance Precautions 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 and have lids that can be tightly secured.

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 site(s) for work area disposal containers.
- 3.2 Deposit sharps into designated disposal containers immediately following use.
- 3.3 When a sharps container is three-quarters full, Housekeeping staff will close the and lock the lid and remove the container to in the holding area in the soiled utility room. It is important to keep the container upright; do not place on the side or upside down.
- 3.4 Replace with empty sharps container.
- 3.5 Housekeeping staff will remove the containers to Pack room located in the Koerner Pavilion where the sharps containers are packed in containers for off site treatment.

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Human Anatomical Waste

The disposal of human anatomical waste will be done in accordance with the guidelines of the Canadian Council of Ministers of the Environment. Human anatomical waste, consisting of tissues, organs and body parts, but excluding teeth, hair, and nails, must be incinerated in a biomedical waste incinerator.

Note: Depending on the department, some areas will use red biomedical waste pails, other area will use boxes lined with red bags.

1.0 Procedure

Generating department:

- 1.1 If using a red biomedical waste pail, ensure the lid is properly sealed and leave for housekeeping pick up.
- 1.2 If using a box, open the cardboard box and close the bottom edges.
- 1.3 Line the box with two red liners.
- 1.4 Place the anatomical waste into the lined container. Fill up to 22 Kilograms in weight.
- 1.5 Tie off the red liners, close the box and tape it shut.
- 1.6 Label the container cardboard biomedical box with "bar coded" label, waste category" on the box.
- 1.7 Store the box in the refrigerator if being stored for more than 4 days.

Housekeeping Services:

- 1.8 Housekeeping staff shall relocate waste containers to the Pack room located in the Koerner Pavilion to an interim storage area, where the contracted biomedical disposal company will pick them up. The sealed container(s) shall be labelled identifying, date, weight and initials of the packer.

2.0 Procedure Special Instructions

Anatomical wastes must be stored at 4°C or lower if being stored for more than 4 days.

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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) The items are placed in the white "cytotoxic" containers and the lid kept on. When the pail is full, secure the lid on the container.
- b) Housekeeping staff will transfer the sealed container to a holding area in the soiled utility room.
- c) Housekeeping staff will transfer the containers to the Pack room located in the Koerner Pavilion.
- d) Housekeeping staff will pack the containers in cardboard boxes, which are labelled "cytotoxic waste":
 - i. Open the cardboard box and seal the bottom edges.
 - ii. Line the box with a yellow liner.
 - iii. Place the containers into the lined box. Fill up to 22 kilograms in weight.
 - iv. Tie off the liner, close the box and tape it shut. Label the box with "bar coded" label and tick off "Cytotoxic Waste" category on the box.
- e) The box is picked up by the biomedical treatment company and incinerated.

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 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 a white 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 returned to Pharmacy. Partially used doses are disposed of in the white 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 Pharmacy.
- 1.2 The pharmacy staff pack the vials, tablets or containers into a designated labelled white container with a red lid. When the container is full it is to be sealed.
- 1.3 Housekeeping or designated staff shall relocate the full pail to the pack room storage area in the Koerner Pavilion, 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.

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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Mercury Waste

The disposal of mercury will be done in accordance with the Special Waste Legislation of BC Ministry of Environment and the Transportation of Dangerous Goods regulations. Mercury waste includes intact thermometers or other items containing mercury that are being discarded or material from clean up of mercury from breakage of items containing mercury.

It is the responsibility of the originating department to ensure that mercury is contained so that exposure to mercury or mercury vapors does not occur.

1.0 Procedure

1.1 Intact thermometers or equipment containing mercury

- a. Package item so breakage will not occur and that those handling package will not come in contact with mercury. Please do not use containers or bags with the biomedical symbol, as the chemical disposal company cannot accept for disposal.
- b. Label package as "Mercury waste".
- c. Contact the Regional Environmental Management department "875-4615" to arrange disposal.

1.2 Mercury Spill Waste

- a. Clear the area of personnel, guests and visitors to avoid spread of the spill.
- b. Close off the area to prevent traffic from moving through and post warning sign.
- c. Follow procedures as outlined in the 'Code Brown' manual

1.3 Thermometers from Isolation Rooms

- a. Thermometers must not be placed in a sharps container.
- b. The thermometer will be removed from the room by designated staff.
- c. Contact the Regional Environmental Management department "875-4615" to arrange disposal.

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Chemical Waste

The disposal of chemical waste will be done in accordance with the Special Waste Legislation of BC Environment and the Transportation of Dangerous Goods (TDG) regulations. Chemical waste comprises discarded solid, liquid and gaseous chemicals used in the laboratories, research work, Housekeeping and disinfecting procedures.

It is the responsibility of the originating department to ensure that chemicals are identified as hazardous waste, and transported to the designated chemical storage cabinet in the hospital. In BC, the definition and naming of special waste relies heavily on the classifications found in the Transportation of Dangerous Goods Regulations (Canada).

Definition of Chemical Waste

Waste is considered as chemical waste if the material is, any one of the following;

- toxic;
- corrosive (acids of pH<2.0 and bases of pH>12.0);
- flammable;
- reactive (explosive, water reactive, shock sensitive) or
- genotoxic (carcinogenic, mutagenic, teratogenic or otherwise capable of altering genetic material); or
- classed as leachable toxic waste.

1.0 Procedure

1.1 General Chemical Waste

- a. Separate the chemicals into compatible groups (see listing attached).
- b. Ensure that the primary container is clearly labelled with the full name of the chemical and that the container is tightly closed.
- c. Pack in a sturdy box, include the Material Safety Data Sheet (MSDS), and add packaging material to prevent breakage. The intent is to ensure that the chemicals are contained and that no leakage or escape occurs.
- d. Do not seal the package, but label the box with the date, chemical name, quantity and the name of your Department.
- e. Laboratory staff transfers the box to the Laboratory storage cabinet. When the cabinets are full, contact the Regional Environmental Management department, who will coordinate removal of the chemicals by a contracted chemical disposal company.
- f. All other departments, contact Regional Environmental Management department at 875-4615 and arrange to bring materials to storage area, or to have larger containers moved by designated staff.

1.2 Spills - refer to the "code brown" procedures :

2.0 Attachments

2.1 Summary of Hazard Classes and Divisions

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TDG Classifications

Class	Division	Description
1-Explosives	1.1	A substance or article with a mass explosion hazard
	1.2	A substance with a fragment projection hazard, but not a mass explosion hazard.
	1.3	A substance with either a minor blast hazard or a minor projection hazard or both, but not a mass explosion hazard.
	1.4	A substance or article which presents no significant hazard. Explosion effects are largely confined to the package. No fragment projections of an appreciable size or Range are to be expected.
	1.5	A very insensitive substance, although it has a mass explosion hazard as in 1.1
.....		
2-Gases	2.1	A flammable gas.
	2.2	A non-flammable, non-toxic, non-corrosive gas.
	2.3	A poisonous gas.
	2.4	A corrosive gas.
.....		
3-Flammable Liquids	3.1	Extremely flammable liquid (flash point of less than - 18°C)
	3.2	Very flammable liquid (flash point not less than - 18°C)
	3.3	Moderately flammable liquid (flash point not less than 23°C but less than 61°C)
.....		
4 - Flammable solids, Spontaneously combustible and dangerous when wet	4.1	A solid which under normal circumstances is readily ignitable and burns persistently, or which causes or contributes to fire, through friction or from heat retained from manufacturing or processing.
	4.2	A substance liable to spontaneous combustion under normal conditions of transport or when in contact with air, liable to spontaneous heating to the point where it ignites.
	4.3	A substance which, on contact with water, emits dangerous quantities of flammable gases or becomes spontaneously combustible on contact with water or water vapour.
.....		
5 - Oxidizing substances & organic peroxides	5.1	A substance which contributes to the combustion of other material by yielding oxygen or oxidizing substances, whether or not the substance itself is combustible.
	5.2	An organic compound that contains the bivalent “-O-O-” structure which is a strong oxidizing agent and may be liable to explosive decomposition or is sensitive to heat, shock or friction.
.....		
6 - Poisonous & Infectious Substances	6.1	A solid or liquid that is poisonous through inhalation, by skin contact or ingestion.
	6.2	Organisms that are reasonably believed to be infectious to humans or animals and the toxins of such organisms.
.....		
7 - Radioactive Materials		Radioactive materials with activity greater than 74 kBq/kg, within the meaning of the Atomic Energy Control Act.
.....		
8 - Corrosive Substances		A substance that causes visible necrosis of the skin or that corrodes steel non-clad aluminium, of that has a pH less than 2 or greater than 12.5
.....		
9 - Miscellaneous Dangerous Goods	9.1	A substance or product which presents sufficient dangers to warrant regulation, but which cannot be assigned to any other class.
	9.2	An environmentally hazardous substance.
	9.3	Leachable toxic products or substances.

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Radioactive Waste

The Vancouver Coastal Health Authority is committed to maintaining safe practices in the disposal of radioactive materials and to comply with the federal and provincial regulations, and licensing requirements.

1.0 Procedure

Unless specifically stated in the license, disposal of radioactive waste can be performed as follows:

- 1.1 Sent, after making prior arrangements to a facility possessing an appropriate Waste Facility Operating License issued by CNSC.
- 1.2 Released through the municipal garbage system, municipal sewage system or released to the atmosphere provided that the quantity does not exceed the values shown in the following table or in your licence:

Radioisotope	Garbage	Sewer	Air
	Per kg	Per year	Per cubic metre
Tritium-3	37 MBq	1 TBq	37 kBq
Carbon-14	3.7 MBq	10 GBq	-
Fluorine-18	10 kBq	-	-
Phosphorus-32	370 kBq	1 MBq	-
Chromium-51	3.7 MBq	100 MBq	-
Cobalt-57	370 kBq	1 GBq	-
Gallium-67	37 kBq	100 MBq	-
Technetium-99m	3.7 MBq	1 GBq	-
Iodine-125	37 kBq	100 MBq	30 Bq
Iodine-131	37 kBq	10 MBq	175 Bq

- 1.3 Any material which does not fit any of the above categories will require special arrangements with the Radiation Safety Officer and the Regional Environmental Management department.
- 1.4 Spills - refer to the "code brown" procedures

2.0 Records

Records will be maintained in the originating Department to show the location and the methods of disposal for all radioactive waste. Compliance with this requirement will be checked periodically.

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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 will be no confidential material found in the regular waste which goes into the GVRD 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. Blue bins are located in designated areas. Housekeeping staff will replace the Blue bin on a scheduled basis or as required when called.
- b) May include armbands and addressograph cards; paper with or without carbons, staples and clips.
- c) Departments, having shredders shall shred the material and place the shredded paper into a Blue bin.

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 in 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. Locked red Schaefer Collection containers are located in specific areas and/or confidential collection cage.

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 shall be taped shut prior to disposal.
- b. Label the box "Glass Disposal Only". Identification stickers may be obtained from Stores.
- c. Leave the box for pick up by Housekeeping.
- d. Housekeeping transfers the box directly to the compactor in Koerner Pavilion.

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 shall be carefully packed into a box and labelled for "glass disposal only". 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.
 - b. Small containers are kept in office and work areas. When the small container is full, it is emptied into a larger Blue container marked "confidential shredding"
 - c. Housekeeping will remove and replace the containers on a regular basis.
 - d. Do not include carbon paper, glossy or waxed paper, paper towels, tissues, rubber bands, magazines or newspapers.
- 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 Housekeeping staff.
 - c. Housekeeping staff will move the boxes to the compactor in the Koerner Pavilion.
- 1.3 Telephone books
 - a. Leave at Recycling Depot or "pick up" location for pick up by Housekeeping.
- 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 move to recycling depot for pick up by Housekeeping.
- 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 move to recycling depot for pick up by Housekeeping.
- 1.6 Toner cartridges
 - a. Place in a bag, label contents and send to Stores.
- 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 move to recycling depot for pick up by Housekeeping.
 - 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.
 - b. Arrange with Housekeeping for disposal.
 - 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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Waste Oil & Solvents

The disposal of waste oil and solvents must be done in accordance with the Special Waste Legislation of BC Ministry of Water, Land and Air Protection, the Transportation of Dangerous Goods (TDG) regulations and Sewer Use By-Laws of the GVRD and City of Vancouver. This disposal procedure applies to the disposal of waste oil, waste solvents or a non-hazardous material containing more than 3% by weight of oil.

It is the responsibility of the originating department to ensure that the waste oil and solvents are identified as hazardous waste, and transported to the designated storage cabinet in the hospital.

Waste oil or solvents are not permitted in sanitary or storm sewers or landfills.

1.0 PROCEDURES

1.1 Waste Oil or waste solvents

- a. The workplace collecting container holding the material must be labelled with a WHMIS label indicating "waste oil", "waste solvents" or "waste oil and water"
- b. When container is 3/4 full, it shall be drained into the collection drums. A separate drum is needed for:
 - waste oil,
 - oily rags,
 - waste oil and water,
 - waste solvents.
- c. The storage area maintains a logbook of source for waste and will ask for the name of your department, contact name, telephone local and type of material to be placed in the storage room.
- d. Completely drain contents into the drum and take initial container back to the work area for re-use. Empty **metal** containers can be in the open bin with the lid removed; must be completely drained. Plastic pails cannot be recycled or placed in the garbage, must be re-used.
- e. When the drum is full, it must be capped off and a new drum labelled for collection. Only one drum at a time for each category shall be in use.
- f. When 4 drums have accumulated, arrange removal.

1.2 Spills - refer to the "code brown" procedures

1.3 Housekeeping of the Storage area:

- a. The storage area is to be kept free of debris, empty small containers such as oil cans, transfer pails, etc are not to be left in or near the storage area.
- b. One litre oil cans must be completely drained before placing in the garbage, one at a time.
- c. Metal containers that have been completely drained and lid removed, can be placed in the open bin.
- e. Plastic pails cannot be recycled or placed in the garbage.. **DO NOT PLACE IN THE OPEN BIN - IT IS FOR SCRAP RECYCLING ONLY.**

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2.0 EXAMPLES OF WASTE OIL

Examples of waste oil include:	Examples of waste solvents include:
<ul style="list-style-type: none"> • Cutting oil, • Fuel oil, • Gear oil, • Hydraulic oil, • Refined petroleum based oil, Synthetic oil, • Vacuum-pump oil, and • Oily rags. <p>Oil must not be contaminated with PCBs</p>	<ul style="list-style-type: none"> • degreasers, • paint thinners

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Richmond General Hospital

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 by Housekeeping and taken to a holding area in the soiled utility room.
- 1.3 Housekeeping staff will remove the waste from the designated areas and take it to the compactor located outside of the receiving area and dispenses of the contents into the compactor.
- 1.4 The compacted general waste collects is hauled to a designate disposal facility.

2.0 Criteria

- 2.0 Items included in this category are office waste, kitchen waste, and general non-infectious 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 designated container lined with a yellow bag.
- 1.2 Housekeeping staff will tie the bag and remove it to a designated holding area in the Soiled Utility room.
- 1.3 Housekeeping staff shall relocate the waste to the Pack room located in the receiving area.
- 1.4 Housekeeping staff shall pack the bags into transport tubs or designated containers and leave the full tub/ containers in the pack 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.
- 1.5 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 (see 3.0 Special Instruction)
 - garbage from patients on restrictive (level 4) isolation
 - 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

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3.0 Special Instructions (Pleur-evac™)

- 3.1 The underwater seal chest drainage system is a single use item and is unsafe to drain manually.
- 3.2 After the system has been removed from a patient, the tubing shall be knotted near the end, and the end covered with a piece of gauze secured with an elastic band.
- 3.3 The sealed pleur-evac container is placed in a yellow garbage bag for disposal as biomedical waste.

4.0 Special Instructions (Blood in Glass Bottles)

- 4.1 Place in a secure biomedical waste container.
- 4.2 Seal the biomedical waste container.
- 4.3 Housekeeping will move container to the designated holding area.

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Microbiology Laboratory Waste

The treatment and disposal of waste from the Microbiology Laboratory will be done according to the CCME Guidelines. This category consists of laboratory cultures, stocks or specimens of micro-organisms, live or attenuated vaccines, human or animal cell cultures used in research, and laboratory material that has come into contact with any of these.

It is the responsibility of the generator of microbiology laboratory waste to identify, properly handle, treat and segregate the material before placing the material in the disposal containers.

1.0 Procedure

- 1.1 Laboratory staff place the waste into a container lined with a yellow bag. Housekeeping staff shall relocate the bag to a designated holding area.
- 1.2 Housekeeping staff shall relocate the waste to the pack room outside of receiving where the bags are repackaged for off site treatment. All containers shall be properly labelled identifying date, weight and initials of the packer
- 1.3 Spills - refer to the "code brown" procedures

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Sharps

Vancouver Coastal Health Authority is committed to ensure that sharps are disposed of properly in accordance with CCME Guidelines and the Body Substance Precautions 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 and have lids that can be tightly secured.

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 site(s) for work area disposal containers.
- 3.2 Deposit sharps into designated disposal containers immediately following use.
- 3.3 When a sharps container is three-quarters full, Housekeeping staff will close and lock the lid and remove the container to a designated biomedical waste container in the holding area. It is important to keep the container upright; do not place on the side or upside down.
- 3.4 Replace with empty sharps container.
- 3.5 Housekeeping will move the containers to the pack room located outside of the receiving area where the sharps containers are packed in containers for off site treatment.

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Human Anatomical Waste

The disposal of human anatomical waste will be done in accordance with the guidelines of the Canadian Council of Ministers of the Environment. Human anatomical waste, consisting of tissues, organs and body parts, but excluding teeth, hair, and nails, must be incinerated in a biomedical waste incinerator.

Note: Depending on the department, some areas will use red biomedical waste pails, other area will use boxes lined with red bags.

1.0 Procedure

Generating department:

- 1.1 If using a red biomedical waste pail, ensure the lid is properly sealed and leave for housekeeping pick up.
- 1.2 If using a box, open the cardboard box and close the bottom edges.
- 1.3 Line the box with two red liners.
- 1.4 Place the anatomical waste into the lined container. Fill up to 22 Kilograms in weight.
- 1.5 Tie off the red liners, close the box and tape it shut.
- 1.6 Label the container cardboard biomedical box with "bar coded" label, waste category" on the box.
- 1.7 Store the box in the refrigerator if being stored for more than 4 days.

Housekeeping Services:

- 1.8 Housekeeping staff shall relocate waste containers to the Pack room located outside of the receiving area.
- 1.9 Housekeeping staff shall relocate the full tub/ containers to an interim storage area, where the contracted biomedical disposal company will pick them up. The sealed container(s) shall be labelled identifying, date, weight and initials of the packer.

2.0 Procedure Special Instructions

Anatomical wastes must be stored at 4°C or lower if being stored for more than 4 days.

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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) The items are placed in the white "cytotoxic" containers and the lid kept on. When the pail is full, secure the lid on the container.
- b) Housekeeping staff will transfer the sealed container to the Soiled Utility room.
- c) Housekeeping staff will transfer the container to the Pack room located outside of the receiving area.
- d) Housekeeping staff will pack the containers in cardboard boxes, which are labelled "cytotoxic waste":
 - i. Open the cardboard box and seal the bottom edges.
 - ii. Line the box with a yellow liner.
 - iii. Place the containers into the lined box. Fill up to 22 kilograms in weight.
 - iv. Tie off the liner, close the box and tape it shut. Label the box with "bar coded" label and tick off "Cytotoxic Waste" category on the box.
- e) The box is picked up by the biomedical treatment company and incinerated.

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 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 a white 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 returned to Pharmacy. Partially used doses are disposed of in the white 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 Pharmacy.
- 1.2 The pharmacy staff pack the vials, tablets or containers into a designated labelled white container with a red lid. When the container is full it is to be sealed.
- 1.3 Housekeeping or designated staff shall relocate the full pail to the pack room 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.

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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Mercury Waste

The disposal of mercury will be done in accordance with the Special Waste Legislation of BC Ministry of Environment and the Transportation of Dangerous Goods regulations. Mercury waste includes intact thermometers or other items containing mercury that are being discarded or material from clean up of mercury from breakage of items containing mercury.

It is the responsibility of the originating department to ensure that mercury is contained so that exposure to mercury or mercury vapors does not occur.

1.0 Procedure

1.1 Intact thermometers or equipment containing mercury

- a. Package item so breakage will not occur and that those handling package will not come in contact with mercury. Please do not use containers or bags with the biomedical symbol, as the chemical disposal company cannot accept for disposal.
- b. Label package as "Mercury waste".
- c. Contact the Regional Environmental Management department to arrange disposal.

1.2 Mercury Spill Waste

- a. Clear the area of personnel, guests and visitors to avoid spread of the spill.
- b. Close off the area to prevent traffic from moving through and post warning sign.
- c. Follow procedures as outlined in the 'Code Brown' manual

1.3 Thermometers from Isolation Rooms

- a. Thermometers must not be placed in a sharps container.
- b. The thermometer will be removed from the room by designated staff.
- c. Contact the Regional Environmental Management department to arrange disposal.

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Chemical Waste

The disposal of chemical waste will be done in accordance with the Special Waste Legislation of BC Environment and the Transportation of Dangerous Goods (TDG) regulations. Chemical waste comprises discarded solid, liquid and gaseous chemicals used in the laboratories, research work, Housekeeping and disinfecting procedures.

It is the responsibility of the originating department to ensure that chemicals are identified as hazardous waste, and transported to the designated chemical storage cabinet in the hospital. In BC, the definition and naming of special waste relies heavily on the classifications found in the Transportation of Dangerous Goods Regulations (Canada).

Definition of Chemical Waste

Waste is considered as chemical waste if the material is, any one of the following;

- toxic;
- corrosive (acids of pH<2.0 and bases of pH>12.0);
- flammable;
- reactive (explosive, water reactive, shock sensitive) or
- genotoxic (carcinogenic, mutagenic, teratogenic or otherwise capable of altering genetic material); or
- classed as leachable toxic waste.

1.0 Procedure

1.1 General Chemical Waste

- a. Separate the chemicals into compatible groups (see listing attached).
- b. Ensure that the primary container is clearly labelled with the full name of the chemical and that the container is tightly closed.
- c. Pack in a sturdy box, include the Material Safety Data Sheet (MSDS), and add packaging material to prevent breakage. The intent is to ensure that the chemicals are contained and that no leakage or escape occurs.
- d. Do not seal the package, but label the box with the date, chemical name, quantity and the name of your Department.
- e. Laboratory staff transfers the box to the Laboratory storage cabinet. When the cabinets are full, contact the Regional Environmental Management department, who will coordinate removal of the chemicals by a contracted chemical disposal company.
- f. All other departments, contact Regional Environmental Management department at 875-4615 and arrange to bring materials to storage area, or to have larger containers moved by designated staff.

1.2 Spills - refer to the "code brown" procedures :

- a. Follow 'Code Brown' protocol.
- b. Close off the area to prevent traffic from moving through.
- c. Initiate Code Brown spill protocol.
- d. Complete a Hazard Report form.

2.0 Attachments

2.1 Summary of Hazard Classes and Divisions

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TDG Classifications

Class	Division	Description
1-Explosives	1.1	A substance or article with a mass explosion hazard
	1.2	A substance with a fragment projection hazard, but not a mass explosion hazard.
	1.3	A substance with either a minor blast hazard or a minor projection hazard or both, but not a mass explosion hazard.
	1.4	A substance or article which presents no significant hazard. Explosion effects are largely confined to the package. No fragment projections of an appreciable size or Range are to be expected.
	1.5	A very insensitive substance, although it has a mass explosion hazard as in 1.1
.....		
2-Gases	2.1	A flammable gas.
	2.2	A non-flammable, non-toxic, non-corrosive gas.
	2.3	A poisonous gas.
	2.4	A corrosive gas.
.....		
3-Flammable Liquids	3.1	Extremely flammable liquid (flash point of less than - 18°C)
	3.2	Very flammable liquid (flash point not less than - 18°C)
	3.3	Moderately flammable liquid (flash point not less than 23°C but less than 61°C)
.....		
4 - Flammable solids, Spontaneously combustible and dangerous when wet	4.1	A solid which under normal circumstances is readily ignitable and burns persistently, or which causes or contributes to fire, through friction or from heat retained from manufacturing or processing.
	4.2	A substance liable to spontaneous combustion under normal conditions of transport or when in contact with air, liable to spontaneous heating to the point where it ignites.
	4.3	A substance which, on contact with water, emits dangerous quantities of flammable gases or becomes spontaneously combustible on contact with water or water vapour.
.....		
5 - Oxidizing substances & organic peroxides	5.1	A substance which contributes to the combustion of other material by yielding oxygen or oxidizing substances, whether or not the substance itself is combustible.
	5.2	An organic compound that contains the bivalent “-O-O-” structure which is a strong oxidizing agent and may be liable to explosive decomposition or is sensitive to heat, shock or friction.
.....		
6 - Poisonous & Infectious Substances	6.1	A solid or liquid that is poisonous through inhalation, by skin contact or ingestion.
	6.2	Organisms that are reasonably believed to be infectious to humans or animals and the toxins of such organisms.
.....		
7 - Radioactive Materials		Radioactive materials with activity greater than 74 kBq/kg, within the meaning of the Atomic Energy Control Act.
.....		
8 - Corrosive Substances		A substance that causes visible necrosis of the skin or that corrodes steel non-clad aluminium, of that has a pH less than 2 or greater than 12.5
.....		
9 - Miscellaneous Dangerous Goods	9.1	A substance or product which presents sufficient dangers to warrant regulation, but which cannot be assigned to any other class.
	9.2	An environmentally hazardous substance.
	9.3	Leachable toxic products or substances.

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Radioactive Waste

The Vancouver Coastal Health Authority is committed to maintaining safe practices in the disposal of radioactive materials and to comply with the federal and provincial regulations, and licensing requirements.

1.0 Procedure

Unless specifically stated in the license, disposal of radioactive waste can be performed as follows:

- 1.1 Sent, after making prior arrangements to a facility possessing an appropriate Waste Facility Operating License issued by CNSC.
- 1.2 Released through the municipal garbage system, municipal sewage system or released to the atmosphere provided that the quantity does not exceed the values shown in the following table or in your licence:

Radioisotope	Garbage	Sewer	Air
	Per kg	Per year	Per cubic metre
Tritium-3	37 MBq	1 TBq	37 kBq
Carbon-14	3.7 MBq	10 GBq	-
Fluorine-18	10 kBq	-	-
Phosphorus-32	370 kBq	1 MBq	-
Chromium-51	3.7 MBq	100 MBq	-
Cobalt-57	370 kBq	1 GBq	-
Gallium-67	37 kBq	100 MBq	-
Technetium-99m	3.7 MBq	1 GBq	-
Iodine-125	37 kBq	100 MBq	30 Bq
Iodine-131	37 kBq	10 MBq	175 Bq

- 1.3 Any material which does not fit any of the above categories will require special arrangements with the Radiation Safety Officer and the Regional Environmental Management department.
- 1.4 Spills - refer to the "code brown" procedures :
 - Close off the area to prevent traffic moving through.
 - Cover the spill with absorbent material to prevent spread of contamination.
 - Wearing disposable gloves and a lab coat or disposable overalls, clean up the spill using absorbent paper and place it in a plastic bag for transfer to a radioactive waste container.
 - Avoid spreading contamination by working from the outside of the spill toward the centre.
 - In the event of a major spill or contamination of personnel or release of volatile material, notify the your supervisor and the Radiation Safety Officer:
 - Decontaminate personnel by removing contaminated clothing by flushing contaminated skin with lukewarm water and mild soap.
 - Record spill details and contamination monitoring results, complete a Hazard Report. (See the VHHSC Radiation Safety Manual for more details).

2.0 Records

Records will be maintained in the originating Department to show the location and the methods of disposal for all radioactive waste. Compliance with this requirement will be checked periodically.

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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 will be no confidential material found in the regular waste which goes into the GVRD 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. Housekeeping staff will replace the blue bag and take away the full bag.
- b) May include armbands and addressograph cards; paper with or without carbons, staples and clips.
- c) Departments, having shredders shall shred the material and collect the shredded paper into a clear plastic bag. When the bag is full, place at a Recycling Depot or "pick up" location. Blue bags may be obtained from Housekeeping.

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. Locked red Schaefer Collection containers are located in specific areas and/or confidential collection cage.

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 shall be taped shut prior to disposal.
- b. Label the box "Glass Disposal Only". Identification stickers may be obtained from Stores.
- c. Leave the box for pick up by Housekeeping.
- d. Housekeeping transfers the box directly to the compactor.

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 shall be carefully packed into a box labelled "glass disposal only" . 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.
 - b. Small containers are kept in office and work areas. When the small container is full, it is emptied into a larger container marked "confidential shredding".
 - c. Housekeeping will empty on a regular basis; if you generate a low volume of material.
 - d. Do not include carbon paper, glossy or waxed paper, paper towels, tissues, rubber bands, magazines or newspapers.
- 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 Housekeeping staff.
 - c. Housekeeping staff will move the boxes to the recycling compactor.
- 1.3 Telephone books
 - a. Leave at Recycling Depot or designated "pick up" area.
- 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 move to recycling depot for pick up by Housekeeping.
- 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 move to recycling depot for pick up by Housekeeping.
- 1.6 Toner cartridges
 - a. Place in a bag, label contents and send to Inventory Control.
- 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 move to recycling depot for pick up by Housekeeping.
 - 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.
 - b. Arrange with Housekeeping to remove for disposal.
 - 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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Waste Oil & Solvents

The disposal of waste oil and solvents must be done in accordance with the Special Waste Legislation of BC Ministry of Water, Land and Air Protection, the Transportation of Dangerous Goods (TDG) regulations and Sewer Use By-Laws of the GVRD and City of Vancouver. This disposal procedure applies to the disposal of waste oil, waste solvents or a non-hazardous material containing more than 3% by weight of oil.

It is the responsibility of the originating department to ensure that the waste oil and solvents are identified as hazardous waste, and transported to the designated storage cabinet in the hospital.

Waste oil or solvents are not permitted in sanitary or storm sewers or landfills.

1.0 PROCEDURES

1.1 Waste Oil or waste solvents

- a. The workplace collecting container holding the material must be labelled with a WHMIS label indicating "waste oil", "waste solvents" or "waste oil and water"
- b. When container is 3/4 full, it shall be drained into the collection drums. A separate drum is needed for:
 - waste oil,
 - oily rags,
 - waste oil and water,
 - waste solvents.
- c. The storage area maintains a logbook of source for waste and will ask for the name of your department, contact name, telephone local and type of material to be placed in the storage room.
- d. Completely drain contents into the drum and take initial container back to the work area for re-use. Empty metal containers can be in the open bin with the lid removed; must be completely drained. Plastic pails cannot be recycled or placed in the garbage, must be re-used.
- e. When the drum is full, it must be capped off and a new drum labelled for collection. Only one drum at a time for each category shall be in use.
- f. When 4 drums have accumulated, arrange removal.

1.2 Spills - refer to the "code brown" procedures

1.3 Housekeeping of the Storage area:

- a. The storage area is to be kept free of debris, empty small containers such as oil cans, transfer pails, etc are not to be left in or near the storage area.
- b. One litre oil cans must be completely drained before placing in the garbage, one at a time.
- c. Metal containers that have been completely drained and lid removed, can be placed in the open bin.
- d. Plastic pails cannot be recycled or placed in the garbage. **DO NOT PLACE IN THE OPEN BIN - IT IS FOR SCRAP RECYCLING ONLY.**

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2.0 EXAMPLES OF WASTE OIL

Examples of waste oil include:	Examples of waste solvents include:
<ul style="list-style-type: none"> • Cutting oil, • Fuel oil, • Gear oil, • Hydraulic oil, • Refined petroleum based oil, Synthetic oil, • Vacuum-pump oil, and • Oily rags. <p>Oil must not be contaminated with PCBs</p>	<ul style="list-style-type: none"> • degreasers, • paint thinners

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Lion's Gate Hospital

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 by Housekeeping and taken to a designated holding.
- 1.3 The Housekeeping staff will relocate the bins of garbage from the designated areas to the compacting area outside of the loading/receiving area and dispenses of the contents into the compactor.
- 1.4 The compacted general waste collects is hauled to a designate disposal facility.

2.0 Criteria

- 2.0 Items included in this category are office waste, kitchen waste, and general non-infectious 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 designated container lined with a yellow bag.
- 1.2 Housekeeping staff will tie the bag and remove it to a yellow cart in a designated holding area in the soiled utility room.
- 1.3 Housekeeping staff shall relocate the waste to the Packing area located at the loading dock.
- 1.4 Housekeeping staff shall pack the bags into transport tubs or designated containers and leave in the packing 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.
- 1.5 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 (see 3.0 Special Instruction)
 - garbage from patients on restrictive (level 4) isolation
 - 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

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3.0 Special Instructions (Pleur-evac™)

- 3.1 The underwater seal chest drainage system is a single use item and is unsafe to drain manually.
- 3.2 After the system has been removed from a patient, the tubing shall be knotted near the end, and the end covered with a piece of gauze secured with an elastic band.
- 3.3 The sealed pleur-evac container is placed in a yellow garbage bag for disposal as biomedical waste.

4.0 Special Instructions (Blood in Glass Bottles)

- 4.1 Place in a secure biomedical waste container.
- 4.2 Seal the biomedical waste container.
- 4.3 Housekeeping will remove for disposal.

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Microbiology Laboratory Waste

The treatment and disposal of waste from the Microbiology Laboratory will be done according to the CCME Guidelines. This category consists of laboratory cultures, stocks or specimens of micro-organisms, live or attenuated vaccines, human or animal cell cultures used in research, and laboratory material that has come into contact with any of these.

It is the responsibility of the generator of microbiology laboratory waste to identify, properly handle, treat and segregate the material before placing the material in the disposal containers.

1.0 Procedure

- 1.1 Laboratory staff place the waste into a container lined with a yellow bag. Housekeeping staff shall relocate the bag to a designated holding area.
- 1.2 Housekeeping staff shall relocate the waste to the pack room located at the loading dock, where the bags are repackaged for off site treatment. All containers shall be properly labelled identifying date, weight and initials of the packer
- 1.3 Spills - refer to the "code brown" procedures

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Sharps

Vancouver Coastal Health Authority is committed to ensure that sharps are disposed of properly in accordance with CCME Guidelines and the Body Substance Precautions 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 and have lids that can be tightly secured.

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 site(s) for work area disposal containers.
- 3.2 Deposit sharps into designated disposal containers immediately following use.
- 3.3 When a sharps container is three-quarters full, Housekeeping staff will close and lock the lid and remove the container to a designated biomedical waste container in the holding area. It is important to keep the container upright; do not place on the side or upside down.
- 3.4 Replace with empty sharps container.
- 3.5 Housekeeping will move the waste to the Pack room located at the loading dock where the sharps containers are packed in containers for off site treatment.

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Human Anatomical Waste

The disposal of human anatomical waste will be done in accordance with the guidelines of the Canadian Council of Ministers of the Environment. Human anatomical waste, consisting of tissues, organs and body parts, but excluding teeth, hair, and nails, must be incinerated in a biomedical waste incinerator.

Note: Depending on the department, some areas will use red biomedical waste pails, other area will use boxes lined with red bags.

1.0 Procedure

Generating department:

- 1.1 If using a red biomedical waste pail, ensure the lid is properly sealed and leave for housekeeping pick up.
- 1.2 If using a box, open the cardboard box and close the bottom edges.
- 1.3 Line the box with two red liners.
- 1.4 Place the anatomical waste into the lined container. Fill up to 22 Kilograms in weight.
- 1.5 Tie off the red liners, close the box and tape it shut.
- 1.6 Label the container cardboard biomedical box with "bar coded" label, waste category" on the box.
- 1.7 Store the box in the refrigerator if being stored for more than 4 days.

Housekeeping Services:

- 1.8 Housekeeping staff shall relocate waste containers to the Pack room located at the loading dock.
- 1.9 Housekeeping staff shall relocate the full tub/ containers to an interim storage area, where the contracted biomedical disposal company will pick them up. The sealed container(s) shall be labelled identifying, date, weight and initials of the packer.

2.0 Procedure Special Instructions

Anatomical wastes must be stored at 4°C or lower if being stored for more than 4 days.

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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) The items are placed in the white "cytotoxic" containers and the lid kept on. When the pail is full, secure the lid on the container.
- b) Housekeeping staff will transfer the sealed container to a holding area in the soiled utility room.
- c) Housekeeping staff will transfer the cart to the Pack room located at the loading dock.
- d) The Housekeeping staff will pack the containers in cardboard boxes, which are labelled "cytotoxic waste":
 - i. Open the cardboard box and seal the bottom edges.
 - ii. Line the box with a yellow liner.
 - iii. Place the containers into the lined box. Fill up to 22 kilograms in weight.
 - iv. Tie off the liner, close the box and tape it shut. Label the box with "bar coded" label and tick off "Cytotoxic Waste" category on the box.
- e) The box is picked up by the biomedical treatment company and incinerated.

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 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 a white 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 returned to Pharmacy. Partially used doses are disposed of in the white 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 Pharmacy.
- 1.2 The pharmacy staff pack the vials, tablets or containers into a designated labelled white container with a red lid. When the container is full it is to be sealed.
- 1.3 Housekeeping or designated staff shall relocate the full pail to the pack room 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.

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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Mercury Waste

The disposal of mercury will be done in accordance with the Special Waste Legislation of BC Ministry of Environment and the Transportation of Dangerous Goods regulations. Mercury waste includes intact thermometers or other items containing mercury that are being discarded or material from clean up of mercury from breakage of items containing mercury.

It is the responsibility of the originating department to ensure that mercury is contained so that exposure to mercury or mercury vapors does not occur.

1.0 Procedure

- 1.1 Intact thermometers or equipment containing mercury
 - a. Package item so breakage will not occur and that those handling package will not come in contact with mercury. Please do not use containers or bags with the biomedical symbol, as the chemical disposal company cannot accept for disposal.
 - b. Label package as "Mercury waste".
 - c. Contact the Regional Environmental Management department to arrange disposal.
- 1.2 Mercury Spill Waste
 - a. Clear the area of personnel, guests and visitors to avoid spread of the spill.
 - b. Close off the area to prevent traffic from moving through and post warning sign.
 - c. Follow procedures as outlined in the 'Code Brown' manual
- 1.3 Thermometers from Isolation Rooms
 - a. Thermometers must not be placed in a sharps container.
 - b. The thermometer will be removed from the room by designated staff.
 - c. Contact the Regional Environmental Management department to arrange disposal.

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Chemical Waste

The disposal of chemical waste will be done in accordance with the Special Waste Legislation of BC Environment and the Transportation of Dangerous Goods (TDG) regulations. Chemical waste comprises discarded solid, liquid and gaseous chemicals used in the laboratories, research work, Housekeeping and disinfecting procedures.

It is the responsibility of the originating department to ensure that chemicals are identified as hazardous waste, and transported to the designated chemical storage cabinet in the hospital. In BC, the definition and naming of special waste relies heavily on the classifications found in the Transportation of Dangerous Goods Regulations (Canada).

Definition of Chemical Waste

Waste is considered as chemical waste if the material is, any one of the following;

- toxic;
- corrosive (acids of pH<2.0 and bases of pH>12.0);
- flammable;
- reactive (explosive, water reactive, shock sensitive) or
- genotoxic (carcinogenic, mutagenic, teratogenic or otherwise capable of altering genetic material); or
- classed as leachable toxic waste.

1.0 Procedure

1.1 General Chemical Waste

- a. Separate the chemicals into compatible groups (see listing attached).
- b. Ensure that the primary container is clearly labelled with the full name of the chemical and that the container is tightly closed.
- c. Pack in a sturdy box, include the Material Safety Data Sheet (MSDS), and add packaging material to prevent breakage. The intent is to ensure that the chemicals are contained and that no leakage or escape occurs.
- d. Do not seal the package, but label the box with the date, chemical name, quantity and the name of your Department.
- e. Laboratory staff transfers the box to the Laboratory storage cabinet. When the cabinets are full, contact the Regional Environmental Management department, who will coordinate removal of the chemicals by a contracted chemical disposal company.
- f. All other departments, contact Regional Environmental Management department and arrange to bring materials to storage area, or to have larger containers moved by designated staff.

1.2 Spills - refer to the "code brown" procedures :

2.0 Attachments

2.1 Summary of Hazard Classes and Divisions

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TDG Classifications

Class	Division	Description
1-Explosives	1.1	A substance or article with a mass explosion hazard
	1.2	A substance with a fragment projection hazard, but not a mass explosion hazard.
	1.3	A substance with either a minor blast hazard or a minor projection hazard or both, but not a mass explosion hazard.
	1.4	A substance or article which presents no significant hazard. Explosion effects are largely confined to the package. No fragment projections of an appreciable size or Range are to be expected.
	1.5	A very insensitive substance, although it has a mass explosion hazard as in 1.1
.....		
2-Gases	2.1	A flammable gas.
	2.2	A non-flammable, non-toxic, non-corrosive gas.
	2.3	A poisonous gas.
	2.4	A corrosive gas.
.....		
3-Flammable Liquids	3.1	Extremely flammable liquid (flash point of less than - 18°C)
	3.2	Very flammable liquid (flash point not less than - 18°C)
	3.3	Moderately flammable liquid (flash point not less than 23°C but less than 61°C)
.....		
4 - Flammable solids, Spontaneously combustible and dangerous when wet	4.1	A solid which under normal circumstances is readily ignitable and burns persistently, or which causes or contributes to fire, through friction or from heat retained from manufacturing or processing.
	4.2	A substance liable to spontaneous combustion under normal conditions of transport or when in contact with air, liable to spontaneous heating to the point where it ignites.
	4.3	A substance which, on contact with water, emits dangerous quantities of flammable gases or becomes spontaneously combustible on contact with water or water vapour.
.....		
5 - Oxidizing substances & organic peroxides	5.1	A substance which contributes to the combustion of other material by yielding oxygen or oxidizing substances, whether or not the substance itself is combustible.
	5.2	An organic compound that contains the bivalent “-O-O-” structure which is a strong oxidizing agent and may be liable to explosive decomposition or is sensitive to heat, shock or friction.
.....		
6 - Poisonous & Infectious Substances	6.1	A solid or liquid that is poisonous through inhalation, by skin contact or ingestion.
	6.2	Organisms that are reasonably believed to be infectious to humans or animals and the toxins of such organisms.
.....		
7 - Radioactive Materials		Radioactive materials with activity greater than 74 kBq/kg, within the meaning of the Atomic Energy Control Act.
.....		
8 - Corrosive Substances		A substance that causes visible necrosis of the skin or that corrodes steel non-clad aluminium, of that has a pH less than 2 or greater than 12.5
.....		
9 - Miscellaneous Dangerous Goods	9.1	A substance or product which presents sufficient dangers to warrant regulation, but which cannot be assigned to any other class.
	9.2	An environmentally hazardous substance.
	9.3	Leachable toxic products or substances.

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Radioactive Waste

The Vancouver Coastal Health Authority is committed to maintaining safe practices in the disposal of radioactive materials and to comply with the federal and provincial regulations, and licensing requirements.

1.0 Procedure

Unless specifically stated in the license, disposal of radioactive waste can be performed as follows:

- 1.1 Sent, after making prior arrangements to a facility possessing an appropriate Waste Facility Operating License issued by CNSC.
- 1.2 Released through the municipal garbage system, municipal sewage system or released to the atmosphere provided that the quantity does not exceed the values shown in the following table or in your licence:

Radioisotope	Garbage	Sewer	Air
	Per kg	Per year	Per cubic metre
Tritium-3	37 MBq	1 TBq	37 kBq
Carbon-14	3.7 MBq	10 GBq	-
Fluorine-18	10 kBq	-	-
Phosphorus-32	370 kBq	1 MBq	-
Chromium-51	3.7 MBq	100 MBq	-
Cobalt-57	370 kBq	1 GBq	-
Gallium-67	37 kBq	100 MBq	-
Technetium-99m	3.7 MBq	1 GBq	-
Iodine-125	37 kBq	100 MBq	30 Bq
Iodine-131	37 kBq	10 MBq	175 Bq

- 1.3 Any material which does not fit any of the above categories will require special arrangements with the Radiation Safety Officer and the Regional Environmental Management department.
- 1.4 Spills - refer to the "code brown" procedures :
 - Close off the area to prevent traffic moving through.
 - Cover the spill with absorbent material to prevent spread of contamination.
 - Wearing disposable gloves and a lab coat or disposable overalls, clean up the spill using absorbent paper and place it in a plastic bag for transfer to a radioactive waste container.
 - Avoid spreading contamination by working from the outside of the spill toward the centre.
 - In the event of a major spill or contamination of personnel or release of volatile material, notify the your supervisor and the Radiation Safety Officer:
 - Decontaminate personnel by removing contaminated clothing by flushing contaminated skin with lukewarm water and mild soap.
 - Record spill details and contamination monitoring results, complete a Hazard Report. (See the VHHSC Radiation Safety Manual for more details).

2.0 Records

Records will be maintained in the originating Department to show the location and the methods of disposal for all radioactive waste. Compliance with this requirement will be checked periodically.

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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 will be no confidential material found in the regular waste which goes into the GVRD 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. Housekeeping staff will replace the blue bag and take away the full bag.
- b) May include armbands and addressograph cards; paper with or without carbons, staples and clips.
- c) Departments, having shredders shall shred the material and collect the shredded paper into a clear plastic bag. When the bag is full, place at a Recycling Depot or "pick up" location.

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 in 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. Locked red Schaefer Collection containers are located in specific areas and/or confidential collection cage.

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 shall be taped shut prior to disposal.
- b. Label the box "Glass Disposal Only". Identification stickers may be obtained from Stores.
- c. Leave the box for pick up by Housekeeping.
- d. Housekeeping transfers the box to a garbage container and puts the container directly into the compactor.

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 shall be carefully packed a box labelled with a "glass disposal only". 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.
- b. Small containers are kept in office and work areas. When the small container is full, it is emptied into a larger container marked "confidential shredding" lined with a blue coloured plastic bag.
- c. Housekeeping will empty on a regular basis.
- d. Do not include carbon paper, glossy or waxed paper, paper towels, tissues, rubber bands, magazines or newspapers.

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 Housekeeping staff.
- c. Housekeeping staff will move the boxes and takes the boxes to the recycling compactor.

1.3 Telephone books

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

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 move to recycling depot for pick up by.

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 move to recycling depot for pick up.

1.6 Toner cartridges

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

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 move to recycling depot for pick up.
- 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.
- b. Arrange with Housekeeping for disposal.
- 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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Waste Oil & Solvents

The disposal of waste oil and solvents must be done in accordance with the Special Waste Legislation of BC Ministry of Water, Land and Air Protection, the Transportation of Dangerous Goods (TDG) regulations and Sewer Use By-Laws of the GVRD and City of Vancouver. This disposal procedure applies to the disposal of waste oil, waste solvents or a non-hazardous material containing more than 3% by weight of oil.

It is the responsibility of the originating department to ensure that the waste oil and solvents are identified as hazardous waste, and transported to the designated storage cabinet in the hospital.

Waste oil or solvents are not permitted in sanitary or storm sewers or landfills.

1.0 PROCEDURES

1.1 Waste Oil or waste solvents

- a. The workplace collecting container holding the material must be labelled with a WHMIS label indicating "waste oil", "waste solvents" or "waste oil and water"
- b. When container is 3/4 full, it shall be drained into the collection drums. A separate drum is needed for:
 - waste oil,
 - oily rags,
 - waste oil and water,
 - waste solvents.
- c. The storage area maintains a logbook of source for waste and will ask for the name of your department, contact name, telephone local and type of material to be placed in the storage room.
- d. Completely drain contents into the drum and take initial container back to the work area for re-use. Empty metal containers can be in the open bin with the lid removed; must be completely drained. Plastic pails cannot be recycled or placed in the garbage, must be re-used.
- e. When the drum is full, it must be capped off and a new drum labelled for collection. Only one drum at a time for each category shall be in use.
- f. When 4 drums have accumulated, arrange removal.

1.2 Spills - refer to the "code brown" procedures

1.3 Housekeeping of the Storage area:

- a. The storage area is to be kept free of debris, empty small containers such as oil cans, transfer pails, etc are not to be left in or near the storage area.
- b. One litre oil cans must be completely drained before placing in the garbage, one at a time.
- c. Metal containers that have been completely drained and lid removed, can be placed in the open bin.
- d. Plastic pails cannot be recycled or placed in the garbage.. **DO NOT PLACE IN THE OPEN BIN - IT IS FOR SCRAP RECYCLING ONLY.**

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2.0 EXAMPLES OF WASTE OIL

Examples of waste oil include:	Examples of waste solvents include:
<ul style="list-style-type: none"> • Cutting oil, • Fuel oil, • Gear oil, • Hydraulic oil, • Refined petroleum based oil, Synthetic oil, • Vacuum-pump oil, and • Oily rags. <p>Oil must not be contaminated with PCBs</p>	<ul style="list-style-type: none"> • degreasers, • paint thinners

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Powell River General Hospital

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 by Housekeeping and taken to a bin in a holding area.
- 1.3 The Housekeeping staff will relocate the garbage from the designated areas to the collection bins.
- 1.4 The collected waste is hauled to a designate disposal facility.

2.0 Criteria

- 2.0 Items included in this category are office waste, kitchen waste, and general non-infectious 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 designated container lined with a yellow bag.
- 1.2 Housekeeping staff will tie the bag and remove it to a designated holding area.
- 1.3 Housekeeping staff shall relocate the waste to the Pack room located at the loading dock.
- 1.4 Housekeeping staff shall pack the bags into transport tubs or designated containers and leave in the Pack room 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.
- 1.5 Spills - refer to the "code brown" procedures :
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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 (see 3.0 Special Instruction)
 - garbage from patients on restrictive (level 4) isolation
 - 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

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3.0 Special Instructions (Pleur-evac™)

- 3.1 The underwater seal chest drainage system is a single use item and is unsafe to drain manually.
- 3.2 After the system has been removed from a patient, the tubing shall be knotted near the end, and the end covered with a piece of gauze secured with an elastic band.
- 3.3 The sealed pleur-evac container is placed in a yellow garbage bag for disposal as biomedical waste.

4.0 Special Instructions (Blood in Glass Bottles)

- 4.1 Place in a secure biomedical waste container.
- 4.2 Seal the biomedical waste container.
- 4.3 Housekeeping will remove for disposal.

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Microbiology Laboratory Waste

The treatment and disposal of waste from the Microbiology Laboratory will be done according to the CCME Guidelines. This category consists of laboratory cultures, stocks or specimens of micro-organisms, live or attenuated vaccines, human or animal cell cultures used in research, and laboratory material that has come into contact with any of these.

It is the responsibility of the generator of microbiology laboratory waste to identify, properly handle, treat and segregate the material before placing the material in the disposal containers.

1.0 Procedure

- 1.1 Laboratory staff place the waste into a container lined with a yellow bag. Housekeeping staff shall relocate the bag to a designated holding area.
- 1.2 Housekeeping staff shall relocate the waste to the pack room located at the loading dock, where the bags are repackaged for off site treatment. All containers shall be properly labelled identifying date, weight and initials of the packer
- 1.3 Spills - refer to the "code brown" procedures

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Sharps

Vancouver Coastal Health Authority is committed to ensure that sharps are disposed of properly in accordance with CCME Guidelines and the Body Substance Precautions 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 and have lids that can be tightly secured.

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 site(s) for work area disposal containers.
- 3.2 Deposit sharps into designated disposal containers immediately following use.
- 3.3 When a sharps container is three-quarters full, Housekeeping staff will close and locked the lid and remove the container to a designated biomedical waste container in the holding area. It is important to keep the container upright; do not place on the side or upside down.
- 3.4 Replace with empty sharps container.
- 3.5 Housekeeping will move the bin to Pack room located at the loading dock where the sharps containers are packed in containers for off site treatment.

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Human Anatomical Waste

The disposal of human anatomical waste will be done in accordance with the guidelines of the Canadian Council of Ministers of the Environment. Human anatomical waste, consisting of tissues, organs and body parts, but excluding teeth, hair, and nails, must be incinerated in a biomedical waste incinerator.

Note: Depending on the department, some areas will use red biomedical waste pails, other area will use boxes lined with red bags.

1.0 Procedure

Generating department:

- 1.1 If using a red biomedical waste pail, ensure the lid is properly sealed and leave for housekeeping pick up.
- 1.2 If using a box, open the cardboard box and close the bottom edges.
- 1.3 Line the box with two red liners.
- 1.4 Place the anatomical waste into the lined container. Fill up to 22 Kilograms in weight.
- 1.5 Tie off the red liners, close the box and tape it shut.
- 1.6 Label the container cardboard biomedical box with "bar coded" label, waste category" on the box.
- 1.7 Store the box in the refrigerator if being stored for more than 4 days.

Housekeeping Services:

- 1.8 Housekeeping staff shall relocate waste containers to the Pack room located at the loading dock.
- 1.9 Housekeeping staff shall relocate the full tub/ containers to an interim storage area, where the contracted biomedical disposal company will pick them up. The sealed container(s) shall be labelled identifying, date, weight and initials of the packer.

2.0 Procedure Special Instructions

Anatomical wastes must be stored at 4°C or lower if being stored for more than 4 days.

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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) The items are placed in the white "cytotoxic" containers and the lid kept on. When the pail is full, secure the lid on the container.
- b) Housekeeping staff will transfer the sealed container to a designated holding area in the soiled utility room.
- c) Housekeeping staff will transfer the containers to the Pack room located at the loading dock.
- d) The Housekeeping staff will pack the containers in cardboard boxes, which are labelled "cytotoxic waste":
 - i. Open the cardboard box and seal the bottom edges.
 - ii. Line the box with a yellow liner.
 - iii. Place the containers into the lined box. Fill up to 22 kilograms in weight.
 - iv. Tie off the liner, close the box and tape it shut. Label the box with "bar coded" label and tick off "Cytotoxic Waste" category on the box.
- e) The box is picked up by the biomedical treatment company and incinerated.

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 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 a white 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 returned to Pharmacy. Partially used doses are disposed of in the white 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 Pharmacy.
- 1.2 The pharmacy staff pack the vials, tablets or containers into a labelled white pail. When the container is full it is to be sealed with a red lid.
- 1.3 Housekeeping staff shall relocate the full pail to the Pack room 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.

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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Mercury Waste

The disposal of mercury will be done in accordance with the Special Waste Legislation of BC Ministry of Environment and the Transportation of Dangerous Goods regulations. Mercury waste includes intact thermometers or other items containing mercury that are being discarded or material from clean up of mercury from breakage of items containing mercury.

It is the responsibility of the originating department to ensure that mercury is contained so that exposure to mercury or mercury vapors does not occur.

1.0 Procedure

1.1 Intact thermometers or equipment containing mercury

- a. Package item so breakage will not occur and that those handling package will not come in contact with mercury. Please do not use containers or bags with the biomedical symbol, as the chemical disposal company cannot accept for disposal.
- b. Label package as "Mercury waste".
- c. Contact the Regional Environmental Management department to arrange disposal

1.2 Mercury Spill Waste

- a. Clear the area of personnel, guests and visitors to avoid spread of the spill.
- b. Close off the area to prevent traffic from moving through and post warning sign.
- c. Follow procedures as outlined in the 'Code Brown' manual

1.3 Thermometers from Isolation Rooms

- a. Thermometers must not be placed in a sharps container.
- b. The thermometer will be removed from the room by designated staff.
- c. Contact the Regional Environmental Management department to arrange disposal.

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Chemical Waste

The disposal of chemical waste will be done in accordance with the Special Waste Legislation of BC Environment and the Transportation of Dangerous Goods (TDG) regulations. Chemical waste comprises discarded solid, liquid and gaseous chemicals used in the laboratories, research work, Housekeeping and disinfecting procedures.

It is the responsibility of the originating department to ensure that chemicals are identified as hazardous waste, and transported to the designated chemical storage cabinet in the hospital. In BC, the definition and naming of special waste relies heavily on the classifications found in the Transportation of Dangerous Goods Regulations (Canada).

Definition of Chemical Waste

Waste is considered as chemical waste if the material is, any one of the following;

- toxic;
- corrosive (acids of pH<2.0 and bases of pH>12.0);
- flammable;
- reactive (explosive, water reactive, shock sensitive) or
- genotoxic (carcinogenic, mutagenic, teratogenic or otherwise capable of altering genetic material); or
- classed as leachable toxic waste.

1.0 Procedure

1.1 General Chemical Waste

- a. Separate the chemicals into compatible groups (see listing attached).
- b. Ensure that the primary container is clearly labelled with the full name of the chemical and that the container is tightly closed.
- c. Pack in a sturdy box, include the Material Safety Data Sheet (MSDS), and add packaging material to prevent breakage. The intent is to ensure that the chemicals are contained and that no leakage or escape occurs.
- d. Do not seal the package, but label the box with the date, chemical name, quantity and the name of your Department.
- e. Laboratory staff transfers the box to the Laboratory storage cabinet. When the cabinets are full, contact the Regional Environmental Management department, who will coordinate removal of the chemicals by a contracted chemical disposal company.
- f. All other departments, contact Regional Environmental Management department at 875-4615 and arrange to bring materials to storage area, or to have larger containers moved by designated staff.

1.2 Spills - refer to the "code brown" procedures :

2.0 Attachments

2.1 Summary of Hazard Classes and Divisions

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TDG Classifications

Class	Division	Description
1-Explosives	1.1	A substance or article with a mass explosion hazard
	1.2	A substance with a fragment projection hazard, but not a mass explosion hazard.
	1.3	A substance with either a minor blast hazard or a minor projection hazard or both, but not a mass explosion hazard.
	1.4	A substance or article which presents no significant hazard. Explosion effects are largely confined to the package. No fragment projections of an appreciable size or Range are to be expected.
	1.5	A very insensitive substance, although it has a mass explosion hazard as in 1.1
.....		
2-Gases	2.1	A flammable gas.
	2.2	A non-flammable, non-toxic, non-corrosive gas.
	2.3	A poisonous gas.
	2.4	A corrosive gas.
.....		
3-Flammable Liquids	3.1	Extremely flammable liquid (flash point of less than - 18°C)
	3.2	Very flammable liquid (flash point not less than - 18°C)
	3.3	Moderately flammable liquid (flash point not less than 23°C but less than 61°C)
.....		
4 - Flammable solids, Spontaneously combustible and dangerous when wet	4.1	A solid which under normal circumstances is readily ignitable and burns persistently, or which causes or contributes to fire, through friction or from heat retained from manufacturing or processing.
	4.2	A substance liable to spontaneous combustion under normal conditions of transport or when in contact with air, liable to spontaneous heating to the point where it ignites.
	4.3	A substance which, on contact with water, emits dangerous quantities of flammable gases or becomes spontaneously combustible on contact with water or water vapour.
.....		
5 - Oxidizing substances & organic peroxides	5.1	A substance which contributes to the combustion of other material by yielding oxygen or oxidizing substances, whether or not the substance itself is combustible.
	5.2	An organic compound that contains the bivalent “-O-O-” structure which is a strong oxidizing agent and may be liable to explosive decomposition or is sensitive to heat, shock or friction.
.....		
6 - Poisonous & Infectious Substances	6.1	A solid or liquid that is poisonous through inhalation, by skin contact or ingestion.
	6.2	Organisms that are reasonably believed to be infectious to humans or animals and the toxins of such organisms.
.....		
7 - Radioactive Materials		Radioactive materials with activity greater than 74 kBq/kg, within the meaning of the Atomic Energy Control Act.
.....		
8 - Corrosive Substances		A substance that causes visible necrosis of the skin or that corrodes steel non-clad aluminium, of that has a pH less than 2 or greater than 12.5
.....		
9 - Miscellaneous Dangerous Goods	9.1	A substance or product which presents sufficient dangers to warrant regulation, but which cannot be assigned to any other class.
	9.2	An environmentally hazardous substance.
	9.3	Leachable toxic products or substances.

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Radioactive Waste

The Vancouver Coastal Health Authority is committed to maintaining safe practices in the disposal of radioactive materials and to comply with the federal and provincial regulations, and licensing requirements.

1.0 Procedure

Unless specifically stated in the license, disposal of radioactive waste can be performed as follows:

- 1.1 Sent, after making prior arrangements to a facility possessing an appropriate Waste Facility Operating License issued by CNSC.
- 1.2 Released through the municipal garbage system, municipal sewage system or released to the atmosphere provided that the quantity does not exceed the values shown in the following table or in your licence:

Radioisotope	Garbage	Sewer	Air
	Per kg	Per year	Per cubic metre
Tritium-3	37 MBq	1 TBq	37 kBq
Carbon-14	3.7 MBq	10 GBq	-
Fluorine-18	10 kBq	-	-
Phosphorus-32	370 kBq	1 MBq	-
Chromium-51	3.7 MBq	100 MBq	-
Cobalt-57	370 kBq	1 GBq	-
Gallium-67	37 kBq	100 MBq	-
Technetium-99m	3.7 MBq	1 GBq	-
Iodine-125	37 kBq	100 MBq	30 Bq
Iodine-131	37 kBq	10 MBq	175 Bq

- 1.3 Any material which does not fit any of the above categories will require special arrangements with the Radiation Safety Officer and the Regional Environmental Management department.
- 1.4 Spills - refer to the "code brown" procedures :
 - Close off the area to prevent traffic moving through.
 - Cover the spill with absorbent material to prevent spread of contamination.
 - Wearing disposable gloves and a lab coat or disposable overalls, clean up the spill using absorbent paper and place it in a plastic bag for transfer to a radioactive waste container.
 - Avoid spreading contamination by working from the outside of the spill toward the centre.
 - In the event of a major spill or contamination of personnel or release of volatile material, notify the your supervisor and the Radiation Safety Officer:
 - Decontaminate personnel by removing contaminated clothing by flushing contaminated skin with lukewarm water and mild soap.
 - Record spill details and contamination monitoring results, complete a Hazard Report. (See the VHHSC Radiation Safety Manual for more details).

2.0 Records

Records will be maintained in the originating Department to show the location and the methods of disposal for all radioactive waste. Compliance with this requirement will be checked periodically.

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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 will be no confidential material found in the regular waste which goes into the GVRD solid waste stream.

2.0 Procedure

2.1 Paper products

- a) Paper containing confidential information on patients or staff is disposed of by "shredding". The shredder is located on the basement level.
- b) May include armbands and addressograph cards; paper with or without carbons, staples and clips.
- c) Departments, having shredders shall shred the material and collect the shredded paper into a clear plastic bag. When the bag is full, place at a Recycling Depot or a "pick up" location. Blue bags may be obtained from stores

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 Locked red Schaefer Collection containers are located in specific areas and/or confidential collection cage.

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 shall be taped shut prior to disposal.
- b. Label the box "Glass Disposal Only". Identification stickers may be obtained from Stores.
- c. Leave the box for pick up by Housekeeping.
- d. Housekeeping transfers the box to a garbage container for disposal.

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 shall be carefully packed into box marked 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.
- b. Small containers are kept in office and work areas. When the small container is full, it is emptied into a larger container marked "confidential shredding" lined with a blue coloured plastic bag.
- c. Housekeeping will empty on a regular basis.
- d. Do not include carbon paper, glossy or waxed paper, paper towels, tissues, rubber bands, magazines or newspapers.

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 Housekeeping staff.
- c. Housekeeping staff will move the boxes and takes the boxes to the recycling bin

1.3 Telephone books

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

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 move to recycling depot for pick up by Housekeeping.

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 move to recycling depot for pick up by Housekeeping.

1.6 Toner cartridges

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

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 move to recycling depot for pick up by Housekeeping.
- 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.
- b. Arrange with Housekeeping for disposal.
- 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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Waste Oil & Solvents

The disposal of waste oil and solvents must be done in accordance with the Special Waste Legislation of BC Ministry of Water, Land and Air Protection, the Transportation of Dangerous Goods (TDG) regulations and Sewer Use By-Laws of the GVRD and City of Vancouver. This disposal procedure applies to the disposal of waste oil, waste solvents or a non-hazardous material containing more than 3% by weight of oil.

It is the responsibility of the originating department to ensure that the waste oil and solvents are identified as hazardous waste, and transported to the designated storage cabinet in the hospital.

Waste oil or solvents are not permitted in sanitary or storm sewers or landfills.

1.0 PROCEDURES

1.1 Waste Oil or waste solvents

- a. The workplace collecting container holding the material must be labelled with a WHMIS label indicating "waste oil", "waste solvents" or "waste oil and water"
- b. When container is 3/4 full, it shall be drained into the collection drums. A separate drum is needed for:
 - waste oil,
 - oily rags,
 - waste oil and water,
 - waste solvents.
- c. The storage area maintains a logbook of source for waste and will ask for the name of your department, contact name, telephone local and type of material to be placed in the storage room.
- d. Completely drain contents into the drum and take initial container back to the work area for re-use. Empty metal containers can be in the open bin with the lid removed; must be completely drained. Plastic pails cannot be recycled or placed in the garbage, must be re-used.
- e. When the drum is full, it must be capped off and a new drum labelled for collection. Only one drum at a time for each category shall be in use.
- f. When 4 drums have accumulated, arrange removal.

1.2 Spills - refer to the "code brown" procedures

1.3 Housekeeping of the Storage area:

- a. The storage area is to be kept free of debris, empty small containers such as oil cans, transfer pails, etc are not to be left in or near the storage area.
- b. One litre oil cans must be completely drained before placing in the garbage, one at a time.
- c. Metal containers that have been completely drained and lid removed, can be placed in the open bin.
- d. Plastic pails cannot be recycled or placed in the garbage.. **DO NOT PLACE IN THE OPEN BIN - IT IS FOR SCRAP RECYCLING ONLY.**

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2.0 EXAMPLES OF WASTE OIL

Examples of waste oil include:	Examples of waste solvents include:
<ul style="list-style-type: none"> • Cutting oil, • Fuel oil, • Gear oil, • Hydraulic oil, • Refined petroleum based oil, Synthetic oil, • Vacuum-pump oil, and • Oily rags. <p>Oil must not be contaminated with PCBs</p>	<ul style="list-style-type: none"> • degreasers, • paint thinners

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St. Mary's General Hospital

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 by Housekeeping and taken to a bin in a holding area or is placed down the garbage chute.
- 1.3 The Housekeeping staff will relocate the bins of garbage from the designated areas to the waste bins at the loading dock.
- 1.4 The general waste collected is hauled to a designate disposal facility.

2.0 Criteria

- 2.0 Items included in this category are office waste, kitchen waste, and general non-infectious 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 designated container lined with a yellow bag.
- 1.2 Housekeeping staff will tie the bag and remove it to a designated holding area in the soiled utility room.
- 1.3 Housekeeping staff shall relocate the waste to the Pack room located outside at the loading dock.
- 1.4 Housekeeping staff shall pack the bags into transport tubs or designated containers and leave the full tub/ containers in Pack room storage area, outside at the loading dock, 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.
- 1.5 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 (see 3.0 Special Instruction)
 - garbage from patients on restrictive (level 4) isolation
 - 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

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3.0 Special Instructions (Pleur-evac™)

- 3.1 The underwater seal chest drainage system is a single use item and is unsafe to drain manually.
- 3.2 After the system has been removed from a patient, the tubing shall be knotted near the end, and the end covered with a piece of gauze secured with an elastic band.
- 3.3 The sealed pleur-evac container is placed in a yellow garbage bag for disposal as biomedical waste.

4.0 Special Instructions (Blood in Glass Bottles)

- 4.1 Place in a secure biomedical waste container.
- 4.2 Seal the biomedical waste container.
- 4.3 Housekeeping will remove for disposal.

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Microbiology Laboratory Waste

The treatment and disposal of waste from the Microbiology Laboratory will be done according to the CCME Guidelines. This category consists of laboratory cultures, stocks or specimens of micro-organisms, live or attenuated vaccines, human or animal cell cultures used in research, and laboratory material that has come into contact with any of these.

It is the responsibility of the generator of microbiology laboratory waste to identify, properly handle, treat and segregate the material before placing the material in the disposal containers.

1.0 Procedure

- 1.1 Laboratory staff place the waste into a container lined with a yellow bag. Housekeeping staff shall relocate the bag to designated holding area.
- 1.2 Housekeeping staff shall relocate the waste to the Pack room located outside at the loading dock where the bags are repackaged for off site treatment. All containers shall be properly labelled identifying date, weight and initials of the packer
- 1.3 Spills - refer to the "code brown" procedures

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Sharps

Vancouver Coastal Health Authority is committed to ensure that sharps are disposed of properly in accordance with CCME Guidelines and the Body Substance Precautions 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 and have lids that can be tightly secured.

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 site(s) for work area disposal containers.
- 3.2 Deposit sharps into designated disposal containers immediately following use.
- 3.3 When a sharps container is three-quarters full, Housekeeping staff will close the lid and remove the container to a designated biomedical waste container in the holding area. Keep the container upright; do not place on the side or upside down.
- 3.4 Replace with empty sharps container.
- 3.5 Housekeeping will move the bin to Pack room located outside at the loading dock, where the sharps containers are packed in containers for off site treatment.

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Human Anatomical Waste

The disposal of human anatomical waste will be done in accordance with the guidelines of the Canadian Council of Ministers of the Environment. Human anatomical waste, consisting of tissues, organs and body parts, but excluding teeth, hair, and nails, must be incinerated in a biomedical waste incinerator.

Note: Depending on the department, some areas will use red biomedical waste pails, other area will use boxes lined with red bags.

1.0 Procedure

Generating department:

- 1.1 If using a red biomedical waste pail, ensure the lid is properly sealed and leave for housekeeping pick up.
- 1.2 If using a box, open the cardboard box and close the bottom edges.
- 1.3 Line the box with two red liners.
- 1.4 Place the anatomical waste into the lined container. Fill up to 22 Kilograms in weight.
- 1.5 Tie off the red liners, close the box and tape it shut.
- 1.6 Label the container cardboard biomedical box with "bar coded" label, waste category" on the box.
- 1.7 Store the box in the refrigerator if being stored for more than 4 days.

Housekeeping Services:

- 1.8 Housekeeping staff shall relocate waste containers to the Pack room located outside at the loading dock.
- 1.9 Housekeeping staff shall relocate the full tub/ containers to an interim storage area, where the contracted biomedical disposal company will pick them up. The sealed container(s) shall be labelled identifying, date, weight and initials of the packer.

3.0 Procedure Special Instructions

Anatomical wastes must be stored at 4°C or lower if being stored for more than 4 days.

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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) The items are placed in the white "cytotoxic" containers and the lid kept on. When the pail is full, secure the lid on the container.
- b) Housekeeping staff will transfer the sealed container to a designated holding area.
- c) Housekeeping staff will transfer the containers to the Pack room located at the loading dock.
- d) The Housekeeping staff will pack the containers in cardboard boxes, which are labelled "cytotoxic waste":
 - i. Open the cardboard box and seal the bottom edges.
 - ii. Line the box with a yellow liner.
 - iii. Place the containers into the lined box. Fill up to 22 kilograms in weight.
 - iv. Tie off the liner, close the box and tape it shut. Label the box with "bar coded" label and tick off "Cytotoxic Waste" category on the box.
- e) The box is picked up by the biomedical treatment company and incinerated.

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 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 a white 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 returned to Pharmacy. Partially used doses are disposed of in the white 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 Pharmacy.
- 1.2 The pharmacy staff pack the vials, tablets or containers into a designated labelled white container with a red lid. When the container is full it is to be sealed.
- 1.3 Housekeeping or designated staff shall relocate the full pail to the pack room 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.

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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Mercury Waste

The disposal of mercury will be done in accordance with the Special Waste Legislation of BC Ministry of Environment and the Transportation of Dangerous Goods regulations. Mercury waste includes intact thermometers or other items containing mercury that are being discarded or material from clean up of mercury from breakage of items containing mercury.

It is the responsibility of the originating department to ensure that mercury is contained so that exposure to mercury or mercury vapors does not occur.

1.0 Procedure

1.1 Intact thermometers or equipment containing mercury

- a. Package item so breakage will not occur and that those handling package will not come in contact with mercury. Please do not use containers or bags with the biomedical symbol, as the chemical disposal company cannot accept for disposal.
- b. Label package as "Mercury waste".
- c. Contact the Regional Environmental Management department to arrange disposal

1.2 Mercury Spill Waste

- a. Clear the area of personnel, guests and visitors to avoid spread of the spill.
- b. Close off the area to prevent traffic from moving through and post warning sign.
- c. Follow procedures as outlined in the 'Code Brown' manual

1.3 Thermometers from Isolation Rooms

- a. Thermometers must not be placed in a sharps container.
- b. The thermometer will be removed from the room by designated staff.
- c. Contact the Regional Environmental Management department to arrange disposal.

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Chemical Waste

The disposal of chemical waste will be done in accordance with the Special Waste Legislation of BC Environment and the Transportation of Dangerous Goods (TDG) regulations. Chemical waste comprises discarded solid, liquid and gaseous chemicals used in the laboratories, research work, Housekeeping and disinfecting procedures.

It is the responsibility of the originating department to ensure that chemicals are identified as hazardous waste, and transported to the designated chemical storage cabinet in the hospital. In BC, the definition and naming of special waste relies heavily on the classifications found in the Transportation of Dangerous Goods Regulations (Canada).

Definition of Chemical Waste

Waste is considered as chemical waste if the material is, any one of the following;

- toxic;
- corrosive (acids of pH<2.0 and bases of pH>12.0);
- flammable;
- reactive (explosive, water reactive, shock sensitive) or
- genotoxic (carcinogenic, mutagenic, teratogenic or otherwise capable of altering genetic material); or
- classed as leachable toxic waste.

1.0 Procedure

1.1 General Chemical Waste

- a. Separate the chemicals into compatible groups (see listing attached).
- b. Ensure that the primary container is clearly labelled with the full name of the chemical and that the container is tightly closed.
- c. Pack in a sturdy box, include the Material Safety Data Sheet (MSDS), and add packaging material to prevent breakage. The intent is to ensure that the chemicals are contained and that no leakage or escape occurs.
- d. Do not seal the package, but label the box with the date, chemical name, quantity and the name of your Department.
- e. Laboratory staff transfers the box to the Laboratory storage cabinet. When the cabinets are full, contact the Regional Environmental Management department, who will coordinate removal of the chemicals by a contracted chemical disposal company.
- f. All other departments, contact Regional Environmental Management department at 875-4615 and arrange to bring materials to storage area, or to have larger containers moved by designated staff.

1.2 Spills - refer to the "code brown" procedures :

2.0 Attachments

2.1 Summary of Hazard Classes and Divisions

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TDG Classifications

Class	Division	Description
1-Explosives	1.1	A substance or article with a mass explosion hazard
	1.2	A substance with a fragment projection hazard, but not a mass explosion hazard.
	1.3	A substance with either a minor blast hazard or a minor projection hazard or both, but not a mass explosion hazard.
	1.4	A substance or article which presents no significant hazard. Explosion effects are largely confined to the package. No fragment projections of an appreciable size or Range are to be expected.
	1.5	A very insensitive substance, although it has a mass explosion hazard as in 1.1
.....		
2-Gases	2.1	A flammable gas.
	2.2	A non-flammable, non-toxic, non-corrosive gas.
	2.3	A poisonous gas.
	2.4	A corrosive gas.
.....		
3-Flammable Liquids	3.1	Extremely flammable liquid (flash point of less than - 18°C)
	3.2	Very flammable liquid (flash point not less than - 18°C)
	3.3	Moderately flammable liquid (flash point not less than 23°C but less than 61°C)
.....		
4 - Flammable solids, Spontaneously combustible and dangerous when wet	4.1	A solid which under normal circumstances is readily ignitable and burns persistently, or which causes or contributes to fire, through friction or from heat retained from manufacturing or processing.
	4.2	A substance liable to spontaneous combustion under normal conditions of transport or when in contact with air, liable to spontaneous heating to the point where it ignites.
	4.3	A substance which, on contact with water, emits dangerous quantities of flammable gases or becomes spontaneously combustible on contact with water or water vapour.
.....		
5 - Oxidizing substances & organic peroxides	5.1	A substance which contributes to the combustion of other material by yielding oxygen or oxidizing substances, whether or not the substance itself is combustible.
	5.2	An organic compound that contains the bivalent “-O-O-” structure which is a strong oxidizing agent and may be liable to explosive decomposition or is sensitive to heat, shock or friction.
.....		
6 - Poisonous & Infectious Substances	6.1	A solid or liquid that is poisonous through inhalation, by skin contact or ingestion.
	6.2	Organisms that are reasonably believed to be infectious to humans or animals and the toxins of such organisms.
.....		
7 - Radioactive Materials		Radioactive materials with activity greater than 74 kBq/kg, within the meaning of the Atomic Energy Control Act.
.....		
8 - Corrosive Substances		A substance that causes visible necrosis of the skin or that corrodes steel non-clad aluminium, of that has a pH less than 2 or greater than 12.5
.....		
9 - Miscellaneous Dangerous Goods	9.1	A substance or product which presents sufficient dangers to warrant regulation, but which cannot be assigned to any other class.
	9.2	An environmentally hazardous substance.
	9.3	Leachable toxic products or substances.

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Radioactive Waste

The Vancouver Coastal Health Authority is committed to maintaining safe practices in the disposal of radioactive materials and to comply with the federal and provincial regulations, and licensing requirements.

1.0 Procedure

Unless specifically stated in the license, disposal of radioactive waste can be performed as follows:

- 1.1 Sent, after making prior arrangements to a facility possessing an appropriate Waste Facility Operating License issued by CNSC.
- 1.2 Released through the municipal garbage system, municipal sewage system or released to the atmosphere provided that the quantity does not exceed the values shown in the following table or in your licence:

Radioisotope	Garbage	Sewer	Air
	Per kg	Per year	Per cubic metre
Tritium-3	37 MBq	1 TBq	37 kBq
Carbon-14	3.7 MBq	10 GBq	-
Fluorine-18	10 kBq	-	-
Phosphorus-32	370 kBq	1 MBq	-
Chromium-51	3.7 MBq	100 MBq	-
Cobalt-57	370 kBq	1 GBq	-
Gallium-67	37 kBq	100 MBq	-
Technetium-99m	3.7 MBq	1 GBq	-
Iodine-125	37 kBq	100 MBq	30 Bq
Iodine-131	37 kBq	10 MBq	175 Bq

- 1.3 Any material which does not fit any of the above categories will require special arrangements with the Radiation Safety Officer and the Regional Environmental Management department.
- 1.4 Spills - refer to the "code brown" procedures :
 - Close off the area to prevent traffic moving through.
 - Cover the spill with absorbent material to prevent spread of contamination.
 - Wearing disposable gloves and a lab coat or disposable overalls, clean up the spill using absorbent paper and place it in a plastic bag for transfer to a radioactive waste container.
 - Avoid spreading contamination by working from the outside of the spill toward the centre.
 - In the event of a major spill or contamination of personnel or release of volatile material, notify the your supervisor and the Radiation Safety Officer:
 - Decontaminate personnel by removing contaminated clothing by flushing contaminated skin with lukewarm water and mild soap.
 - Record spill details and contamination monitoring results, complete a Hazard Report. (See the VHHSC Radiation Safety Manual for more details).

2.0 Records

Records will be maintained in the originating Department to show the location and the methods of disposal for all radioactive waste. Compliance with this requirement will be checked periodically.

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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 will be no confidential material found in the regular waste which goes into the GVRD 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 shall shred the material and collect the shredded paper into a clear plastic bag. When the bag is full, place at a Recycling Depot or a "pick up" location.

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. Locked red Schaefer Collection containers are located in specific areas and/or confidential collection cage.

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 shall be taped shut prior to disposal.
- b. Label the box "Glass Disposal Only". Identification stickers may be obtained from Stores.
- c. Leave the box for pick up by Housekeeping.
- d. Housekeeping transfers the box to a garbage container.
- e. Housekeeping transports the container directly to the garbage bins located on the loading dock.

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 shall be carefully packed into a box labelled "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.
 - b. Small containers are kept in office and work areas. When the small container is full, it is emptied into a larger container marked "confidential shredding" lined with a blue coloured plastic bag.
 - c. Housekeeping will empty on a regular basis.
 - d. Do not include carbon paper, glossy or waxed paper, paper towels, tissues, rubber bands, magazines or newspapers.
- 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 Housekeeping staff.
 - c. Housekeeping staff will remove the boxes for recycling.
- 1.3 Telephone books
 - a. Leave at Recycling Depot or "pick up" location.
- 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 move to recycling depot for pick up by Housekeeping.
- 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 move to recycling depot for pick up by Housekeeping.
- 1.6 Toner cartridges
 - a. Place in a bag, label contents and send to Stores.
- 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 move to recycling depot for pick up by Housekeeping.
 - 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.
 - b. Arrange with Housekeeping for disposal.
 - 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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Waste Oil & Solvents

The disposal of waste oil and solvents must be done in accordance with the Special Waste Legislation of BC Ministry of Water, Land and Air Protection, the Transportation of Dangerous Goods (TDG) regulations and Sewer Use By-Laws of the GVRD and City of Vancouver. This disposal procedure applies to the disposal of waste oil, waste solvents or a non-hazardous material containing more than 3% by weight of oil.

It is the responsibility of the originating department to ensure that the waste oil and solvents are identified as hazardous waste, and transported to the designated storage cabinet in the hospital.

Waste oil or solvents are not permitted in sanitary or storm sewers or landfills.

1.0 PROCEDURES

1.1 Waste Oil or waste solvents

- a. The workplace collecting container holding the material must be labelled with a WHMIS label indicating "waste oil", "waste solvents" or "waste oil and water"
- b. When container is 3/4 full, it shall be drained into the collection drums. A separate drum is needed for:
 - waste oil,
 - oily rags,
 - waste oil and water,
 - waste solvents.
- c. The storage area maintains a logbook of source for waste and will ask for the name of your department, contact name, telephone local and type of material to be placed in the storage room.
- d. Completely drain contents into the drum and take initial container back to the work area for re-use. Empty metal containers can be in the open bin with the lid removed; must be completely drained. Plastic pails cannot be recycled or placed in the garbage, must be re-used.
- e. When the drum is full, it must be capped off and a new drum labelled for collection. Only one drum at a time for each category shall be in use.
- f. When 4 drums have accumulated, arrange removal.

1.2 Spills - refer to the "code brown" procedures

1.3 Housekeeping of the Storage area:

- a. The storage area is to be kept free of debris, empty small containers such as oil cans, transfer pails, etc are not to be left in or near the storage area.
- b. One litre oil cans must be completely drained before placing in the garbage, one at a time.
- c. Metal containers that have been completely drained and lid removed, can be placed in the open bin.
- d. Plastic pails cannot be recycled or placed in the garbage.. **DO NOT PLACE IN THE OPEN BIN - IT IS FOR SCRAP RECYCLING ONLY.**

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2.0 EXAMPLES OF WASTE OIL

Examples of waste oil include:	Examples of waste solvents include:
<ul style="list-style-type: none"> • Cutting oil, • Fuel oil, • Gear oil, • Hydraulic oil, • Refined petroleum based oil, Synthetic oil, • Vacuum-pump oil, and • Oily rags. <p>Oil must not be contaminated with PCBs</p>	<ul style="list-style-type: none"> • degreasers, • paint thinners

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St. Paul's Hospital

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 by Housekeeping and taken to a bin in a holding area.
- 1.3 The Housekeeping staff will relocate the bins of garbage from the designated areas and dispenses of the contents into the compactor located at the loading dock, ground floor Providence building.
- 1.4 The compacted general waste collected is hauled to a designate disposal facility.

2.0 Criteria

- 2.0 Items included in this category are office waste, kitchen waste, and general non-infectious 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 designated container lined with a yellow bag.
- 1.2 Housekeeping staff will tie the bag and remove it to a designated holding area.
- 1.3 Housekeeping staff shall relocate the to the Pack room located on the ground floor hallway in the Providence building across from Stores.
- 1.4 Housekeeping staff shall pack the bags into transport tubs or designated containers and leave the full tub/ containers the Pack room 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.
- 1.5 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 (see 3.0 Special Instruction)
 - garbage from patients on restrictive (level 4) isolation
 - 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

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3.0 Special Instructions (Pleur-evac™)

- 3.1 The underwater seal chest drainage system is a single use item and is unsafe to drain manually.
- 3.2 After the system has been removed from a patient, the tubing shall be knotted near the end, and the end covered with a piece of gauze secured with an elastic band.
- 3.3 The sealed pleur-evac container is placed in a yellow garbage bag for disposal as biomedical waste.

4.0 Special Instructions (Blood in Glass Bottles)

- 4.1 Place in a secure biomedical waste container.
- 4.2 Seal the biomedical waste container.
- 4.3 Housekeeping will move container to the Pack room at the loading dock, ground floor Providence building.

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Microbiology Laboratory Waste

The treatment and disposal of waste from the Microbiology Laboratory will be done according to the CCME Guidelines. This category consists of laboratory cultures, stocks or specimens of micro-organisms, live or attenuated vaccines, human or animal cell cultures used in research, and laboratory material that has come into contact with any of these.

It is the responsibility of the generator of microbiology laboratory waste to identify, properly handle, treat and segregate the material before placing the material in the disposal containers.

1.0 Procedure

- 1.1 Laboratory staff place waste into a container lined with a yellow bag. Housekeeping staff shall relocate the waste to a designated holding area.
- 1.2 Housekeeping staff shall relocate the waste to the pack room at the loading dock, ground floor Providence building, where the bags are repackaged for off site treatment. All containers shall be properly labelled identifying date, weight and initials of the packer
- 1.3 Spills - refer to the "code brown"

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Sharps

Vancouver Coastal Health Authority is committed to ensure that sharps are disposed of properly in accordance with CCME Guidelines and the Body Substance Precautions 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 and have lids that can be tightly secured.

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 site(s) for work area disposal containers.
- 3.2 Deposit sharps into designated disposal containers immediately following use.
- 3.3 When a sharps container is three-quarters full, Housekeeping staff will close the lid and remove the container to a designated biomedical waste container in the holding area. Keep the container upright; do not place on the side or upside down.
- 3.4 Replace with empty sharps container.
- 3.5 Housekeeping will move the bin to Pack room at the loading dock, ground floor Providence building, where the sharps containers are packed in containers for off site treatment.

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Human Anatomical Waste

The disposal of human anatomical waste will be done in accordance with the guidelines of the Canadian Council of Ministers of the Environment. Human anatomical waste, consisting of tissues, organs and body parts, but excluding teeth, hair, and nails, must be incinerated in a biomedical waste incinerator.

Note: Depending on the department, some areas will use red biomedical waste pails, other area will use boxes lined with red bags.

1.0 Procedure

Generating department:

- 1.1 If using a red biomedical waste pail, ensure the lid is properly sealed and leave for housekeeping pick up.
- 1.2 If using a box, open the cardboard box and close the bottom edges.
- 1.3 Line the box with two red liners.
- 1.4 Place the anatomical waste into the lined container. Fill up to 22 Kilograms in weight.
- 1.5 Tie off the red liners, close the box and tape it shut.
- 1.6 Label the container cardboard biomedical box with "bar coded" label, waste category" on the box.
- 1.7 Store the box in the refrigerator if being stored for more than 4 days.

Housekeeping Services:

- 1.8 Housekeeping staff shall relocate waste containers to the Pack room located at the loading dock.
- 1.9 Housekeeping staff shall relocate the full tub/ containers to an interim storage area, where the contracted biomedical disposal company will pick them up. The sealed container(s) shall be labelled identifying, date, weight and initials of the packer.

4.0 Procedure Special Instructions

Anatomical wastes must be stored at 4°C or lower if being stored for more than 4 days.

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Animal Waste

The disposal of animal waste will be done in accordance with the guidelines of the Canadian Council of Ministers of the Environment. Animal waste with the exception of teeth, nails, hooves and feathers, shall be incinerated in a biomedical waste incinerator. This includes all animal tissues, organs, body parts, carcasses, fluid blood and blood products, items saturated or dripping with blood, body fluids contaminated with blood, and body fluids removed for diagnosis, treatment or autopsy.

1.0 Procedure

Generating department:

- 1.1 The waste material is placed in designated container lined with a red bag. (this does not pertain to red biomedical pails)
- 1.2 Place the animal waste into the lined container. Fill up to 22 Kilograms in weight.
- 1.3 If using a red biomedical waste pail, ensure the lid is properly sealed.
- 1.4 Tie off the red liners, close the box and tape it shut.
- 1.5 Label the container, (i.e. cardboard biomedical box) with "bar coded" label, and tick off "animal waste category" on the box.
- 1.6 Generator shall tie the bag and remove it to a designated holding area. (i.e. refrigerator)
- 1.7 Generator shall relocate waste containers to the Pack room at the loading dock, ground floor Providence building.
- 1.8 Housekeeping staff shall leave the full tub/ containers Pack room 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.

2.0 Special Instructions

Anatomical wastes must be stored at 4°C or lower. The wastes are packaged in cardboard boxes at source according to the procedure below.

3.0 Bedding

Bedding from cages that housed animals with known infection is to be autoclaved or treated as biomedical waste. Remainder of bedding is treated as General Waste, i.e. placed in a black bag and written confirmation that waste is not infectious may be required.

Once every quarter, the generating department must provide a certificate (as indicated in the CCME guidelines) indicating the waste disposed of into the general waste stream was not considered 'Biomedical' as indicated in the CCME guidelines.

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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) The items are placed in the white "cytotoxic" containers and the lid kept on. When the pail is full, secure the lid on the container.
- b) Housekeeping staff will transfer the sealed container to a designated holding area.
- c) Housekeeping staff will transfer the waste to the Pack room at the loading dock, ground floor Providence building.
- d) The Housekeeping staff will pack the containers in cardboard boxes, which are labelled "cytotoxic waste":
 - i. Open the cardboard box and seal the bottom edges.
 - ii. Line the box with a yellow liner.
 - iii. Place the containers into the lined box. Fill up to 22 kilograms in weight.
 - iv. Tie off the liner, close the box and tape it shut. Label the box with "bar coded" label and tick off "Cytotoxic Waste" category on the box.
- e) The box is picked up by the biomedical treatment company and incinerated.

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 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 a white 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 returned to Pharmacy. Partially used doses are disposed of in the white 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 Pharmacy.
- 1.2 The pharmacy staff pack the vials, tablets or containers into a labelled white pail. When the container is full it is to be sealed with a red lid.
- 1.3 Housekeeping staff shall leave the full pail in the Pack room 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.

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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Mercury Waste

The disposal of mercury will be done in accordance with the Special Waste Legislation of BC Ministry of Environment and the Transportation of Dangerous Goods regulations. Mercury waste includes intact thermometers or other items containing mercury that are being discarded or material from clean up of mercury from breakage of items containing mercury.

It is the responsibility of the originating department to ensure that mercury is contained so that exposure to mercury or mercury vapors does not occur.

1.0 Procedure

1.1 Intact thermometers or equipment containing mercury

- a. Package item so breakage will not occur and that those handling package will not come in contact with mercury. Please do not use containers or bags with the biomedical symbol, as the chemical disposal company cannot accept for disposal.
- b. Label package as "Mercury waste".
- c. Contact the Regional Environmental Management department to arrange disposal.

1.2 Mercury Spill Waste

- a. Clear the area of personnel, guests and visitors to avoid spread of the spill.
- b. Close off the area to prevent traffic from moving through and post warning sign.
- c. Follow procedures as outlined in the 'Code Brown' manual

1.3 Thermometers from Isolation Rooms

- a. Thermometers must not be placed in a sharps container.
- b. The thermometer will be removed from the room by designated staff.
- c. Contact the Regional Environmental Management department to arrange disposal.

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Chemical Waste

The disposal of chemical waste will be done in accordance with the Special Waste Legislation of BC Environment and the Transportation of Dangerous Goods (TDG) regulations. Chemical waste comprises discarded solid, liquid and gaseous chemicals used in the laboratories, research work, Housekeeping and disinfecting procedures.

It is the responsibility of the originating department to ensure that chemicals are identified as hazardous waste, and transported to the designated chemical storage cabinet in the hospital. In BC, the definition and naming of special waste relies heavily on the classifications found in the Transportation of Dangerous Goods Regulations (Canada).

Definition of Chemical Waste

Waste is considered as chemical waste if the material is, any one of the following;

- toxic;
- corrosive (acids of pH<2.0 and bases of pH>12.0);
- flammable;
- reactive (explosive, water reactive, shock sensitive) or
- genotoxic (carcinogenic, mutagenic, teratogenic or otherwise capable of altering genetic material); or
- classed as leachable toxic waste.

1.0 Procedure

1.1 General Chemical Waste

- a. Separate the chemicals into compatible groups (see listing attached).
- b. Ensure that the primary container is clearly labelled with the full name of the chemical and that the container is tightly closed.
- c. Pack in a sturdy box, include the Material Safety Data Sheet (MSDS), and add packaging material to prevent breakage. The intent is to ensure that the chemicals are contained and that no leakage or escape occurs.
- d. Do not seal the package, but label the box with the date, chemical name, quantity and the name of your Department.
- e. Laboratory staff transfers the box to the Laboratory storage cabinet. When the cabinets are full, contact the Regional Environmental Management department, who will coordinate removal of the chemicals by a contracted chemical disposal company.
- f. All other departments, contact Regional Environmental Management department and arrange to bring materials to storage area, or to have larger containers moved by designated staff.

1.2 Spills - refer to the "code brown" procedures

2.0 Attachments

2.1 Summary of Hazard Classes and Divisions

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TDG Classifications

Class	Division	Description
1-Explosives	1.1	A substance or article with a mass explosion hazard
	1.2	A substance with a fragment projection hazard, but not a mass explosion hazard.
	1.3	A substance with either a minor blast hazard or a minor projection hazard or both, but not a mass explosion hazard.
	1.4	A substance or article which presents no significant hazard. Explosion effects are largely confined to the package. No fragment projections of an appreciable size or Range are to be expected.
	1.5	A very insensitive substance, although it has a mass explosion hazard as in 1.1
.....		
2-Gases	2.1	A flammable gas.
	2.2	A non-flammable, non-toxic, non-corrosive gas.
	2.3	A poisonous gas.
	2.4	A corrosive gas.
.....		
3-Flammable Liquids	3.1	Extremely flammable liquid (flash point of less than - 18°C)
	3.2	Very flammable liquid (flash point not less than - 18°C)
	3.3	Moderately flammable liquid (flash point not less than 23°C but less than 61°C)
.....		
4 - Flammable solids, Spontaneously combustible and dangerous when wet	4.1	A solid which under normal circumstances is readily ignitable and burns persistently, or which causes or contributes to fire, through friction or from heat retained from manufacturing or processing.
	4.2	A substance liable to spontaneous combustion under normal conditions of transport or when in contact with air, liable to spontaneous heating to the point where it ignites.
	4.3	A substance which, on contact with water, emits dangerous quantities of flammable gases or becomes spontaneously combustible on contact with water or water vapour.
.....		
5 - Oxidizing substances & organic peroxides	5.1	A substance which contributes to the combustion of other material by yielding oxygen or oxidizing substances, whether or not the substance itself is combustible.
	5.2	An organic compound that contains the bivalent “-O-O-” structure which is a strong oxidizing agent and may be liable to explosive decomposition or is sensitive to heat, shock or friction.
.....		
6 - Poisonous & Infectious Substances	6.1	A solid or liquid that is poisonous through inhalation, by skin contact or ingestion.
	6.2	Organisms that are reasonably believed to be infectious to humans or animals and the toxins of such organisms.
.....		
7 - Radioactive Materials		Radioactive materials with activity greater than 74 kBq/kg, within the meaning of the Atomic Energy Control Act.
.....		
8 - Corrosive Substances		A substance that causes visible necrosis of the skin or that corrodes steel non-clad aluminium, of that has a pH less than 2 or greater than 12.5
.....		
9 - Miscellaneous Dangerous Goods	9.1	A substance or product which presents sufficient dangers to warrant regulation, but which cannot be assigned to any other class.
	9.2	An environmentally hazardous substance.
	9.3	Leachable toxic products or substances.

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Radioactive Waste

The Vancouver Coastal Health Authority is committed to maintaining safe practices in the disposal of radioactive materials and to comply with the federal and provincial regulations, and licensing requirements.

1.0 Procedure

Unless specifically stated in the license, disposal of radioactive waste can be performed as follows:

- 1.1 Sent, after making prior arrangements to a facility possessing an appropriate Waste Facility Operating License issued by CNSC.
- 1.2 Released through the municipal garbage system, municipal sewage system or released to the atmosphere provided that the quantity does not exceed the values shown in the following table or in your licence:

Radioisotope	Garbage	Sewer	Air
	Per kg	Per year	Per cubic metre
Tritium-3	37 MBq	1 TBq	37 kBq
Carbon-14	3.7 MBq	10 GBq	-
Fluorine-18	10 kBq	-	-
Phosphorus-32	370 kBq	1 MBq	-
Chromium-51	3.7 MBq	100 MBq	-
Cobalt-57	370 kBq	1 GBq	-
Gallium-67	37 kBq	100 MBq	-
Technetium-99m	3.7 MBq	1 GBq	-
Iodine-125	37 kBq	100 MBq	30 Bq
Iodine-131	37 kBq	10 MBq	175 Bq

- 1.3 Any material which does not fit any of the above categories will require special arrangements with the Radiation Safety Officer and the Regional Environmental Management department.
- 1.4 Spills - refer to the "code brown" procedures :
 - Close off the area to prevent traffic moving through.
 - Cover the spill with absorbent material to prevent spread of contamination.
 - Wearing disposable gloves and a lab coat or disposable overalls, clean up the spill using absorbent paper and place it in a plastic bag for transfer to a radioactive waste container.
 - Avoid spreading contamination by working from the outside of the spill toward the centre.
 - In the event of a major spill or contamination of personnel or release of volatile material, notify the your supervisor and the Radiation Safety Officer:
 - Decontaminate personnel by removing contaminated clothing by flushing contaminated skin with lukewarm water and mild soap.
 - Record spill details and contamination monitoring results, complete a Hazard Report. (See the VHHSC Radiation Safety Manual for more details).

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2.0 Records

Records will be maintained in the originating Department to show the location and the methods of disposal for all radioactive waste. Compliance with this requirement will be checked periodically.

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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 will be no confidential material found in the regular waste which goes into the GVRD 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. Housekeeping staff will replace the blue bag and take away the full bag.
- b) May include armbands and addressograph cards; paper with or without carbons, staples and clips.
- c) Departments, having shredders shall shred the material and collect the shredded paper into a clear plastic bag. When the bag is full, place at a Recycling Depot or a "pick up" location.

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 in 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. Locked red Schaefer Collection containers are located in specific areas and/or confidential collection cage.

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 shall be taped shut prior to disposal.
- b. Label the box "Glass Disposal Only". Identification stickers may be obtained from Stores.
- c. Leave the box for pick up by Housekeeping.
- d. Housekeeping transfers the box to a garbage container and puts it directly into the compactor.

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 shall be carefully packed in a "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.
- b. Small containers are kept in office and work areas. When the small container is full, it is emptied into a larger container marked "confidential shredding" lined with a blue coloured plastic bag.
- c. Housekeeping will empty on a regular basis.
- d. Do not include carbon paper, glossy or waxed paper, paper towels, tissues, rubber bands, magazines or newspapers.

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 Housekeeping staff.
- c. Housekeeping staff will move the boxes and take them to the boxes to the recycling compactor.

1.3 Telephone books

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

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 move to recycling depot for pick up by Housekeeping.

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 move to recycling depot for pick up by Housekeeping.

1.6 Toner cartridges

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

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 move to recycling depot for pick up by Housekeeping.
- 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.
- b. Arrange with Housekeeping for disposal.
- 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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Waste Oil & Solvents

The disposal of waste oil and solvents must be done in accordance with the Special Waste Legislation of BC Ministry of Water, Land and Air Protection, the Transportation of Dangerous Goods (TDG) regulations and Sewer Use By-Laws of the GVRD and City of Vancouver. This disposal procedure applies to the disposal of waste oil, waste solvents or a non-hazardous material containing more than 3% by weight of oil.

It is the responsibility of the originating department to ensure that the waste oil and solvents are identified as hazardous waste, and transported to the designated storage cabinet in the hospital.

Waste oil or solvents are not permitted in sanitary or storm sewers or landfills.

1.0 PROCEDURES

1.1 Waste Oil or waste solvents

- a. The workplace collecting container holding the material must be labelled with a WHMIS label indicating "waste oil", "waste solvents" or "waste oil and water"
- b. When container is 3/4 full, it shall be drained into the collection drums. A separate drum is needed for:
 - waste oil,
 - oily rags,
 - waste oil and water,
 - waste solvents.
- c. The storage area maintains a logbook of source for waste and will ask for the name of your department, contact name, telephone local and type of material to be placed in the storage room.
- d. Completely drain contents into the drum and take initial container back to the work area for re-use. Empty metal containers can be in the open bin with the lid removed; must be completely drained. Plastic pails cannot be recycled or placed in the garbage, must be re-used.
- e. When the drum is full, it must be capped off and a new drum labelled for collection. Only one drum at a time for each category shall be in use.
- f. When 4 drums have accumulated, arrange removal.

1.2 Spills - refer to the "code brown" procedures

1.3 Housekeeping of the Storage area:

- a. The storage area is to be kept free of debris, empty small containers such as oil cans, transfer pails, etc are not to be left in or near the storage area.
- b. One litre oil cans must be completely drained before placing in the garbage, one at a time.
- c. Metal containers that have been completely drained and lid removed, can be placed in the open bin.
- d. Plastic pails cannot be recycled or placed in the garbage. **DO NOT PLACE IN THE OPEN BIN - IT IS FOR SCRAP RECYCLING ONLY.**

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Examples of waste oil include:	Examples of waste solvents include:
<ul style="list-style-type: none"> • Cutting oil, • Fuel oil, • Gear oil, • Hydraulic oil, • Refined petroleum based oil, Synthetic oil, • Vacuum-pump oil, and • Oily rags. <p>Oil must not be contaminated with PCBs</p>	<ul style="list-style-type: none"> • degreasers, • paint thinners

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Mount St. Joseph's Hospital

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 by Housekeeping and taken to a designated holding.
- 1.3 The Housekeeping staff will relocate the bins of garbage from the designated holding area and dispenses of the contents into the compactor located in the southeast parking lot.
- 1.4 The compacted general waste collected is hauled to a designate disposal facility.

2.0 Criteria

- 2.0 Items included in this category are office waste, kitchen waste, and general non-infectious 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 designated container lined with a yellow bag.
- 1.2 Housekeeping staff will tie the bag and remove it to a designated holding area.
- 1.3 Housekeeping staff shall relocate the waste to the Pack room cage located outside the loading dock next to Biomed Engineers workshop.
- 1.4 Housekeeping staff shall pack the bags into transport tubs or designated containers and leave the full tub/ containers to Pack room 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.
- 1.5 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 (see 3.0 Special Instruction)
 - garbage from patients on restrictive (level 4) isolation
 - 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

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3.0 Special Instructions (Pleur-evac™)

- 3.1 The underwater seal chest drainage system is a single use item and is unsafe to drain manually.
- 3.2 After the system has been removed from a patient, the tubing shall be knotted near the end, and the end covered with a piece of gauze secured with an elastic band.
- 3.3 The sealed pleur-evac container is placed in a yellow garbage bag for disposal as biomedical waste.

4.0 Special Instructions (Blood in Glass Bottles)

- 4.1 Place in a secure biomedical waste container.
- 4.2 Seal the biomedical waste container.
- 4.3 Housekeeping will remove for disposal.

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Microbiology Laboratory Waste

The treatment and disposal of waste from the Microbiology Laboratory will be done according to the CCME Guidelines. This category consists of laboratory cultures, stocks or specimens of micro-organisms, live or attenuated vaccines, human or animal cell cultures used in research, and laboratory material that has come into contact with any of these.

It is the responsibility of the generator of microbiology laboratory waste to identify, properly handle, treat and segregate the material before placing the material in the disposal containers.

1.0 Procedure

- 1.1 Laboratory staff place waste into a container lined with a yellow bag. Housekeeping staff shall relocate the bag to a designated holding area.
- 1.2 Housekeeping staff shall relocate the waste to the pack room located cage located outside the loading dock next to Biomed Engineers workshop, where the bags are repackaged for off site treatment. All containers shall be properly labelled identifying date, weight and initials of the packer
- 1.3 Spills - refer to the "code brown" procedures.

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Sharps

Vancouver Coastal Health Authority is committed to ensure that sharps are disposed of properly in accordance with CCME Guidelines and the Body Substance Precautions 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 and have lids that can be tightly secured.

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 site(s) for work area disposal containers.
- 3.2 Deposit sharps into designated disposal containers immediately following use.
- 3.3 When a sharps container is three-quarters full, Housekeeping staff will close and lock the lid and remove the container to a designated biomedical waste container in the holding area. It is important to keep the container upright; do not place on the side or upside down.
- 3.4 Replace with empty sharps container.
- 3.5 Remove will move the containers to Pack room cage located outside the loading dock next to Biomed Engineers workshop, where the sharps containers are packed in containers for off site treatment.

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Human Anatomical Waste

The disposal of human anatomical waste will be done in accordance with the guidelines of the Canadian Council of Ministers of the Environment. Human anatomical waste, consisting of tissues, organs and body parts, but excluding teeth, hair, and nails, must be incinerated in a biomedical waste incinerator.

Note: Depending on the department, some areas will use red biomedical waste pails, other area will use boxes lined with red bags.

1.0 Procedure

Generating department:

- 1.1 If using a red biomedical waste pail, ensure the lid is properly sealed and leave for housekeeping pick up.
- 1.2 If using a box, open the cardboard box and close the bottom edges.
- 1.3 Line the box with two red liners.
- 1.4 Place the anatomical waste into the lined container. Fill up to 22 Kilograms in weight.
- 1.5 Tie off the red liners, close the box and tape it shut.
- 1.6 Label the container cardboard biomedical box with "bar coded" label, waste category" on the box.
- 1.7 Store the box in the refrigerator if being stored for more than 4 days.

Housekeeping Services:

- 1.8 Housekeeping staff shall relocate waste containers to the Pack room located in the caged area at the loading dock next to Biomedical Engineers workshop.
- 1.9 Housekeeping staff shall relocate the full tub/ containers to an interim storage area, where the contracted biomedical disposal company will pick them up. The sealed container(s) shall be labelled identifying, date, weight and initials of the packer.

5.0 Procedure Special Instructions

Anatomical wastes must be stored at 4°C or lower if being stored for more than 4 days.

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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) The items are placed in the white "cytotoxic" containers and the lid kept on. When the pail is full, secure the lid on the container.
- b) Housekeeping staff will transfer the sealed container to a designated holding area.
- c) Housekeeping staff will transfer the container to the Pack room located cage located outside the loading dock next to Biomed Engineers workshop..
- d) The Housekeeping staff will pack the containers in cardboard boxes, which are labelled "cytotoxic waste":
 - i. Open the cardboard box and seal the bottom edges.
 - ii. Line the box with a yellow liner.
 - iii. Place the containers into the lined box. Fill up to 22 kilograms in weight.
 - iv. Tie off the liner, close the box and tape it shut. Label the box with "bar coded" label and tick off "Cytotoxic Waste" category on the box.
- e) The box is picked up by the biomedical treatment company and incinerated.

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 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 a white 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 returned to Pharmacy. Partially used doses are disposed of in the white 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 Pharmacy.
- 1.2 The pharmacy staff pack the vials, tablets or containers into a labelled white pail. When the container is full it is to be sealed with a red lid.
- 1.3 Housekeeping staff shall relocate the full pail 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.

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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Mercury Waste

The disposal of mercury will be done in accordance with the Special Waste Legislation of BC Ministry of Environment and the Transportation of Dangerous Goods regulations. Mercury waste includes intact thermometers or other items containing mercury that are being discarded or material from clean up of mercury from breakage of items containing mercury.

It is the responsibility of the originating department to ensure that mercury is contained so that exposure to mercury or mercury vapors does not occur.

1.0 Procedure

1.1 Intact thermometers or equipment containing mercury

- a. Package item so breakage will not occur and that those handling package will not come in contact with mercury. Please do not use containers or bags with the biomedical symbol, as the chemical disposal company cannot accept for disposal.
- b. Label package as "Mercury waste".
- c. Contact the Regional Environmental Management department to arrange disposal.

1.2 Mercury Spill Waste

- a. Clear the area of personnel, guests and visitors to avoid spread of the spill.
- b. Close off the area to prevent traffic from moving through and post warning sign.
- c. Follow procedures as outlined in the 'Code Brown' manual

1.3 Thermometers from Isolation Rooms

- a. Thermometers must not be placed in a sharps container.
- b. The thermometer will be removed from the room by designated staff.
- c. Contact the Regional Environmental Management department to arrange disposal.

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Chemical Waste

The disposal of chemical waste will be done in accordance with the Special Waste Legislation of BC Environment and the Transportation of Dangerous Goods (TDG) regulations. Chemical waste comprises discarded solid, liquid and gaseous chemicals used in the laboratories, research work, Housekeeping and disinfecting procedures.

It is the responsibility of the originating department to ensure that chemicals are identified as hazardous waste, and transported to the designated chemical storage cabinet in the hospital. In BC, the definition and naming of special waste relies heavily on the classifications found in the Transportation of Dangerous Goods Regulations (Canada).

Definition of Chemical Waste

Waste is considered as chemical waste if the material is, any one of the following;

- toxic;
- corrosive (acids of pH<2.0 and bases of pH>12.0);
- flammable;
- reactive (explosive, water reactive, shock sensitive) or
- genotoxic (carcinogenic, mutagenic, teratogenic or otherwise capable of altering genetic material); or
- classed as leachable toxic waste.

1.0 Procedure

1.1 General Chemical Waste

- a. Separate the chemicals into compatible groups (see listing attached).
- b. Ensure that the primary container is clearly labelled with the full name of the chemical and that the container is tightly closed.
- c. Pack in a sturdy box, include the Material Safety Data Sheet (MSDS), and add packaging material to prevent breakage. The intent is to ensure that the chemicals are contained and that no leakage or escape occurs.
- d. Do not seal the package, but label the box with the date, chemical name, quantity and the name of your Department.
- e. Laboratory staff transfers the box to the Laboratory storage cabinet. When the cabinets are full, contact the Regional Environmental Management department, who will coordinate removal of the chemicals by a contracted chemical disposal company.
- f. All other departments, contact Regional Environmental Management department at to arrange to bring materials to storage area, or to have larger containers moved by designated staff.

1.2 Spills - refer to the "code brown" procedures

2.0 Attachments

2.1 Summary of Hazard Classes and Divisions

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TDG Classifications

Class	Division	Description
1-Explosives	1.1	A substance or article with a mass explosion hazard
	1.2	A substance with a fragment projection hazard, but not a mass explosion hazard.
	1.3	A substance with either a minor blast hazard or a minor projection hazard or both, but not a mass explosion hazard.
	1.4	A substance or article which presents no significant hazard. Explosion effects are largely confined to the package. No fragment projections of an appreciable size or Range are to be expected.
	1.5	A very insensitive substance, although it has a mass explosion hazard as in 1.1
.....		
2-Gases	2.1	A flammable gas.
	2.2	A non-flammable, non-toxic, non-corrosive gas.
	2.3	A poisonous gas.
	2.4	A corrosive gas.
.....		
3-Flammable Liquids	3.1	Extremely flammable liquid (flash point of less than - 18°C)
	3.2	Very flammable liquid (flash point not less than - 18°C)
	3.3	Moderately flammable liquid (flash point not less than 23°C but less than 61°C)
.....		
4 - Flammable solids, Spontaneously combustible and dangerous when wet	4.1	A solid which under normal circumstances is readily ignitable and burns persistently, or which causes or contributes to fire, through friction or from heat retained from manufacturing or processing.
	4.2	A substance liable to spontaneous combustion under normal conditions of transport or when in contact with air, liable to spontaneous heating to the point where it ignites.
	4.3	A substance which, on contact with water, emits dangerous quantities of flammable gases or becomes spontaneously combustible on contact with water or water vapour.
.....		
5 - Oxidizing substances & organic peroxides	5.1	A substance which contributes to the combustion of other material by yielding oxygen or oxidizing substances, whether or not the substance itself is combustible.
	5.2	An organic compound that contains the bivalent “-O-O-” structure which is a strong oxidizing agent and may be liable to explosive decomposition or is sensitive to heat, shock or friction.
.....		
6 - Poisonous & Infectious Substances	6.1	A solid or liquid that is poisonous through inhalation, by skin contact or ingestion.
	6.2	Organisms that are reasonably believed to be infectious to humans or animals and the toxins of such organisms.
.....		
7 - Radioactive Materials		Radioactive materials with activity greater than 74 kBq/kg, within the meaning of the Atomic Energy Control Act.
.....		
8 - Corrosive Substances		A substance that causes visible necrosis of the skin or that corrodes steel non-clad aluminium, of that has a pH less than 2 or greater than 12.5
.....		
9 - Miscellaneous Dangerous Goods	9.1	A substance or product which presents sufficient dangers to warrant regulation, but which cannot be assigned to any other class.
	9.2	An environmentally hazardous substance.
	9.3	Leachable toxic products or substances.

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Radioactive Waste

The Vancouver Coastal Health Authority is committed to maintaining safe practices in the disposal of radioactive materials and to comply with the federal and provincial regulations, and licensing requirements.

1.0 Procedure

Unless specifically stated in the license, disposal of radioactive waste can be performed as follows:

- 1.1 Sent, after making prior arrangements to a facility possessing an appropriate Waste Facility Operating License issued by CNSC.
- 1.2 Released through the municipal garbage system, municipal sewage system or released to the atmosphere provided that the quantity does not exceed the values shown in the following table or in your licence:

Radioisotope	Garbage	Sewer	Air
	Per kg	Per year	Per cubic metre
Tritium-3	37 MBq	1 TBq	37 kBq
Carbon-14	3.7 MBq	10 GBq	-
Fluorine-18	10 kBq	-	-
Phosphorus-32	370 kBq	1 MBq	-
Chromium-51	3.7 MBq	100 MBq	-
Cobalt-57	370 kBq	1 GBq	-
Gallium-67	37 kBq	100 MBq	-
Technetium-99m	3.7 MBq	1 GBq	-
Iodine-125	37 kBq	100 MBq	30 Bq
Iodine-131	37 kBq	10 MBq	175 Bq

- 1.3 Any material which does not fit any of the above categories will require special arrangements with the Radiation Safety Officer and the Regional Environmental Management department.
- 1.4 Spills - refer to the "code brown" procedures :
 - Close off the area to prevent traffic moving through.
 - Cover the spill with absorbent material to prevent spread of contamination.
 - Wearing disposable gloves and a lab coat or disposable overalls, clean up the spill using absorbent paper and place it in a plastic bag for transfer to a radioactive waste container.
 - Avoid spreading contamination by working from the outside of the spill toward the centre.
 - In the event of a major spill or contamination of personnel or release of volatile material, notify the your supervisor and the Radiation Safety Officer:
 - Daytime; pager 871 5154 or Nuclear Medicine at 54612.
 - After hours via switchboard 875-5000 (Nuclear Medicine physician on call)
 - Decontaminate personnel by removing contaminated clothing by flushing contaminated skin with lukewarm water and mild soap.
 - Record spill details and contamination monitoring results, complete a Hazard Report. (See the VHHSC Radiation Safety Manual for more details).

2.0 Records

Records will be maintained in the originating Department to show the location and the methods of disposal for all radioactive waste. Compliance with this requirement will be checked periodically.

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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 will be no confidential material found in the regular waste which goes into the GVRD 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. Housekeeping staff will replace the blue bag and take away the full bag.
- b) May include armbands and addressograph cards; paper with or without carbons, staples and clips.
- c) Departments, having shredders shall shred the material and collect the shredded paper into a clear plastic bag. When the bag is full, place at a Recycling Depot or a "pick up" location.

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 in 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. Locked red Schaefer Collection containers are located in specific areas and/or confidential collection cage.

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 shall be taped shut prior to disposal.
- b. Label the box "Glass Disposal Only". Identification stickers may be obtained from Stores,.
- c. Leave the box for pick up by Housekeeping.
- d. Housekeeping transfers the box to a garbage container and puts it directly in the bin.

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 shall be carefully packed in a "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.
- b. Small containers are kept in office and work areas. When the small container is full, it is emptied into a larger container marked "confidential shredding" lined with a blue coloured plastic bag.
- c. Housekeeping will empty on a regular basis.
- d. Do not include carbon paper, glossy or waxed paper, paper towels, tissues, rubber bands, magazines or newspapers.

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 Housekeeping staff.
- c. Housekeeping staff will move the boxes to the recycling bin.

1.3 Telephone books

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

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 move to recycling depot for pick up by Housekeeping.

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 move to recycling depot for pick up by Housekeeping.

1.6 Toner cartridges

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

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 move to recycling depot for pick up by Housekeeping.
- 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.
- b. Arrange with Housekeeping for disposal.
- 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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Waste Oil & Solvents

The disposal of waste oil and solvents must be done in accordance with the Special Waste Legislation of BC Ministry of Water, Land and Air Protection, the Transportation of Dangerous Goods (TDG) regulations and Sewer Use By-Laws of the GVRD and City of Vancouver. This disposal procedure applies to the disposal of waste oil, waste solvents or a non-hazardous material containing more than 3% by weight of oil.

It is the responsibility of the originating department to ensure that the waste oil and solvents are identified as hazardous waste, and transported to the designated storage cabinet in the hospital.

Waste oil or solvents are not permitted in sanitary or storm sewers or landfills.

1.0 PROCEDURES

1.1 Waste Oil or waste solvents

- a. The workplace collecting container holding the material must be labelled with a WHMIS label indicating "waste oil", "waste solvents" or "waste oil and water"
- b. When container is 3/4 full, it shall be drained into the collection drums. A separate drum is needed for:
 - waste oil,
 - oily rags,
 - waste oil and water,
 - waste solvents.
- c. The storage area maintains a logbook of source for waste and will ask for the name of your department, contact name, telephone local and type of material to be placed in the storage room.
- d. Completely drain contents into the drum and take initial container back to the work area for re-use. Empty metal containers can be in the open bin with the lid removed; must be completely drained. Plastic pails cannot be recycled or placed in the garbage, must be re-used.
- e. When the drum is full, it must be capped off and a new drum labelled for collection. Only one drum at a time for each category shall be in use.
- f. When 4 drums have accumulated, arrange removal.

1.2 Spills - refer to the "code brown" procedures

- a. Small oil spills must be absorbed and rags/towels used to clean up must be placed in the oily rag drum.
- b. Any spills into the environment (air, water, land) exceeding 100 litres must be reported to the Ministry of Water, Land and Air Protection. Notify the Regional Environmental Management Department.

1.3 Housekeeping of the Storage area:

- a. The storage area is to be kept free of debris, empty small containers such as oil cans, transfer pails, etc are not to be left in or near the storage area.
- b. One litre oil cans must be completely drained before placing in the garbage, one at a time.
- c. Metal containers that have been completely drained and lid removed, can be placed in the open bin.
- d. Plastic pails cannot be recycled or placed in the garbage.. **DO NOT PLACE IN THE OPEN BIN - IT IS FOR SCRAP RECYCLING ONLY.**

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2.0 EXAMPLES OF WASTE OIL

Examples of waste oil include:	Examples of waste solvents include:
<ul style="list-style-type: none"> • Cutting oil, • Fuel oil, • Gear oil, • Hydraulic oil, • Refined petroleum based oil, Synthetic oil, • Vacuum-pump oil, and • Oily rags. <p>Oil must not be contaminated with PCBs</p>	<ul style="list-style-type: none"> • degreasers, • paint thinners

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Squamish General Hospital

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 by Housekeeping and taken to a designated holding.
- 1.3 The Housekeeping staff will relocate the bins of garbage from the designated holding area.
- 1.4 The bins of general waste collected is hauled to a designate disposal facility.

2.0 Criteria

- 2.0 Items included in this category are office waste, kitchen waste, and general non-infectious 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 designated container lined with a yellow bag.
- 1.2 Housekeeping staff will tie the bag and remove it to a designated holding area.
- 1.3 Housekeeping staff shall relocate the waste to the Pack room cage located across from Pharmacy.
- 1.4 Housekeeping staff shall pack the bags into transport tubs or designated containers and leave the full tub/ containers to Pack room 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.
- 1.5 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 (see 3.0 Special Instruction)
 - garbage from patients on restrictive (level 4) isolation
 - 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

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3.0 Special Instructions (Pleur-evac™)

- 3.1 The underwater seal chest drainage system is a single use item and is unsafe to drain manually.
- 3.2 After the system has been removed from a patient, the tubing shall be knotted near the end, and the end covered with a piece of gauze secured with an elastic band.
- 3.3 The sealed pleur-evac container is placed in a yellow garbage bag for disposal as biomedical waste.

4.0 Special Instructions (Blood in Glass Bottles)

- 4.1 Place in a secure biomedical waste container.
- 4.2 Seal the biomedical waste container.
- 4.3 Housekeeping will remove for disposal.

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Microbiology Laboratory Waste

The treatment and disposal of waste from the Microbiology Laboratory will be done according to the CCME Guidelines. This category consists of laboratory cultures, stocks or specimens of micro-organisms, live or attenuated vaccines, human or animal cell cultures used in research, and laboratory material that has come into contact with any of these.

It is the responsibility of the generator of microbiology laboratory waste to identify, properly handle, treat and segregate the material before placing the material in the disposal containers.

1.0 Procedure

- 1.1 Laboratory staff place waste into container lined with a yellow bag. Housekeeping staff shall relocate the bag to a designated holding area.
- 1.2 Housekeeping staff shall relocate the waste to the pack room located across from Pharmacy, where the bags are repackaged for off site treatment. All containers shall be properly labelled identifying date, weight and initials of the packer
- 1.3 Spills - refer to the "code brown" procedures

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Sharps

Vancouver Coastal Health Authority is committed to ensure that sharps are disposed of properly in accordance with CCME Guidelines and the Body Substance Precautions 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 and have lids that can be tightly secured.

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 site(s) for work area disposal containers.
- 3.2 Deposit sharps into designated disposal containers immediately following use.
- 3.3 When a sharps container is three-quarters full, Housekeeping staff will close and lock the lid and remove the container to a designated biomedical waste container in the holding area. It is important to keep the container upright; do not place on the side or upside down.
- 3.4 Replace with empty sharps container.
- 3.5 Remove will move the containers to Pack room cage located outside the loading dock next to Biomed Engineers workshop, where the sharps containers are packed in containers for off site treatment.

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Human Anatomical Waste

The disposal of human anatomical waste will be done in accordance with the guidelines of the Canadian Council of Ministers of the Environment. Human anatomical waste, consisting of tissues, organs and body parts, but excluding teeth, hair, and nails, must be incinerated in a biomedical waste incinerator.

Note: Depending on the department, some areas will use red biomedical waste pails, other area will use boxes lined with red bags.

1.0 Procedure

Generating department:

- 1.1 If using a red biomedical waste pail, ensure the lid is properly sealed and leave for housekeeping pick up.
- 1.2 If using a box, open the cardboard box and close the bottom edges.
- 1.3 Line the box with two red liners.
- 1.4 Place the anatomical waste into the lined container. Fill up to 22 Kilograms in weight.
- 1.5 Tie off the red liners, close the box and tape it shut.
- 1.6 Label the container cardboard biomedical box with "bar coded" label, waste category" on the box.
- 1.7 Store the box in the refrigerator if being stored for more than 4 days.

Housekeeping Services:

- 1.8 Housekeeping staff shall relocate waste containers to the Pack room cage located across from Pharmacy.
- 1.9 Housekeeping staff shall relocate the full tub/ containers to an interim storage area, where the contracted biomedical disposal company will pick them up. The sealed container(s) shall be labelled identifying, date, weight and initials of the packer.

6.0 Procedure Special Instructions

Anatomical wastes must be stored at 4°C or lower if being stored for more than 4 days.

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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) The items are placed in the white "cytotoxic" containers and the lid kept on. When the pail is full, secure the lid on the container.
- b) Housekeeping staff will transfer the sealed container to a designated holding area.
- c) Housekeeping staff will transfer the container to the Pack room located cage located across from Pharmacy.
- d) The Housekeeping staff will pack the containers in cardboard boxes, which are labelled "cytotoxic waste":
 - i. Open the cardboard box and seal the bottom edges.
 - ii. Line the box with a yellow liner.
 - iii. Place the containers into the lined box. Fill up to 22 kilograms in weight.
 - iv. Tie off the liner, close the box and tape it shut. Label the box with "bar coded" label and tick off "Cytotoxic Waste" category on the box.
- e) The box is picked up by the biomedical treatment company and incinerated.

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 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 a white 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 returned to Pharmacy. Partially used doses are disposed of in the white 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 Pharmacy.
- 1.2 The pharmacy staff pack the vials, tablets or containers into a labelled white pail. When the container is full it is to be sealed with a red lid.
- 1.3 The pail is transferred to the pack room located across from Pharmacy. The pail is removed by a contracted disposal company. The sealed container(s) shall be labelled identifying, date, weight and initials of the packer.

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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Mercury Waste

The disposal of mercury will be done in accordance with the Special Waste Legislation of BC Ministry of Environment and the Transportation of Dangerous Goods regulations. Mercury waste includes intact thermometers or other items containing mercury that are being discarded or material from clean up of mercury from breakage of items containing mercury.

It is the responsibility of the originating department to ensure that mercury is contained so that exposure to mercury or mercury vapors does not occur.

1.0 Procedure

1.1 Intact thermometers or equipment containing mercury

- a. Package item so breakage will not occur and that those handling package will not come in contact with mercury. Please do not use containers or bags with the biomedical symbol, as the chemical disposal company cannot accept for disposal.
- b. Label package as "Mercury waste".
- c. Contact the Regional Environmental Management department to arrange disposal.

1.2 Mercury Spill Waste

- a. Clear the area of personnel, guests and visitors to avoid spread of the spill.
- b. Close off the area to prevent traffic from moving through and post warning sign.
- c. Follow procedures as outlined in the 'Code Brown' manual

1.3 Thermometers from Isolation Rooms

- a. Thermometers must not be placed in a sharps container.
- b. The thermometer will be removed from the room by designated staff.
- c. Contact the Regional Environmental Management department to arrange disposal.

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Chemical Waste

The disposal of chemical waste will be done in accordance with the Special Waste Legislation of BC Environment and the Transportation of Dangerous Goods (TDG) regulations. Chemical waste comprises discarded solid, liquid and gaseous chemicals used in the laboratories, research work, Housekeeping and disinfecting procedures.

It is the responsibility of the originating department to ensure that chemicals are identified as hazardous waste, and transported to the designated chemical storage cabinet in the hospital. In BC, the definition and naming of special waste relies heavily on the classifications found in the Transportation of Dangerous Goods Regulations (Canada).

Definition of Chemical Waste

Waste is considered as chemical waste if the material is, any one of the following;

- toxic;
- corrosive (acids of pH<2.0 and bases of pH>12.0);
- flammable;
- reactive (explosive, water reactive, shock sensitive) or
- genotoxic (carcinogenic, mutagenic, teratogenic or otherwise capable of altering genetic material); or
- classed as leachable toxic waste.

1.0 Procedure

1.1 General Chemical Waste

- a. Separate the chemicals into compatible groups (see listing attached).
- b. Ensure that the primary container is clearly labelled with the full name of the chemical and that the container is tightly closed.
- c. Pack in a sturdy box, include the Material Safety Data Sheet (MSDS), and add packaging material to prevent breakage. The intent is to ensure that the chemicals are contained and that no leakage or escape occurs.
- d. Do not seal the package, but label the box with the date, chemical name, quantity and the name of your Department.
- e. Laboratory staff transfers the box to the Laboratory storage cabinet. When the cabinets are full, contact the Regional Environmental Management department, who will coordinate removal of the chemicals by a contracted chemical disposal company.
- f. All other departments, contact Regional Environmental Management department and arrange for disposal.

1.2 Spills - refer to the "code brown" procedures

2.0 Attachments

2.1 Summary of Hazard Classes and Divisions

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TDG Classifications

Class	Division	Description
1-Explosives	1.1	A substance or article with a mass explosion hazard
	1.2	A substance with a fragment projection hazard, but not a mass explosion hazard.
	1.3	A substance with either a minor blast hazard or a minor projection hazard or both, but not a mass explosion hazard.
	1.4	A substance or article which presents no significant hazard. Explosion effects are largely confined to the package. No fragment projections of an appreciable size or Range are to be expected.
	1.5	A very insensitive substance, although it has a mass explosion hazard as in 1.1
.....		
2-Gases	2.1	A flammable gas.
	2.2	A non-flammable, non-toxic, non-corrosive gas.
	2.3	A poisonous gas.
	2.4	A corrosive gas.
.....		
3-Flammable Liquids	3.1	Extremely flammable liquid (flash point of less than - 18°C)
	3.2	Very flammable liquid (flash point not less than - 18°C)
	3.3	Moderately flammable liquid (flash point not less than 23°C but less than 61°C)
.....		
4 - Flammable solids, Spontaneously combustible and dangerous when wet	4.1	A solid which under normal circumstances is readily ignitable and burns persistently, or which causes or contributes to fire, through friction or from heat retained from manufacturing or processing.
	4.2	A substance liable to spontaneous combustion under normal conditions of transport or when in contact with air, liable to spontaneous heating to the point where it ignites.
	4.3	A substance which, on contact with water, emits dangerous quantities of flammable gases or becomes spontaneously combustible on contact with water or water vapour.
.....		
5 - Oxidizing substances & organic peroxides	5.1	A substance which contributes to the combustion of other material by yielding oxygen or oxidizing substances, whether or not the substance itself is combustible.
	5.2	An organic compound that contains the bivalent “-O-O-” structure which is a strong oxidizing agent and may be liable to explosive decomposition or is sensitive to heat, shock or friction.
.....		
6 - Poisonous & Infectious Substances	6.1	A solid or liquid that is poisonous through inhalation, by skin contact or ingestion.
	6.2	Organisms that are reasonably believed to be infectious to humans or animals and the toxins of such organisms.
.....		
7 - Radioactive Materials		Radioactive materials with activity greater than 74 kBq/kg, within the meaning of the Atomic Energy Control Act.
.....		
8 - Corrosive Substances		A substance that causes visible necrosis of the skin or that corrodes steel non-clad aluminium, of that has a pH less than 2 or greater than 12.5
.....		
9 - Miscellaneous Dangerous Goods	9.1	A substance or product which presents sufficient dangers to warrant regulation, but which cannot be assigned to any other class.
	9.2	An environmentally hazardous substance.
	9.3	Leachable toxic products or substances.

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Radioactive Waste

The Vancouver Coastal Health Authority is committed to maintaining safe practices in the disposal of radioactive materials and to comply with the federal and provincial regulations, and licensing requirements.

1.0 Procedure

Unless specifically stated in the license, disposal of radioactive waste can be performed as follows:

- 1.1 Sent, after making prior arrangements to a facility possessing an appropriate Waste Facility Operating License issued by CNSC.
- 1.2 Released through the municipal garbage system, municipal sewage system or released to the atmosphere provided that the quantity does not exceed the values shown in the following table or in your licence:

Radioisotope	Garbage	Sewer	Air
	Per kg	Per year	Per cubic metre
Tritium-3	37 MBq	1 TBq	37 kBq
Carbon-14	3.7 MBq	10 GBq	-
Fluorine-18	10 kBq	-	-
Phosphorus-32	370 kBq	1 MBq	-
Chromium-51	3.7 MBq	100 MBq	-
Cobalt-57	370 kBq	1 GBq	-
Gallium-67	37 kBq	100 MBq	-
Technetium-99m	3.7 MBq	1 GBq	-
Iodine-125	37 kBq	100 MBq	30 Bq
Iodine-131	37 kBq	10 MBq	175 Bq

- 1.3 Any material which does not fit any of the above categories will require special arrangements with the Radiation Safety Officer and the Regional Environmental Management department.
- 1.4 Spills - refer to the "code brown" procedures :
 - Close off the area to prevent traffic moving through.
 - Cover the spill with absorbent material to prevent spread of contamination.
 - Wearing disposable gloves and a lab coat or disposable overalls, clean up the spill using absorbent paper and place it in a plastic bag for transfer to a radioactive waste container.
 - Avoid spreading contamination by working from the outside of the spill toward the centre.
 - In the event of a major spill or contamination of personnel or release of volatile material, notify the your supervisor and the Radiation Safety Officer:
 - Decontaminate personnel by removing contaminated clothing by flushing contaminated skin with lukewarm water and mild soap.
 - Record spill details and contamination monitoring results, complete a Hazard Report. (See the VHHSC Radiation Safety Manual for more details).

2.0 Records

Records will be maintained in the originating Department to show the location and the methods of disposal for all radioactive waste. Compliance with this requirement will be checked periodically.

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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 will be no confidential material found in the regular waste which goes into the GVRD 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. Housekeeping staff will replace the blue bag and take away the full bag.
- b) May include armbands and addressograph cards; paper with or without carbons, staples and clips.
- c) Departments, having shredders shall shred the material and collect the shredded paper into a clear plastic bag. When the bag is full, place at a Recycling Depot or a "pick up" location.

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 in 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. Locked red Schaefer Collection containers are located in specific areas and/or confidential collection cage.

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 shall be taped shut prior to disposal.
- b. Label the box "Glass Disposal Only". Identification stickers may be obtained from Stores.
- c. Leave the box for pick up by Housekeeping.
- d. Housekeeping transfers the box to a garbage container and puts the container directly into the compactor.

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 shall be carefully packed in a "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.
- b. Small containers are kept in office and work areas. When the small container is full, it is emptied into a larger container marked "confidential shredding" lined with a blue coloured plastic bag.
- c. Housekeeping will empty on a regular basis.
- d. Do not include carbon paper, glossy or waxed paper, paper towels, tissues, rubber bands, magazines or newspapers.

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 Housekeeping staff.
- c. Housekeeping staff will move the boxes to the tunnel and Housekeeping takes the boxes to the recycling bin.

1.3 Telephone books

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

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 move to recycling depot for pick up by Housekeeping.

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 move to recycling depot for pick up by Housekeeping.

1.6 Toner cartridges

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

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 move to recycling depot for pick up by Housekeeping.
- c. Includes any ready-to-drink beverage in plastic, glass or metal container. (I.e. tetra pak and gable top containers.)
- c. Does not include milk or milk substitute's containers.

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- 1.8 Batteries
- a. Place in designated "batteries" box.
 - b. Arrange with Housekeeping for disposal.
 - 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.
 - c. Prevent lithium batteries from reacting with other batteries, by placing individually in a plastic bag.

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Waste Oil & Solvents

The disposal of waste oil and solvents must be done in accordance with the Special Waste Legislation of BC Ministry of Water, Land and Air Protection, the Transportation of Dangerous Goods (TDG) regulations and Sewer Use By-Laws of the GVRD and City of Vancouver. This disposal procedure applies to the disposal of waste oil, waste solvents or a non-hazardous material containing more than 3% by weight of oil.

It is the responsibility of the originating department to ensure that the waste oil and solvents are identified as hazardous waste, and transported to the designated storage cabinet in the hospital.

Waste oil or solvents are not permitted in sanitary or storm sewers or landfills.

1.0 PROCEDURES

1.1 Waste Oil or waste solvents

- a. The workplace collecting container holding the material must be labelled with a WHMIS label indicating "waste oil", "waste solvents" or "waste oil and water"
- b. When container is 3/4 full, it shall be drained into the collection drums in the Power Plant shed. A separate drum is needed for:
 - waste oil,
 - oily rags,
 - waste oil and water,
 - waste solvents.
- c. The storage maintains a log book of source for waste and will ask for the name of your department, contact name, telephone local and type of material to be placed in the storage room.
- d. Completely drain contents into the drum and take initial container back to the work area for re-use. Empty metal containers can be in the open bin with the lid removed; must be completely drained. Plastic pails cannot be recycled or placed in the garbage, must be re-used.
- e. When the drum is full, it must be capped off and a new drum labelled for collection. Only one drum at a time for each category shall be in use.
- f. When 4 drums have accumulated, arrange removal.

1.2 Spills - refer to the "code brown" procedures

1.3 Housekeeping

- a. The storage area is to be kept free of debris, empty small containers such as oil cans, transfer pails, etc are not to be left in or near the storage area.
- b. One litre oil cans must be completely drained before placing in the garbage, one at a time.
- c. Metal containers that have been completely drained and lid removed, can be placed in the open bin.
- d. Plastic pails cannot be recycled or placed in the garbage.. DO NOT PLACE IN THE OPEN BIN - IT IS FOR SCRAP RECYCLING ONLY.

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2.0 EXAMPLES OF WASTE OIL

Examples of waste oil include:	Examples of waste solvents include:
<ul style="list-style-type: none"> • Cutting oil, • Fuel oil, • Gear oil, • Hydraulic oil, • Refined petroleum based oil, Synthetic oil, • Vacuum-pump oil, and • Oily rags. <p>Oil must not be contaminated with PCBs</p>	<ul style="list-style-type: none"> • degreasers, • paint thinners

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