

Greater New Orleans Surgery Center

ANNUAL REVIEW OF THE HAZARDOUS MATERIALS AND WASTE PROGRAM

Page 1 of 1

Reviewed: August 1, 2001

08/01/2003, 05/01/2009

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PURPOSE:

To maintain the currency and consistency of hazardous materials and waste management policies and procedures and to evaluate the usefulness of the program's performance standards.

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POLICY:

Greater New Orleans Surgery Center will evaluate annually the objectives, scope, organization, and effectiveness of the hazardous materials and waste management program.

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Greater New Orleans Surgery Center

DISPOSAL OF INFECTIOUS WASTE

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POLICY

Infectious wastes shall be handled, transported, and disposed of in such a manner that minimizes the risk of transmission of disease to center personnel, patients, visitors, and others from the time of generation of the wastes to final disposal.

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DEFINITIONS

Center waste designated as infectious includes:

1. Sharps used in patient care.
2. Unabsorbed blood or blood products, or body fluids such as suction fluids, excretions, and secretions. This includes items that are saturated with these fluids.
3. Tissue or body parts removed from a patient, and the following body fluids.
4. Any discarded live and attenuated vaccines.

PURPOSE

To outline the proper procedure for disposal of infectious wastes to minimize the transmission of disease.

PROCEDURE:

1. All disposable sharps that can cause injury (scalpel blades, lancets, and needles) are to be placed in puncture resistant containers without being bent, broken, or recapped by hand.
2. Infectious wastes shall be placed in red biohazard impervious bags at the point of generation.
3. Filled sharps containers are to be placed in the Infectious Waste box by GNOSC or anesthesia staff.
4. When Infectious Waste boxes are filled, they are sealed by GNOSC or anesthesia staff and properly stored in the designated collection area.
5. The Infectious Waste boxes will be removed as needed by Enserv, for incineration and disposal.
6. Patient excretions and secretions (urine, sputum, etc.) may be carefully poured down the bathroom commode or a hopper leading to the sewage system, using universal precautions and safeguards to prevent splashing.

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EMERGENCY RESPONSE TO A CHEMICAL SPILL

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PURPOSE:

To establish the procedure of responding to a chemical spill within the facility.

POLICY:

It is the policy of Greater New Orleans Surgery Center to provide a procedure for an emergency response to a chemical spill.

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PROCEDURE:

- A. If a chemical spill occurs in your area immediately notifies the facility Safety Officer and the facility Administrator. State the emergency, if any personnel have been contaminated or hurt during the accident, and the location and type of spill. If personnel have been in contact with the spilled chemical, refer to the Material Safety Data Sheet for the spilled chemical for appropriate first aid procedure until the first responder arrives. Ensure the safety of patients, visitors, and staff by securing the area.
- B. If anyone who has been contaminated is instructed by the Administrator to seek additional medical treatment (i.e., emergency room), a copy of the MSDS would be sent with the contaminated person.
- C. The Safety Officer will make the call to the Fire Department if spill is too large to be handled by facility staff.
- D. An Incident Report will be completed by the Administrator or Clinical Manager and forwarded to the center Risk Manager within 24 hours of the incident.

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HAZARDOUS MATERIALS AND WASTE MANAGEMENT PROGRAM

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PURPOSE:

To reduce the incidence of chemically or biologically related occupational illness and injury and to increase the availability of hazard information to assist Greater New Orleans Surgery Center in devising measures to protect its staff members from; and to give employees the information needed to take steps to protect themselves against potential hazards in the workplace.

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POLICY:

It is the policy of the facility to advise all employees of their rights to examine copies of Material Safety Data Sheets (MSDS) upon request; and all employees will attend an inservice regarding Hazard Communication Program within 30 days of employment and annually thereafter.

PROCEDURE:

A. General Information

In order to comply with OSHA's Hazard Communication Standard, the following Hazard Communication Program has been developed by HSRH.

1. Container Labeling

- a. The Purchasing Director will verify that all containers received for use will:
 1. Be clearly labeled as to the contents
 2. Bear appropriate hazard warnings
 3. List the name and address of the manufacturer; and
 4. Provide specific detail as to the type or severity of hazard.
- b. No containers will be released for use until the above labeling is verified by purchasing as being on the container.
- c. No containers purchased for use within the facility will leave the facility premises.
- d. The Clinical Manager is responsible for ensuring that all secondary containers are labeled with either the manufacturer's label identical to the primary container, or with generic labels that identify the substance and that bear any hazard warning.

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HAZARDOUS MATERIALS AND WASTE MANAGEMENT PROGRAM

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2. Material Safety Data Sheets (MSDS)

- a. The Safety Officer will be responsible for obtaining Material Safety Data Sheets (MSDS). If no MSDS can be provided, the product should not be received. The Safety Officer will be responsible for maintaining the data sheet system for the facility. If the manufacturer or retailer fails to provide the MSDS for its product, a prompt request for one should be made by and through the purchasing department.
- b. The Clinical Manager will review incoming data sheets for new and significant health/safety information. He/she will see that any new information is passed on to affected employees.
- c. MSDS will be available to all employees in their work area for review during each work shift. If MSDS are not available, or new chemicals in use do not have MSDS, contact your supervisor immediately.

3. Employee Training and Information

- a. The Safety Officer is responsible for developing, implementing and monitoring the Employee Hazard Communication Training Program. All current and new employees will attend an orientation on safety and will be provided with information on:
 1. OSHA's Hazard Communication Standard
 2. What is and how to read an MSDS sheet
 3. Chemicals and their hazards in the workplace;
 4. Proper labeling and handling;
 5. Use of personal protective equipment
 6. What the facility has done to lessen or prevent worker's exposure to these chemicals.
- b. After attending the orientation, each employee will sign a form stating that he/she has received the training. Before any new category of chemical hazard is introduced into the facility, each employee will be given information regarding appropriate use of the chemical. The Director of Purchasing will be responsible for ensuring that MSDS's on the new chemical are available.

B. Location of MSDS's on Hazardous Chemicals

1. A list of chemicals used in the facility is maintained in the Purchasing Department. Further information on each hazardous chemical noted can be obtained by reviewing MSDS in the Hopper Room.

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HAZARDOUS MATERIALS AND WASTE MANAGEMENT PROGRAM

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C. Hazardous Non-Routine Tasks

1. Periodically, employees are required to perform hazardous non-routine tasks. Prior to starting work on such projects, each affected employee will be given information by the department manager or designee about hazardous chemicals he/she may be exposed to during such activity.
2. The information will include:
 - a. Specific chemical hazards
 - b. Protective safety measures the employee will take
 - c. Measures that the facility has taken to lessen the hazards, possibly including the presence of another employee while task is being performed
 - d. Emergency procedures if applicable.

D. Contractors and Vendors

1. The staff member working will provide contractors closest with the contractor (example: the maintenance manager and a construction contractor or the physical therapy director and a physical therapy contractor):
 - a. Hazardous chemicals that they may be exposed to while on the job;
 - b. Precautions that the employees may take to lessen the possibility of exposure by usage of appropriate protective measures.
 - c. The contractor will be responsible for passing this information to his/her employees.
2. Each contractor will be asked to provide MSDS concerning chemical hazards that the contractor may bring onto the facility property.

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LABELING OF BIO-HAZARD MATERIAL AND WASTE

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POLICY

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To protect staff, patients and visitors from all hazardous or potentially hazardous biohazard materials and/or wastes, the center will identify the following items, by use of the universal "bio-hazard" symbol, as appropriate:

1. Containers of biohazard materials and/or waste.
2. Refrigerators/freezers containing biohazard materials and/or waste.
3. Sharps disposal containers
4. Other containers used to store, transport, or ship biohazard materials and/or waste.

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MATERIAL SAFETY DATA SHEET (MSDS)

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PURPOSE:

To ensure that all personnel know the location of the Material Safety Data Sheets within the center.

POLICY:

It is the policy of the Greater New Orleans Surgery Center to provide Material Safety Data Sheets to employees on request.

PROCEDURE:

1. A complete, indexed set of master MSDS manual will be located in the Hopper Room.
2. MSDS manuals will be reviewed by Clinical Manager for accuracy at least annually and revised as needed.
3. The PIC Committee will review this system at least annually.

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MERCURY SPILLS

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PURPOSE:

To provide a standard for the safe handling of mercury at Greater New Orleans Surgery Center.

POLICY:

Greater New Orleans Surgery Center will have written criteria for the safe handling of mercury within the facility.

PROCEDURE:

1. In the event of a mercury spill the Safety Officer shall be notified.
2. The department supervisor will secure the spill area by removing patients, staff and visitors.
3. A mercury spill kit, located in the PACU cabinet under the sink marked "HAZ-MAT" will be used to contain the spill. The procedure to be used to accomplish this is contained within the spill kit.
4. Goggles and gloves will be worn while handling the spill.
5. An Incident Report will be completed on the incident and forwarded to the Risk Manager within 24 hours.

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PERSONAL PROTECTIVE EQUIPMENT

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POLICY

All healthcare workers should routinely use appropriate barrier precautions to prevent exposures when contact with blood and body fluids of any patient is anticipated. Adequate infection control devices and supplies will be readily available in all patient care areas.

PURPOSE

To minimize the risk of exposure to blood and body fluids of all patients.

PROCEDURE

A. Gloves

1. Gloves will be worn when it can be reasonably anticipated that contact may occur with blood and other potentially infectious materials, mucous membranes and non-intact skin. Gloves will be worn when handling or touching contaminated items or surfaces.
2. Disposable gloves will be replaced as soon as possible when contaminated, torn, or punctured, or when their ability to function as a barrier is compromised.
3. Gloves will be changed after contact with each patient. Change gloves when performing procedures from one body site to another on the same patient. Remove gloves and wash hands before leaving the room. In general, double gloving is not necessary; however, double gloving has been shown to reduce the chance of blood exposure. Disposable (single use) gloves will not be washed or decontaminated for reuse.
4. Utility gloves must be discarded if they are cracked, peeling, torn, punctured, or exhibit signs of deterioration or when their ability to function as a barrier is compromised.
5. Gloves will be readily accessible to all healthcare workers (appropriate in type and size to the procedures, activity, and type of exposure).
6. In the event of a suspected latex glove allergy, the employee will report the allergy to their supervisor. The supervisor will then refer the employee to the employee health nurse for further assessment.

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PERSONAL PROTECTIVE EQUIPMENT

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B. Masks and Eye Protection

1. Masks, eye protection and face shields will be worn whenever splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated and eyes, nose and mouth contamination can be reasonably anticipated.
2. These items should be changed after contact with each patient.

C. Gowns

1. Gowns and other protective body clothing will be worn in occupational exposure situations. The type and characteristics of the protection of body clothing depend upon the task and degree of exposure anticipated. Based upon this determination, appropriate protective clothing will be selected.
2. Disposable gowns and/or waterproof gowns are made available for use. If blood or any other potentially infectious material penetrates a garment, the garment shall be removed immediately or as soon as feasible. The center will provide laundering for personal clothing contaminated by blood or other infectious materials.

D. Infection control devices such as disposable safety sheath's and syringes will be available for use by the nursing staff.

E. Additional engineering controls and the Performance Improvement Council as appropriate will evaluate infection control devices. Specific training on these items will be the responsibility of the department manager.

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RADIATION PROTECTION GUIDELINES

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PURPOSE

To provide protection guidelines for personnel who may come in contact with radioactive materials in the center.

POLICY

- A. The following guidelines are basic protection rules intended for personnel who may only occasionally come in contact with radiation areas.
 - 1. Do not handle any container that is marked "Radioactive Material" unless you have written procedures or instructions on how and when you may do so.
 - 2. Containers marked "Radioactive Material," which appears damaged and/or wet, should not be handled until surveyed and inspected by trained personnel.
- B. Personnel who come into frequent contact with radioactive areas or devices should consult their department managers for procedures regarding radiation safety.

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