Fire & Life Safety

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Hazardous Materials & Waste

1. Q: Do I need an eyewash station?
   A: Eyewash stations are required in areas where certain chemicals are being used. To determine whether or not an eyewash is required, contact EHS Occupational Safety & Fire Prevention to have a risk assessment performed.

2. Q: If I have an eyewash, how often do I test it, and what is involved with the test?
   A: If an eyewash is available, it must be tested on a weekly basis and this testing must be documented. The weekly test includes making sure the eyewash unobstructed and that it turns on and operates correctly. Documentation of the weekly eyewash test is to be maintained on the UTMB eyewash log. Each eyewash needs its own separate log. (UTMB Safety Manual, Chapter 7, Section 3.9 Emergency Eyewash and Shower)

3. Q: What goes into the white box, blue lid containers?
   A: Partially used medication (i.e. IV bags, empty single dose vial, partial multi dose vial) should be collected it in the white/blue lid box. These should not be discarded into a red sharps containers or down the drain. (Policy 07.72 Disposal of Pharmaceuticals)

4. Q: What goes into the RCRA black box and how do I dispose of them?
   A: The RCRA black boxes are used to collect EPA regulated medications and RCRA aerosols (aerosols in a separate box from non-aerosols). EPA regulated (RCRA) medication should be labelled by pharmacy with a RCRA sticker, and include:

   Alcohol (>24% conc.)   Meningococcal vaccine
   Alprostadil           Naftine
   Amyl nitrate         Nicotine (unused patches)
   Benzocaine gel       Nitroglycerin (all forms)
   Bexarotene           Paregoric
   Chemotherapy (unused or partial)      Physostigmine salicylate
   Coly-Mycin S Otic (drops)          Selenium (except TPN solution)
   Cortisporin Otic (drops)           Selenium sulfide
   Dexamethasone             Silver nitrate (applicator swabs)
   Influenza vaccine (unused)       Silver sulfadiazine
   Insulin (all types)         Warfarin
   Lindane
RCRA Aerosols must be collected separate from the EPA regulated RCRA medication – designate a black container for “Aerosols only”; partially used medication sprays/aerosols have a propellant hazard (oxidizer) that is incompatible with the RCRA medication.

Once the black box container is full, go online to schedule an EHS chemical waste pick up at www.utmb.edu/bof/epm/default.asp. (Ref. Policy 07.72 Disposal of Pharmaceuticals; UTMB Safety Manual Chapter 10, section 5)

5. Q: How do I dispose of blood canisters or containers with bodily fluids?

A: Blood canisters and containers with bodily fluids for red bag collection must be double-bagged and then either tied or taped closed to ensure liquids do not leak out of the bag. These are then placed into the appropriate medical waste container in the soiled utility room. (UTMB Safety Manual Chapter 10, section 5)

6. Q: What training is required if I sign paperwork for shipping medical waste?

A: DOT training for shipping medical waste from off-site locations. Contact EHS to sign up for DOT online training with certificate. Refresher training is required every three years. Individuals who have not been trained cannot sign the paperwork for shipping of medical waste from off-site locations. (UTMB Safety Manual Chapter 10, section 5)

7. Q: Where can I find pharmaceutical waste disposal information?

A: Please visit the Pharmacy Nursing Committee webpage.

8. Q: How do I dispose of Acuderm brand cautery units?

A: The Acuderm brand, cautery unit is AA battery powered; used cautery units need to be collected according to the manufacturer’s recommendations. Contact EHS for an approved container. Once the container is full go online to schedule an EHS chemical pickup at www.utmb.edu/bof/epm/input.asp. (UTMB Safety Manual Chapter 10, section 2)

9. Q: How do I dispose of used batteries?

A: Used batteries are to be collected separately from all other types of waste. Used batteries cannot be discarded into the RCRA black box (hazardous medication only). For small quantities of batteries, you may use your own small container (such as an empty coffee can) marked “Used Batteries” to collect the batteries. For large volumes of batteries, contact EHS to receive a black battery bucket. Before placing batteries in the container, tape all battery terminal ends so as to prevent them from touching and possibly causing a fire. Once containers are full, go online to schedule an EHS chemical pickup at www.utmb.edu/bof/epm/Input.asp. (UTMB Safety Manual Chapter 10, section 2)

10. Q: What are the yellow bags for, and where do I get them?
A: Yellow bags are used for collecting the White box/blue lid pharmaceutical containers. Each department should have these yellow bags available for use. If you need more bags or waste containers, you may order them through Materials Management. eProcurement item numbers for waste container are available in PDF format on the EOC webpage.

11. Q: What goes in the red bags for medical waste?
A: The red bags are for regulated medical waste only. This includes items that are freely dripping liquid or semi-liquid human blood, blood products and other body fluids. Items containing dry blood or other potentially infectious materials that could release flakes must also be disposed of in the red bags. Red box sharps containers that are securely closed are also to be disposed of in the red bags.

Red bag waste is shredded and then autoclaved, so it is important to make sure that only these items are placed in red bags. Do not put soiled linen, heavy scrap metal, pieces of heavy medical equipment or chemicals into the red bags. These items will damage the shredder, and repairing the shredder then requires UTMB staff to work in a seriously risky environment when trying to remove these inappropriate items or when trying to repair the shredder. Keep these other items out of the red bag waste at all times! (UTMB Safety Manual Chapter 10, section 5)

12. Q: What happens to the medical waste once it leaves my unit or lab?

A: It is important to keep the yellow and red bag waste separate to ensure the appropriate treatment and disposal process. All medical waste is treated and disposed of at the UTMB Medical Waste Processing Facility according to the color of the bag.

**Incineration (Yellow Bags)**
Yellow bags identify “regulated medical waste” that will be treated by incineration. Yellow bag waste streams include trace amounts of chemotherapy medications (i.e., empty IV bags, gloves, tubing, etc.), non-hazardous pharmaceutical wastes, and pathological wastes consisting of animal and human body parts, tissues, fetuses, organs and human anatomical remains. The exception is syringes with needles used during chemo treatment which are disposed of in an approved leak-proof sharps container and then placed into a yellow bag for disposal.

**Autoclave (Red Bags)**
Medical waste collected in red bags is treated by steam sterilization (industrial autoclave) and maceration (shredded) with final disposal in the landfill. Waste designated include medical wastes such as blood and blood products, microbiological wastes (i.e., cultures and vaccines), body fluids, sharps, other soiled disposable medical paraphernalia (i.e., gowns, gloves, bandages, tubes, bags, etc.). These wastes are disposed of in a red bag with the exception of sharps which are required to be disposed of in an approved leak-proof, hard plastic “red” sharps container.

This category includes bulk human blood and blood products (in concentrations greater than 100 mL) and sharps (scalpels and trocars). If the red bag includes canisters of blood or bodily fluids; double bag these items or add absorbent material and tie a knot in the bags to ensure no leakage. All sharps (scalpels and trocars) must be placed in a red sharps container; disposable
surgical equipment should easily fit into the sharps container (no heavy metal pieces such as 
trays, clinical equipment, or mechanical related items).

**Healthcare Epidemiology/Infection Control**

1. **Q:** How high off the floor do I need to have shelves & storage?
   
   **A:** Sterile materials should be stored at least 8-10 inches above the floor, at least 18 inches 
   below the ceiling, and at least two inches away from the outside wall (Healthcare Epidemiology 
   Policy 01.30). Other material should be stored on shelves at least 5 inches off the floor. Open 
   bottom shelving such as wire racks must have a plastic liner or other impervious surface placed 
   on it before supplies are stored on it even if supplies are in plastic bins. This is to prevent any 
   water from splashing up on supplies whenever the floor underneath the shelf is cleaned and 
   mopped.

2. **Q:** Where can I have corrugated cardboard boxes?
   
   **A:** Corrugated boxes are prohibited from any procedure room(s) (room where any type of 
   invasive procedure will be performed), medication room or medication prep area. Upon delivery 
   of supplies in corrugated boxes, the contents must be immediately removed from the 
   corrugated boxes and the corrugated boxes removed from the area for disposal. In storage 
   closets/rooms corrugated boxes must be on a different shelf or segregated in a different area of 
   the closet. Corrugated boxes should not be stored above clean and sterile supplies. If possible, 
   store corrugated boxes in a different closet (IHOP Policy 08.01.21: Guidelines for Storage of 
   Patient Care Supplies).

3. **Q:** Can you dispense patient care supplies from corrugated boxes?
   
   **A:** No. Once a corrugated box is opened, patient care supplies should be removed from 
   corrugated box and placed in a clean bin or container (IHOP Policy 08.01.21: Guidelines for 
   Storage of Patient Care Supplies).

4. **Q:** How long can non-sterile ultrasound gel be used? What about gel warmers?
   
   **A:** Ultrasound gel for non-sterile procedures has a 30-day expiration date after opening. Upon 
   opening a new, non-refillable ultrasound container, immediately mark on the tube with a 
   permanent marker “Discard by:” and then the day 30 days from the open date. Unused gel 
   must be discarded by the manufacturer’s expiration date on the tube, or by the 30 day discard 
   by date, whichever comes first (Healthcare Epidemiology Policy 01.39). Ultrasound gel is not to 
   be stored in gel warmers. At the end of the day remove ultrasound gel bottle. In the morning 
   before turning on gel warmer remove any condensation with a clean paper towel. Gel warmers 
   are to be cleaned on a weekly basis with a CaviWipe.

5. **Q:** What is the contact time for disinfectants used at UTMB?
   
   **A:** Always refer to the manufacturer’s documentation to identify the required contact time (aka, 
   “wet time”). For example, standard CaviWipes have a contact time of 2 minutes “wet-time” for 
   MRSA, VRE, HBV, HCV, HIV, Herpes Simplex Types 1 and 2, and Influenza. This means that the
surface must be physically wet with the disinfectant for two minutes in order for it to be effective.

6. Q: How should toys and teaching aids be cleaned?

A: Toys and teaching aids that are not patient specific should be cleaned and then wiped with alcohol after use by each child and at least daily. Cleaning of toys, dolls, and teaching aids should be documented daily (Healthcare Epidemiology Policy 01.36). Use institution toy cleaning log.

7. Q. What is the difference between Blood borne pathogen PPE and Isolation PPE?

A: Blood borne pathogen PPE is something you would wear if exposed to blood and body fluids PPE worn would be long sleeve impervious gown, gloves, face mask and eye protection or Face shield. Isolation PPE is something you would wear if a patient has MRSA, VRE, Clostridium Difficile, Chicken Pox, Pertussis, Measles, Scabies, TB, Mumps, Parvo B19, Noro virus, CRE, Shingles, etc. PPE worn would be N95 masks for airborne diseases (Measles, TB, Chicken Pox etc.), surgical mask for droplet diseases (Pertussis, Flu), contact gown usually yellow for patients who might be colonized or have active infection with the following (MRSA, VRE, Clostridium Difficile)

8. Q. When should I wash my hands instead of using alcohol gel?

A: You should wash your hands with soap and water when they are visibly soiled or when taking care of a patient with Clostridium Difficile.

Medical Equipment Management
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