

Ambulatory Medical Waste Management Plan

Plan Effective Date: _____

Clinic Information

Contact Person(s): (e.g. clinic manager, CAO/Director etc.)

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

Medical Waste Champion: (e.g. designated knowledgeable employee) - see page 5 for details

Name: _____ Title: _____ Phone: _____

UCLA Department: _____
(e.g. Faculty Practice Group, Dept. of Medicine, Dept. of Urology etc.)

Clinic/Facility Name: _____

Clinic Address: _____ Suite: _____

City: _____ State: CA Zip: _____

Phone: _____ Fax: _____

Type of Clinic/Facility: _____
(e.g. Specialty Clinic, Primary Care, Intermediate Care, Medical Office etc.)

Enforcement Agency for Medical Waste Compliance: (Check one of the following)

- [California Dept. of Public Health \(CDPH\) – Los Angeles County](#)
- [Ventura County Environmental Health Division](#) [Orange County Environmental Health Division](#)

Medical Waste Generator Registration/Permit Number

The clinic/facility listed above is registered as a Medical Waste Generator under the permit number below:

(Check one of the following) – *contact UCLA Health Ambulatory Safety for assistance.*

- Clinic Specific (e.g. clinics in leased spaces, whose waste is NOT disposed of via the hospital or campus) Registration #: _____
- UCLA Ronald Reagan Medical Center (e.g. clinics in Medical Plazas whose waste is disposed of via Reagan) Registration #: 19-92
- UCLA Santa Monica Medical Center (e.g. clinics whose waste is disposed of via Santa Monica Medical Center) Registration #: 19-392
- UCLA Campus EH&S (e.g. clinics on the UCLA Westwood campus whose waste is disposed of via CHS-B waste dock, etc.) Registration #: -91
- Other: (specify) _____ Registration #: _____

Medical Waste Information

Types of Medical Waste generated at the clinic/facility listed above: (Check all that apply)

- Biohazardous non-sharps waste including bodily fluid (red biohazard bag waste)
- Biohazardous and/or non-Biohazardous Sharps Waste
- Pharmaceutical Waste and/or Pharmaceutical Sharps Waste
- Trace Chemotherapy Waste and/or Trace Chemo Sharps Waste
- Pathology Waste

Other waste generated at the clinic/facility listed above: (Check all that apply)

- “Bulk” Chemotherapy (RCRA Hazardous Waste) – (see page 3 for definition)

Estimated average monthly Medical Waste generated at the clinic listed above: *refer to your Stericycle Reports, if applicable.*
(NOT including “Bulk” Chemotherapy or other RCRA Hazardous Waste- see page 3 for definition)

- >0 lbs. < 20 lbs. per month
Small Quantity Generator
Monthly pick-ups permitted
- ≥20 lbs. < 200 lbs. per month
Small Quantity Generator
Minimum Weekly pick-ups required
- ≥ 200 lbs. per month
Large Quantity Generator
Minimum Weekly pick-ups required

Medical Waste is picked-up for disposal through our medical waste hauler: *refer to your Stericycle Reports, if applicable.*

- Daily Weekly Bi-Weekly Monthly Other: _____

Medical Waste Hauler Information

All medical waste is sent off-site for treatment and disposal through the registered medical waste hauler(s) below:

Primary Medical Waste Hauler (e.g. Stericycle): _____

Account # (Customer ID – Site ID XXXXXXXX - XXX): _____

Waste Hauler Address: _____

Waste Hauler Phone: _____

Treatment Methods: (Check all that apply)

Incineration (Pharmaceutical, Trace Chemo & Pathology Waste) Autoclave (Biohazardous sharps & Red Bag Biohazard Waste)

Other Medical Waste Hauler, if applicable (e.g. Daniels Sharpsmart Inc.): _____

Account #: _____

Waste Hauler Address: _____

Waste Hauler Phone: _____

Treatment Methods: (Check all that apply)

Incineration (Pharmaceutical, Trace Chemo & Pathology Waste) Autoclave (Biohazardous sharps & Red Bag Biohazard Waste)

Hazardous Waste Hauler Information

RCRA-Hazardous Waste Hauler, if applicable (e.g. Stericycle): _____

Account #: _____ EPA/CAL ID#: _____

Waste Hauler Address: _____

Waste Hauler Phone: _____

Treatment Methods: Incineration in accordance with local, state and federal requirements.

Proper Handling, Containment and Storage of Medical Waste:

NOTE: Refer to the [UCLA Health Ambulatory Medical Waste Containment Guide](#). Daniels brand sharps containers (purple top) are the only containers approved for both biohazardous sharps and pharmaceutical waste. Stericycle brand blue/white pharmaceutical containers are for pharmaceutical waste ONLY. Stericycle does NOT pick up Daniels brand containers and vice versa. Daniels containers should only be located in clinics serviced by UCLA Environmental Services (EVS); or who are contracted with Daniels. Contact UCLA Health Ambulatory Safety for questions.

Biohazardous Waste (red Bag)* – (includes bloody tubing, bags, hemovacs, soaked/dripping bloody dressings, intact glass or plastic bottles with body fluids, disposables soaked or dripping with blood, other potentially infectious materials etc.) is placed within a biohazardous waste container that is rigid with a tight fitting lid and labeled “BIOHAZARD” with the international biohazard symbol on the lid and on the sides so as to be visible from any lateral direction. The biohazard waste container is lined with a red biohazard bag which shall be marked and certified by the manufacturer as having passed the tests prescribed for tear resistance in accordance with ASTM-D1922 & ASTM D1709. The red bag shall also meet an impact resistance of 165 grams and a tearing resistance of 480 grams in both parallel and perpendicular planes with respect to the length of the bag. These red bags must also be pre-marked with the international biohazard symbol. When full, the red bag is twisted and securely tied to prevent leakage or expulsion of its contents. Authorized personnel transport the red bags in an approved rigid transport container, as outlined above, to the designated storage area in a manner that prevents accidental release and contamination. The red bags are then transferred into a pre-labeled biohazardous waste container provided and picked up by the medical waste hauler. This container is replaced by the medical waste hauler at time of pick up with a clean container. Reusable biohazardous waste containers within the clinic (e.g. exam rooms, procedure rooms, lab spaces etc.) are disinfected routinely with an approved disinfectant (e.g. Clorox Healthcare bleach wipes). Biohazardous waste will be contained separate from other waste at point of generation.

*A rigid container is not required for internal transport of a biohazard bag from an exam/procedure room **IF** the contents **DO NOT** exceed **3 lbs.** or **1 gallon** in volume **AND** the bag is **immediately** tied, transported and placed into an approved biohazardous waste container in the designated storage area following a procedure. In addition, biohazardous waste may be placed into a biohazard bag hung on a hamper stand in a surgery suite **IF** the above mentioned conditions are met. (MWMA §§ 118280(b) as of Jan. 2015)

Sharps Waste (non-chemo) – All emptied, non-chemo, sharps (needles, syringes, broken glass vials, broken ampules, blades, etc.) are deposited into a sharps waste container pre-labeled as “SHARPS WASTE” with the word “BIOHAZARD,” and the international biohazard symbol. Non-sharps items are prohibited in sharps containers (e.g. gauze, wrappers, gloves etc.) When the container is full (reaches 2/3 capacity or the manufacturer’s full line indicated on the sharps waste container), it is closed in accordance with manufacturer’s

instructions to prevent loss of contents. Authorized personnel transport the sealed container to the designated storage area where it may be transferred into a pre-labeled biohazardous waste barrel provided and picked up by our medical waste hauler. Sharps waste will be contained separate from other waste at point of generation.

Household Generated Sharps Waste – (sharps waste generated at home by patients, staff etc.) Acceptance of household sharps is not recommended, however if household sharps are accepted, they are only accepted from our patients or staff if it is safe to do so. Authorized personnel or the patient shall safely place the sharps into the appropriate sharps container. If sharps are not accepted, staff may direct the patient to the LA County S.A.F.E. Centers website for disposal locations: www.lacitysan.org/solid_resources/special/hhw/safe_centers/

Pharmaceutical Waste – (includes IV bags, tubing with residual medication, partially used/residual prescription or over-the-counter medication, expired medication etc.) is either safely returned to the supplier or pharmacy if authorized; or deposited into an approved pharmaceutical waste container pre-labeled “**PHARMACEUTICAL WASTE – FOR HIGH HEAT OR INCINERATION ONLY**” on the lid and on the sides so as to be visible from any lateral direction. The entire pharmaceutical content shall be placed into the pharmaceutical waste container. When the container is full, it is tightly closed in accordance with manufacturer’s instructions to prevent loss of contents. Authorized personnel transport the sealed container to the designated storage area. Pharmaceutical waste containers are not placed into red biohazardous waste bags or barrels. This waste will not be combined with other regulated medical waste and will be distinctly segregated from other types of waste in the storage area. Pharmaceutical waste containers are picked up by our medical waste hauler.

Controlled Substances Waste - Pharmaceutical waste classified by the federal Drug Enforcement Agency (DEA) as a “**controlled substance**” is disposed of into an approved *non-retrievable* (permanent & irreversible) pharmaceutical waste container so as to prevent unauthorized access in compliance with DEA requirements.

Pharmaceutical Sharps Waste – (includes all syringes/needle, tubexes, carpjects etc. with residual (pourable) medication)) is disposed into an approved pharmaceutical sharps waste container pre-labeled “**PHARMACEUTICAL WASTE – FOR HIGH HEAT OR INCINERATION ONLY**” on the lid and on the sides so as to be visible from any lateral direction. Syringes/Needles or other sharps device with partial medication are placed entirely into this sharps pharmaceutical waste container. The liquid medication will not at any time be ejected from the syringe/needle into the pharmaceutical waste container, sink, drain, toilet, or other improper method. When full (reaches 2/3 capacity or the manufacturer’s full line indicated on the pharm sharps waste container), the container is tightly closed in accordance with manufacturer’s instructions to prevent loss of contents. Authorized personnel transport the sealed container to the designated storage area. Pharmaceutical sharps waste containers are not placed into red biohazardous waste bags or barrels. This waste will not be combined with other regulated medical waste and will be distinctly segregated from other types of waste in the storage area. Pharmaceutical sharps waste containers are picked up by our medical waste hauler.

Household Generated Pharmaceutical Waste – (pharmaceutical waste generated at home by patients, staff etc.) Acceptance of household pharmaceutical waste is not recommended, however if household pharmaceutical waste is accepted, it is only accepted from our patients or staff. Any patient information will be completely defaced prior to disposal. The pharmaceutical waste will be placed into the appropriate waste pharmaceutical waste container. If pharmaceutical waste is not accepted, staff may direct the patient to the LA County S.A.F.E. Centers website for disposal locations: www.lacitysan.org/solid_resources/special/hhw/safe_centers/

NOTE: Controlled Substances of any kind are not accepted from patients or staff.

NOTE: Empty medication vials or bottles that are intact (not broken) may be placed in the regular trash (excluding chemo containers). Broken glass must go into a sharps container.

Trace Chemotherapy Waste – (includes materials which previously contained or had contact with chemotherapeutic agents including tubing, empty bags, bottles, vials, syringes, gloves, masks, gowns and wipes, any materials used to clean up small spills or are otherwise contaminated through incidental contact. Containers which previously held chemo agents are considered Trace Chemo if “**empty**”. A container is considered “**empty**” if the container or inner liner removed from the container has been emptied by the generator as much as possible, using methods commonly employed to remove waste or material from containers or liners, so that the following conditions are met:

- No material can be poured or drained from the container or inner liner when held in any orientation, including, but not limited to, when tilted or inverted.
- No material or waste remains in the container or inner liner that can feasibly be removed by scraping.

Trace chemo waste is placed into an approved yellow trace chemotherapy sharps or non-sharps container, as appropriate, pre-labeled "**TRACE CHEMOTHERAPY WASTE - INCINERATION ONLY**" on the lid and on the sides so as to be visible from any lateral direction. When full (reaches 2/3 capacity or the manufacturer's full line indicated on the waste container), the container is tightly closed per the manufacturer's instructions then transferred to the designated storage area by authorized personnel. Trace Chemo waste containers are not placed into red biohazardous waste bags or containers. This waste will not be combined with other regulated medical waste and will be distinctly segregated from other types of waste in the storage area. Trace Chemo waste containers are picked up by our medical waste hauler.

"Bulk" Chemotherapy & Resource Conservation and Recovery Act (RCRA) Hazardous Waste – (includes, but is not limited to, any chemo waste greater than a trace amount, such as full or partially full bags, bottles, vials, or syringes as well as containers which previously held chemo agents if the liquid residue remaining can be poured or the solid material can be removed by scraping.) Unless otherwise classified, unused or otherwise unwanted (e.g. expired) "Bulk" Chemo agents are returned to the vendor whenever possible; or are classified as RCRA Hazardous Waste and are placed in approved black RCRA containers pre-marked "**RCRA HAZARDOUS WASTE – INCINERATION ONLY**". This waste will not be combined with other regulated medical waste and will be distinctly segregated from other types of waste in the storage area. RCRA Hazardous Waste containers are picked up by our hazardous waste hauler separately from medical waste per the regulations.

Pathology Waste – (includes, but is not limited to, human surgical specimen or tissue waste that has been fixed (e.g. with formalin)) is placed within a pathology waste container that is rigid with a tight fitting lid and labeled "**PATHOLOGY WASTE - INCINERATION ONLY**" with the international biohazard symbol on the lid and on the sides so as to be visible from any lateral direction. The pathology container is lined with an approved biohazardous waste bag pre-marked with the international biohazard symbol. When full the bag is twisted and securely tied to prevent leakage or expulsion of contents. Authorized personnel transport the pathology container to the designated storage area in a manner that prevents accidental release and contamination. This waste will not be combined with other regulated medical waste and will be distinctly segregated from other types of waste in the storage area. Pathology waste is picked up by our medical waste hauler.

This facility does NOT produce medical waste which contains or is comprised of recognizable anatomical remains.
This facility does NOT produce mixed waste containing hazardous or radiological materials.

Indoor Storage Area (e.g. Soiled Utility Room)

The indoor storage area shall be either locked or be under direct supervision or surveillance so as to deny access to unauthorized persons. These areas shall be marked with the international biohazardous symbol warning signs on, or adjacent to, the exterior of entry doors, gates, or lids; or with the signage as identified for Outside Storage Areas. The area is routinely monitored for compliance. Biohazardous waste barrels are exchanged with clean empty barrels by our medical waste hauler at the time of pick-up.

Outside Storage Area

All outside medical waste storage areas are secured with a lock and are marked:

**"CAUTION-BIOHAZARDOUS WASTE STORAGE AREA-UNAUTHORIZED PERSONS KEEP OUT
CUIDADO-ZONA DE RESIDUOS-BIOLÓGICOS PELIGROSOS-PROHIBIDA LA ENTRADA A PERSONAS NO AUTORIZADAS"**

Enclosures are designed so as to provide medical waste protection from animals and natural elements and as not provide a breeding place or a food source for insects or rodents. The area is routinely monitored for compliance. Biohazardous waste barrels are exchanged with clean empty barrels by our medical waste hauler at the time of pick-up.

Record Retention

Clinics are responsible for maintaining a Medical Waste "Binder". This binder is to include copies of their current Medical Waste Generator Permit (CDPH or other local enforcement agency), when applicable, a current copy of this Medical Waste Management Plan, completed site-inspection checklists and copies of the medical waste tracking, treatment and shipping documents. Medical waste tracking, treatment and shipping documents pertaining to the treatment, transport and disposal of medical waste must be maintained at the clinic of generation for **three years**. Only authorized personnel are permitted to sign Medical Waste Tracking documents. Authorized personnel are those who have a current Certificate of Completion for the applicable UCLA Medical Waste Management Training outlined in this plan.

Training

Per the Department of Transportation (DOT) Code of Federal Regulations, Title 49, a Hazardous Materials (HAZMAT) employee is one who generates; handles; or offers for transportation regulated medical waste; or who signs medical waste shipping documents. These HAZMAT employees must have a current Certificate of Completion for the applicable UCLA Medical Waste Management Training in accordance with the Code of Federal Regulations, Title 49, Subpart H – Training, Section § 172.700-172.704. This training shall pertain to Medical Waste and include General Awareness/Hazard Communication, Function-Specific, Safety, Emergency Response and Security Awareness. Training shall include a written test and a certificate of completion. The employer shall retain records of current training certificates for each employee for the life of their employment as a HAZMAT employee and 90 days thereafter.

Initial training - a new employee; or an employee who changes to a HAZMAT job functions, may perform HAZMAT job functions before completing training provided:

- The employee does so under direct supervision of a properly trained and knowledgeable HAZMAT employee; and
- Training is completed within 90 days of employment or change in job function.

Recurrent training - is required once every **three years** from the actual date of training and as needed.

Medical Waste Champion(s)

Clinics are responsible for designating a Medical Waste Champion to oversee their medical waste management processes. Responsibilities of the Medical Waste Champions include, but are not limited to:

1. Ensuring that waste processes are compliant with the contents of this Medical Waste Management Plan.
2. Ensuring Medical Waste Tracking Documents are signed by authorized personnel only, if applicable.
3. Ensuring the Medical Waste Generator Permit fees are reviewed and paid promptly, if applicable.
4. Completing routine site inspections using the Medical Waste Self-Inspection Forms.
5. Maintaining the clinic's Medical Waste Management 'Binder' which should include:
 - Copies of Medical Waste Tracking Documents for the previous 3 years, if applicable.
 - Copy of current Medical Waste Generator Permit, if applicable.
 - Copy of current [Ambulatory Medical Waste Management Plan](#).
 - Copies of completed [Medical Waste Site-Inspection Checklists](#).
6. Ensuring the clinic is set up to receive the medical waste reports from the medical waste hauler, if applicable. (e.g. [Medical Waste reports](#) from Stericycle)
 - Review these reports at least monthly for any abnormalities, if applicable.
 - To register for the Stericycle Report go to: <https://ebpp.documentdna.com/stericycle/>
7. Reviewing and updating the Medical Waste Management Plan at least annually and as needed.
8. Conducting quarterly site inspections using the [Medical Waste Site-Inspection Checklist](#).
9. Preparing for and participating in annual CDPH or other local enforcement agency site visits, if applicable.*
**Required for Large Quantity Generators. (≥ 200 lbs of medical waste in a calendar month)*
10. Contacting [UCLA Health Ambulatory Safety](#) for assistance as needed.

Emergency/Spill Response

In case of a medical waste spill or release, authorized personnel will implement the department's spill/release protocol and utilize the applicable spill response materials (e.g. bodily fluid spill kit, chemo spill kit, solidifier, disposable scoop & scraper for sharps, gloves, gown, Clorox Healthcare Bleach or other approved disinfectant etc.) Spill response materials will be used in accordance with manufacturer's instructions. Managers are responsible for ensuring that staff members have access to spill response materials and have been trained regarding spill response procedures for any materials for which they may be exposed (e.g. chemo agents, blood, bodily fluids etc.) If the spill or release is too large to be handled internally, clear the area and dial 911. All spills involving hazardous or infectious materials must be reported online via the [FPG Event Reporting System](#) and directly to [UCLA Health Ambulatory Safety](#) as soon as possible:

- Event Reporting Website: <http://eventreporting.mednet.ucla.edu/>
- UCLA Health Ambulatory Safety Division
Carolyn Genovese, Senior Safety Specialist & Program Manager
Email: cgenovese@mednet.ucla.edu
Phone: (310) 267-9884

Contingency Plan

In the event that our medical waste hauler is unable to provide regular service for this facility the steps listed in the Emergency Action Plan below shall be implemented as needed.

Emergency Action Plan:

- Contact UCLA Ambulatory Safety for guidance. Email: cgenovese@mednet.ucla.edu
- Stop activities that generate medical waste until medical waste hauler services are restored.
- Attempt to secure the services of an alternate contractor who may be able to transport and dispose of waste until regular service is restored. Reference the CDPH Medical Waste Management Division list of Approved Facilities: www.cdph.ca.gov/certlic/medicalwaste/Pages/TransferTreatment.aspx
- Make necessary arrangements to transport sealed containers in vehicles with isolated cabs, and which comply with Department of Transportation (DOT) regulations to the approved alternative contractor's designated facility.
- Other: (specify department specific protocol below)

Closure Plan/Termination of Medical Waste Generation

In the event this clinic closes; relocates; or will otherwise no longer be generating medical waste, whether permanent or temporary, the clinic shall ensure that all medical waste has been properly disposed of in accordance with the regulations and that all soiled reusable medical waste containers have been thoroughly disinfected and all biohazard labels removed thereby rendering the property to an acceptable sanitary condition.

Medical Waste Management Plan

This Ambulatory Medical Waste Management Plan is required for each UCLA ambulatory clinical operation that generates any amount of medical waste not covered under an existing UCLA Medical Waste Management Plan. This plan shall be completed, implemented and maintained by the designated clinic representative (e.g. Manager). This plan shall be reviewed and updated at least annually and a copy shall be made readily available to all staff and regulatory agencies. UCLA Health Ambulatory Safety will review and maintain the content of this plan as it pertains to any changes in the regulations or standards on an annual basis and as needed. Failure to comply with the contents of this plan may result in regulatory violations/fines and UCLA disciplinary action.

Verification of Information

I hereby certify that the information contained in this plan is complete and accurate to the best of my knowledge.

Print Name _____ Title _____ Date _____
(e.g. Clinic Manager)

Signature _____

Resources & References

- [UCLA Health Ambulatory Medical Waste Management Program](#) website
- Stericycle Online Medical Waste Manifest and Shipping Paper Archive
<https://ebpp.documentdna.com/stericycle/>
- Medical Waste Management Act - January 2015
<http://www.cdph.ca.gov/certlic/medicalwaste/Documents/MedicalWaste/2013/MWMAfinal2015.pdf>
- CDPH Medical Waste Management Program List of Approved Waste Treatment Facilities
<http://www.cdph.ca.gov/certlic/medicalwaste/Pages/TransferTreatment.aspx>
- LA County S.A.F.E. Centers website for household medical waste disposal locations
www.lacitysan.org/solid_resources/special/hhw/safe_centers/