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Coalinga State Hospital

OPERATING MANUAL

SECTION - EMERGENCIES
ADMINISTRATIVE DIRECTIVE NO. 366
(Replaces A.D. No. 366 dated 3/16/06)

Effective Date: June 14, 2007

SUBJECT: HAZARDOUS MATERIALS/WASTE MANAGEMENT PROGRAM

I. PURPOSE

The policy of Coalinga State Hospital (CSH) is to protect the welfare of employees, Individuals, visitors, volunteers, and the community environment through the proper handling, labeling, storing, using, and disposing of hazardous materials and wastes. Implementation of this policy is the joint responsibility of employees, supervisors, managers, and the hospital.

II. AUTHORITY

Code of Federal Regulations, Title 29, Section 1910 Subpart H; California Labor Code, Division 5, Chapter 2.5; California Health and Safety Code, Division 20, Chapter 6.95, Section 25500-25547; California Code of Regulations, Title 22, Sections 71647, 71649, 71651, 71653, 73641, 73643, 73645, and 73647.

III. POLICY

- A. A hazardous material is any material that, because of its quantity, concentration, or physical or chemical characteristics, poses a significant present or potential hazard to human health and safety or to the environment.
- B. A hazardous waste is a used hazardous material that because of its quantity, concentration, or physical, chemical, or infectious characteristics may do either of the following:
 - 1. Causes or significantly contributes to an increase in serious irreversible illness or death; or
 - 2. Poses a substantial hazard to human health or the environment when improperly treated, stored, transported, or disposed of.

IV. METHOD

- A. CSH is required to submit a Business Plan every three years and an annual inventory of all hazardous materials and wastes to Fresno County.

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- B. Business Plan and/or inventory must be amended whenever there is a significant change in operations or in hazardous materials and wastes kept on hospital grounds.
- C. The Business Plan and inventory shall be the responsibility of the Plant Operations Department, specifically to the Associate Hazardous Material Specialist (AHMS). Copies shall be distributed to the Health and Safety Department, Police Services, Fire Services and, upon request, any Standardized Emergency Management post as defined by the Standardized Emergency Management System.

V. HAZARDOUS MATERIALS REQUIRING CLEARANCE

A. Supervisor's Clearance:

All hazardous materials shall be approved for use by the supervisor prior to the hazardous material being allowed on hospital grounds. The supervisor shall be responsible for reviewing the Materials Safety Data Sheets (MSDS) and handling instructions to ensure use is appropriate in the work area.

B. Plant Operations Department's Clearance:

1. The AHMS must approve all hazardous materials that meet one or more of the following conditions for use prior to the hazardous material being allowed on hospital grounds.
 - a. The quantity of the hazardous material is equal to or greater than 55 gallons of liquid, 500 pounds of a solid, and/or 200 cubic feet (at standard pressure and temperature) of compressed gas.
 - b. The hazardous material has a hazard rating of 3 or higher.
2. To receive clearance, the MSDS and handling instructions must be presented for each product in order to determine if facility use is appropriate, as follows:
 - a. Hospital Staff:

The supervisor shall be responsible for contacting the AHMS for all hazardous materials requiring clearance as defined above in Section V, Subsection B.
 - b. Outside Contractors:

The Project Coordinator shall be responsible for contacting the AHMS for all hazardous materials requiring clearance as defined above in Section V, Subsection B.

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VI. HAZARDOUS MATERIALS AND WASTE MANAGEMENT PROGRAM

A. MSDS:

All hazardous materials and wastes in the hospital shall have a current, legible, and complete MSDS readily accessible during each work shift to employees when they are in their work area(s). MSDS shall be kept in a binder with an alphabetically arranged index.

B. Training is provided in accordance with A.D. No. 362, Section V.

C. Handling:

1. Each employee is responsible for being knowledgeable regarding the product label and MSDS for each hazardous material used in their work area(s) and using all required personal protective equipment. If such equipment is not available, employees shall notify their supervisor and defer use until specified equipment is available.
2. Every attempt to substitute a less hazardous material for the one being used shall be made.
3. Concentrated cleaning materials shall never be allowed in an Individual's possession.
4. Never mix any chemicals or any cleaning compounds with any other chemicals or cleaning compounds.

D. Transportation:

1. Only employees who have received Hazard Communication training from the appropriate MSDS and their supervisor shall do transporting of hazardous materials and wastes in the hospital. Hazardous materials and wastes shall be transported inside approved containers, under the direction of the AHMS.
2. Transportation shall be done in a manner and time that will minimize the risk of accidental exposure to Individuals, employees, visitors, and volunteers.

E. Exposures:

1. In the event of exposure to a hazardous substance, the employee shall be taken to the Urgent Care Room with a copy of the MSDS to determine necessary treatment.

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2. In the event of chemical exposure to the eyes, treatment such as eyewash shall be started immediately, while the MSDS and Urgent Care Room staff is consulted to determine necessary treatment.
3. Additional sources of information for hazardous substances are Chemtrec at 1-800-424-9300 (Emergency Number) and www.chemtrec.com, and the Regional Poison Control Center at 1-800-662-9886.
4. A copy of the MSDS shall be attached to the Supervisor's Referral for Evaluation of Employee Injury/Illness form at the time the report is forwarded to the Health and Safety Department.

F. Exposure Records Requirements:

1. The hospital shall maintain records of any employee exposed to hazardous materials or hazardous wastes for the duration of their employment plus thirty (30) years. The record of exposure shall be kept in the Occupational Health Clinic file (which shall be flagged during the term of the employee's employment).
2. The supervisor shall refer any employee exposed to hazardous materials or hazardous wastes to the Urgent Care Room immediately upon becoming aware of such exposure. A copy of the MSDS shall accompany the employee who received the exposure.

G. Emergencies and Spill Procedures:

1. Isolate spilled material. If the spill can be minimized or contained without exposing Individuals, employees, visitors, or volunteers to risk, it is appropriate to do so by placing barriers or up-righting the container.
2. Spills shall be cleaned according to the procedures provided on the MSDS.
3. If the spill is beyond the abilities/training of staff at the site, or poses an immediate threat to life or health, or a threat of damage to equipment, building, or environment, the individual discovering the release or threatened release shall immediately call CSH's emergency number, 7119. Fire Services, the AHMS, and the Health and Safety Department will be notified. These departments shall enact the Facility Hazardous Materials Emergency Response Team in accordance with the Emergency Preparedness Manual for Disclosure of Hazardous Materials.

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H. Evacuation:

If a spill, leak, or release of a hazardous material or waste presents a potentially dangerous situation, the area shall be evacuated immediately, using the evacuation route map located in each area.

I. Proper Containers and Labeling:

All hazardous materials and wastes used in the hospital shall be kept in proper containers designed for that purpose and shall be labeled. The labels contain information regarding the identity of the hazardous materials, hazard warnings, and the name and address of the manufacturer.

J. Storage:

1. Hazardous materials and wastes shall be stored in approved containers with proper labeling.
2. Incompatible materials shall not be stored together.
3. Only the absolute minimum required for the work area's immediate needs shall be ordered and stored.

K. Gaseous Materials:

Compressed gas cylinders shall be securely double-chained or kept in closed, secure cages during storage and use, inspected regularly by an employee in the work area in which the cylinders are stored or used, and returned to the distributor after use.

L. Flammable Liquids:

1. Use of flammable liquids shall be kept to an absolute minimum. Flammable liquids shall be purchased in the smallest quantity to minimize spilling and the need for special handling.
2. Whenever possible, storage shall be in metal or plastic to reduce the chance of breakage. Spring-loaded-top safety cans are preferred for storage of small amounts. Flammable liquid storage cabinets shall be used for larger amounts.
3. All containers of flammable liquids shall be properly labeled (including specific danger).
4. There shall be no smoking in any area where flammable liquids are stored or used.

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5. Small spills shall be cleaned immediately using the information provided on the MSDS. They shall be absorbed with proper material(s), then collected in a sealed bag or container and handled as flammable hazardous waste. (Spill procedures outlined in Section VI, Subsection A-6 shall be utilized.)
6. If the spill is beyond the abilities/training of staff at the site, see Section VI, Subsection A-6-c. Area staff shall be responsible for evacuation of the immediate area and proper notifications.
7. Flammable liquids and paints and any other highly flammable materials are not permitted on the units.

VII. ACCUMULATION AND DISPOSAL OF HAZARDOUS WASTES

Do not dispose of hazardous waste in the ground, down the drain, or in the waste can. Always dispose of it through the hazardous waste contractor via the associate hazardous materials specialist.

A. Accumulation of Hazardous Wastes in Satellite Areas:

Employees are absolutely prohibited from dropping off hazardous waste at a satellite accumulation area that is not work related and/or that is done without the knowledge and approval of the employee responsible for the satellite accumulation area.

1. The satellite accumulation area has been approved by the AHMS.
2. The waste is accumulated at the initial accumulation point, which is at or near the waste generation area.
3. Upon reaching 55 gallons or within 3 months after the first drop of hazardous waste goes in the container, whichever is first, the waste is moved to the Corporation Yard.
4. While accumulated at the satellite location, the hazardous waste is labeled as follows:
 - a. Initial date of waste accumulation.
 - b. The words "Hazardous Waste".
 - c. The chemicals composition and physical state.
 - d. A statement of hazardous properties (e.g. flammable, reactive).
 - e. The name and address of the generator.

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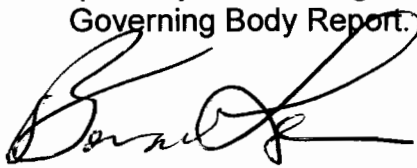
5. While accumulated at the satellite location, the hazardous waste meets the following container management requirements:
 - a. Containers shall be compatible with the waste stored.
 - b. Containers shall be inspected at least weekly for leaks or deterioration.
 - c. Containers shall be closed except when adding or removing waste.
 - d. Incompatible materials shall be separated.
 - e. The waste shall have secondary containment.

B. Disposal of Waste:

1. The AHMS shall arrange with a licensed, contracted transporter for removal of accumulated hazardous wastes at least quarterly.
2. Asbestos containing materials shall be disposed of in accordance with procedures outlined in Federal Register, Volume 44, No. 106. The process is coordinated by Plant Operations.

VIII. EVALUATION OF ACTIVITIES AND EFFECTIVENESS

The AHMS shall monitor, evaluate, and recommend policies and procedures regarding hazardous materials and wastes. A summary report shall be included in the quarterly Risk Management report and any significant findings shall be included in the Governing Body Report.



BEN MCLAIN
Executive Director (Acting)

Cross Reference(s):

A.D. No. 362 Hazard Communication Program
A.D. No. 818 Contraband
A.D. No. 979 Hospital Health and Safety Program
Nursing Procedure Manual
Infection Control Manual