



- •A Brief history of RCRA and Healthcare
- •RCRA as it applies to Healthcare
- Generator Size and State
- •Formulary
- •Returns Program
- Satellite Accumulation
- Waste Streams
- Containers
- Education
- Coding Systems



# A brief History of RCRA and Healthcare

- Pre RCRA Waste Disposal
  - \* Where was the "Hazardous" waste going?
  - \* Regulations?
  - \* U.S. Society of Civil Engineers
  - \* U.S. Public Health Service
- \* 1965 brought about Solid Waste Disposal Act
  - \* Amendment in 1976 became known as RCRA
  - \* Guidelines and definitions of waste are now found
  - Set up a system for proper disposal of waste

## RCRA as it applies to Healthcare

- \* Waste Characterization / Waste Determination
- \* Generator Status
- \* Training
- \* SAA Management and Inspection
- \* MAA Management and Inspection
- \* Shipping
  - Land Disposal Restriction
  - \* Manifest / Waste Codes / P-Listed Waste

## What are folks doing?

#### 3 - 5 years ago

- I. Questioning Regulation / Does this actually apply to me?
- II. Worrying about Large / Small Quantity generator status
- **III.** Waiting for others to start
- IV. Seeking insight from Federal / State / and Local regulators

#### 2 - 3 years ago

- Reviewing if they actually have hazardous waste relating to medication waste
- II. Still waiting for others to get started
- III. Began evaluating existing "formulary"

## What are folks doing?

#### 1 - 2 years ago

- I. Digging in on their "formulary"
- II. Learning about how their "reverse distribution" program really works
- III. Selecting SAA's
- IV. Training nurses, Pharmacy, Environmental

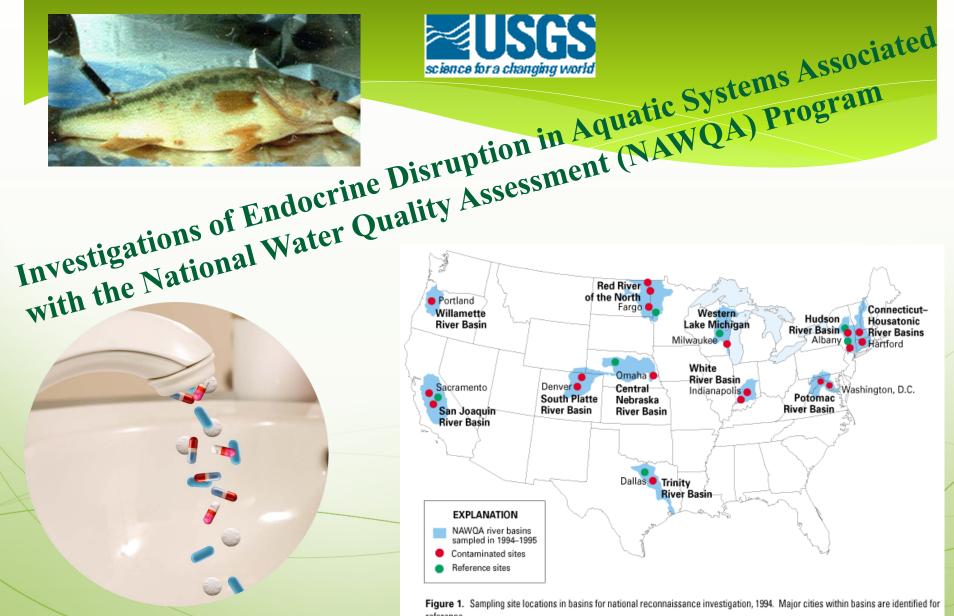
#### Past 6 months - Today

- Revising their formulary / Reacting to exemptions and new requirements
- II. Purchasing less
- III. More Training / New Policies and Procedures
- IV. Infection Control Issues

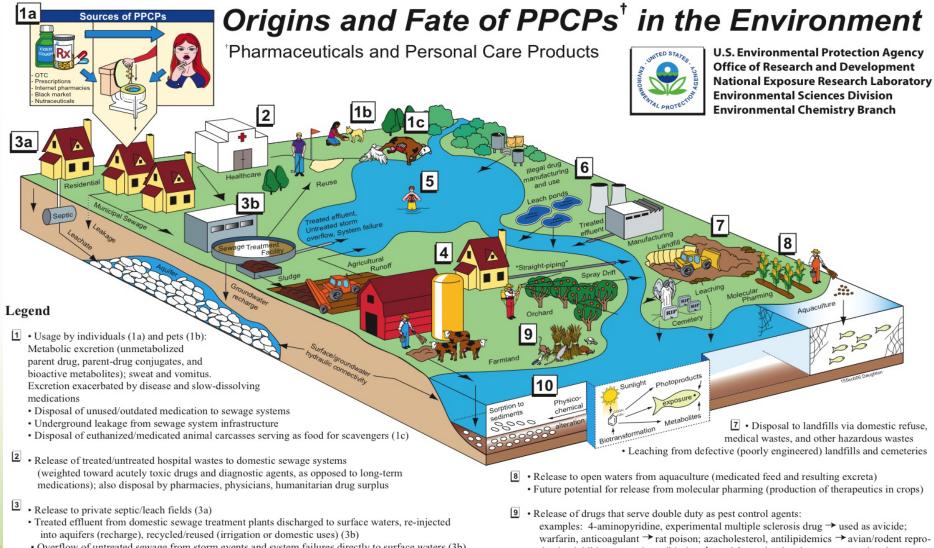
# Pharmaceutical Waste Collection







reference.



- · Overflow of untreated sewage from storm events and system failures directly to surface waters (3b)
- Transfer of sewage solids ("biosolids") to land (e.g., soil amendment/fertilization)
  - "Straight-piping" from homes (untreated sewage discharged directly to surface waters)
  - Release from agriculture: spray drift from tree crops (e.g., antibiotics)
  - Dung from medicated domestic animals (e.g., feed) CAFOs (confined animal feeding operations)
- Direct release to open waters via washing/bathing/swimming
  - · Discharge of regulated/controlled industrial manufacturing waste streams
  - Disposal/release from clandestine drug labs and illicit drug usage Christian G. Daughton, U.S. EPA-Las Vegas

- ductive inhibitors; certain antibiotics  $\rightarrow$  used for orchard pathogens; acetaminophen, analgesic → brown tree snake control; caffeine, stimulant → coqui frog control
- Ultimate environmental transport/fate:
  - · most PPCPs eventually transported from terrestrial domain to aqueous domain
  - phototransformation (both direct and indirect reactions via UV light)
  - · physicochemical alteration, degradation, and ultimate mineralization
  - · volatilization (mainly certain anesthetics, fragrances)
  - · some uptake by plants
  - respirable particulates containing sorbed drugs (e.g., medicated-feed dusts)

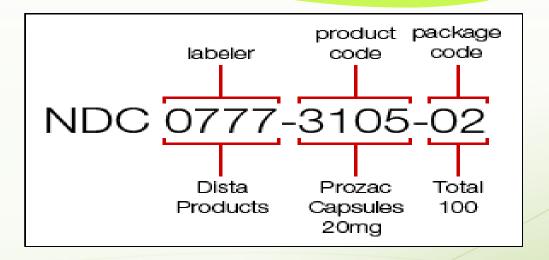
#### Generator State and their size

- Large Quantity Generators
- 2. Small Quantity Generators
- Conditionally Exempt SQG's
- 4. State-specific exceptions & exclusions



# Formulary Review / Waste Characterization

- \* Identification Phase
  - On Formulary
  - Off Formulary
  - Special Items



# National Drug Code (NDC)

## Reverse Distribution Review

- 1. Critical understanding of existing program
- 2. Reduction of liability in existing program
- 3. Additional fact-finding step



#### **Credit or No Credit?**





## Satellite Accumulation Areas

- Identifying SAA Locations
- 2. Analyzing work flow
- 3. Ease of use
- 4. One bucket program



### Pharmaceutical Waste Streams

- \* Pharmacy
- Nursing Units
- High Risk Areas
  - \* OR, ER, PACU, ICU
- \* Off-Site Clinics
- Nursing Homes
- \* Animal Facilities

\*\*P-Listed
D-Listed

**U-Listed** 

**DEA Regulated Material** 

Chemotherapy

### Waste Container Choices

\* How do I choose a waste container that is most appropriate for my program?

- \* Size
- \* Location
- \* Simplicity
- \* Color
- \* Access to the opening



## **Employee Education**

- \* What are my training requirements?
  - \* Small Quantity Generators
  - \* Large Quantity Generators
    - \* (RCRA)

- \* Pharmacy
- \* Environmental Services
- \* Nursing



## Educational Bonuses / Coding Systems

- \* Brainstorm how to best educate and keep staff organized and involved.
  - Automated Pharmacy machines (Pyxis, Omnicell)
  - Color Coded marking
  - Bar Coding Systems
  - Visual Signage and Labels



## Key Inspection Items

- Have you characterized your formulary / and other important lists?
- ☐ Have you completed a waste determination for all of it?
- ☐ Do you utilize Reverse Distribution and is it being used correctly?
- □ Have you developed specific waste streams? Are these steams chemically compatible?
- Do your waste containers / SAA's meet compliance?
  - Do your labels and signage meet regulatory requirements?
- ☐ Have you determined who needs training in their organization?
- Have you performed training and tracked who was trained?
- Are you actually in the collection phase?
- ☐ Are you performing inspections of your SAA's?



## Key Inspection Items

- ☐ Do you have a mechanism for transporting from SAA to MAA?
- ☐ Are you properly storing their pharmaceutical waste appropriately in the MAA?
- ☐ Are you following your shipment timelines as applicable to your generator status?
- ☐ Are you managing their P-Listed waste according to your generator status?
- Have you addressed all areas of the hospital?
- Are you completing your MAA inspection?
- Have you completed and are you following your own internal policies and procedures?
- Do you have a method of learning new information? Exceptions / Regulations?
- ☐ Are you up to date with all of their training / training records?



## Thank You

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