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What are Hospitals doing and when did they get started?

2000

EPA starts conducting water quality studies

Results were atypical (Found higher than anticipated levels of endocrine and hormone disruptors, Bisphenol A, and pharmaceuticals

Sent out a statement of findings and continued research

5 years ago

Began completing the studies that were started in 2000

Started to ask questions (Who What Where Why When)

Fingers started pointing to Healthcare for the answers



What are Hospitals doing and when did they get started?

<u>3 - 5 years ago</u>

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

2 - 3 years ago

Reviewing if they actually have hazardous waste relating to medication waste

Still waiting for others to get started

Began evaluating existing "formulary"



What are Hospitals doing and when did they get started?

1 - 2 years ago

Digging in on their "formulary"

Learning about how their "reverse distribution" program really works

Selecting SAA's

Training nurses, Pharmacy, Environmental

Past 6 months - Today

Revising their formulary / Reacting to exemptions and new requirements

Purchasing less

More Training / New Policies and Procedures



Five Factors When Building a Program

- 1. Simplicity
- 2. Safety
- 3. Compliance
- 4. Education
- 5. Cost





Pharmaceutical Waste Management Summary

- 1. Generator Size / State
- 2. Pharmacy Formulary
- 3. Pharmacy Returns Program
- 4. Physical SAA locations (Satellite Accumulation Areas)
- Waste Streams (Hospital Specific)
- 6. Containers
- 7. Employee Education
- 8. Pharmacy Characterization Code



Generator Size & State

- 1. Large Quantity Generators
- 2. Small Quantity Generators
- State-specific exceptions & exclusions





RCRA Generator Status

■ CESQG*

- Less than 100 kg/month
- No accumulation limit up to 1,000 kg

■ SQG*

- Between 100-1,000 kg/month
- 180-day accumulation limit

∠ LQG*

- Greater than 1,000 kg/month
- 90-day accumulation limit
- Most stringently regulated



Formulary Review

- Triumvirate's database
- Identification phase
- Identifying other lists of materials

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CHLORAL HYDRATE	121053205	Chloral Hydrate 500 mg / 5 mL UD Cup
CHLORAMBUCIL	173063535	Leukeran 2 mg Tab
CHLORPROMAZINE HCL	641139835	CHLORPROMAZINE HCL INJ 50MG/2 ML
COLLODION	574056004	Collodion 120 mL Bottle
CYCLOPHOSPHAMIDE	54412925	Cytoxan 25mg Tab
	10019095501	CYCLOPHOSPHAMIDE INJ 500MG
EPINEPHrine	548906100	Epinephrine 1mg/mL;30mL Vial
EPINEPHrine HCL	409724101	Epinephrine 1:1000 1mg /1mL



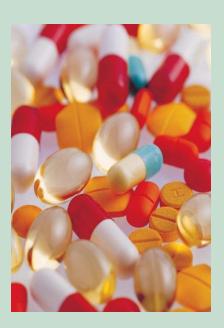


Reverse Distribution Review

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









Satellite Accumulation Areas

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





Waste Streams

- Nursing Locations & Nursing Units **P-Listed
 Easy one bucket system
- 2. Pharmacy
 - Customized System
- Other Areas
 - Emergency Rooms
 - Operating Rooms
 - Etc.

U-Listed

D-Listed

Chemotherapy

DEA Regulated Material



Container Choices

How do I choose a waste container?







Employee Education

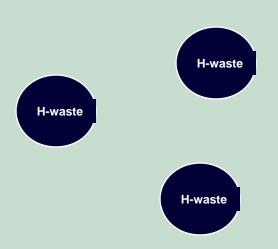


- Pharmacy
- Nursing
- Individuals responsible for pickups and inspections
- Provider does pickups



Pharmacy Characterization Coding

- 1. Pyxis / Omicell
- 2. Color-coded markings
- 3. Visual signage and labels







Five Factors to Remember

- 1. Simplicity
 - One Bucket System
- 2. Safety
 - Non-reusable containers
- 3. Compliance
 - Compatibility, SAA's, Survey's
- 4. Education
 - Focused, Hospital specific training
- 5. Cost
 - Waste minimization, shipping in larger quantities, etc.





Thank you for your Time

■ Questions?

Please email or call

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