

FEE SHEET FOR MEDICAL WASTE PERMITS

ADEM No.: 15088

Applicant: Southeast Health Medical Center

Location: 1108 Ross Clark Circle

Dothan, AL 36301

County: 69

State: Alabama

Permit No.: TRTS050200-3501

Date Application Received: 12/01/25

Permit Fees Required	Initial Issuance	Modification	Reissuance	Total
New Technology Review	\$10,205	-	-	
Commercial Treatment Facility	\$16,460	\$7,280	\$9,180	\$9,180
Commercial Transportation of Medical Waste	\$3,490	\$1,460	\$2,035	
Storage of Untreated Medical Waste	\$2,630	\$665	\$1,960	

Additional Fees				
Geological Review	\$4,865	\$3,275	\$3,275	
Solid Waste Disposal Notification	\$215	\$215	\$215	
Greenfield Fee	\$1,610	-	-	
Variance Request	\$1,460	-	-	

RECEIVED

DEC 09 2025

**ADEM
EDDS**

Conf/Check No.: 605382

Total Fee Due: \$9,180

Amount Submitted with Application: \$9,180

Amount Received:

Amount to be Billed:

Permits & Services

Amount Received: \$9,180

Date Received: 12/09/2025

Amount to be Refunded:

ADEM Fund Code: 422

Ch "605382"

Fee Schedule Prepared by: ASP X7703

Date: 12/09/25

Fee Schedule Reviewed by:

Date:

Southeast Health
1108 Ross Clark Circle
Dothan, AL 36301

Vendor # 242
ADEM

N^o

605382

P.O. NUMBER	INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
	12/01/25	15088	9,180.00	0.00	9,180.00
Totals:			9,180.00	0.00	9,180.00

PAYMENT AMT: 9,180.00

WARNING - THIS CHECK IS PROTECTED BY SPECIAL SECURITY GUARD PROGRAM™ FEATURES

PNC Bank, N.A.

60 - 162/433

N^o

605382

001



DATE

Dec 5, 2025

CHECK AMOUNT

\$9,180.00

NINE THOUSAND ONE HUNDRED EIGHTY AND 00/100 DOLLARS***

PAY TO THE ORDER OF ADEM

ADEM

PO BOX 301463

MONTGOMERY, AL 36130



Authorized Signature



Medical Waste Treatment Permit Application

(Print or Type)

A. Treatment Facility Identification:

Name of facility: Southeast Health
Contact person: Oscar George Jr.
Title of contact person: CEP Supervisor Email Address: ogearge@SoutheastHealth.org
Mailing address: P.O. Box 6987

City: Dothan State: AL Zip Code: 36302
Business address: 1108 Ross Clark Cir.

City: Dothan State: AL Zip Code: 36301

Business telephone number: (334) 793 - 8714

Emergency/after-hours number: (334) 793 - 8774

Has medical waste been previously treated at this site? Yes ☒ No ☐

If yes, what type of technology was utilized? Sterilization

What date did the last waste treatment occur? _____

Name and mailing address of property owner if different from applicant:

Name of property owner: _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____

Owner's telephone number: (____) _____ - _____

B. Permit Status: (Check one)

☐ First Application

☒ Permit renewal: Permit No. TRTS 050200-3501

Expiration date of current permit: 2/17/2026

☐ Permit Modification: Provide a narrative description of the modifications sought, listing the Section(s) of the existing permit to be modified, and the rationale for the request to modify the permit.

C. Treatment Method:

1. Steam Sterilization

Cycle Operating Parameters: 55 Minutes; 275 °F Temp; Pressure, 40 psi

2. Other Treatment Method: (Specify, include Letter of approval)

D. Attachments: (The application will not be reviewed unless all attachments are submitted)

1. Medical Waste Management Plan
2. Applicable fees
3. A detailed floor plan of the facility showing all handling, storage and treatment equipment.
4. List equipment (including shredders) utilized in treatment of medical waste. Include model numbers, manufacturers, number of years in use, certifications, number of pieces, etc. (Attach sheets as necessary)

[Note: ADEM Form 412, Medical Waste Treatment Permit Application, is not complete without payment of all the appropriate fees specified in Chapter 335-1-6 of the ADEM Administrative Code.]

DI. Certification: (To be signed by a responsible official)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature:

Oscar George Jr

Typed name:

OSCAR GEORGE JR

Official Title:

Central Energy Plant Supervisor

Date:

11/21/2025

Please submit two copies of each Application and attachments to:

Alabama Department of Environmental Management

(Mailing Address):

Environmental Services Branch

Land Division

P.O. Box 301463

Montgomery, AL 36130-1463

(Street Address):

Environmental Services Branch

Land Division

1400 Coliseum Boulevard

Montgomery, AL 36110-2059

Phone: 334-271-7984

Fax: 334-279-3050

Make all checks payable to the Alabama Department of Environmental Management



HAZARDOUS MATERIALS AND WASTE MANAGEMENT PLAN

DEPARTMENT: HAZARDOUS MATERIAL	REVISION DATE: 12/15/2025
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Purpose:

To establish protocols for the proper handling, storage, distribution, usage and disposal of hazardous chemicals, regulated medical waste and regular trash waste for the protection of patients, personnel, visitors and the community environment.

Policy Statement:

It is the policy of Southeast Health to provide for the safe and efficient management and disposal of chemical products and regulated medical waste for the safety and security of patients, visitors and employees as well as sound management practices of the environment.

Procedures:

Objectives

1. Identify hazardous materials and waste in solid, liquid, or gaseous form, used or produced, at the Southeast Health.
2. Manage identified hazardous materials and waste through accepted practices to minimize adverse effects on patients, visitors, staff and the environment.
3. Assure that individuals who handle hazardous materials or waste are properly trained in the safe handling, usage and disposal of these materials.
4. Assure that various departments and services have adequate and proper procedures established for elimination and treatment of waste at their source, proper waste packaging, safe transport within the hospital and adequate and safe disposal systems on site and off site, as appropriate.
5. Assure that applicable federal, state and local laws and regulations, pertaining to hazardous materials and waste are met.
6. Inspect and check surveillance data and the condition of transport system, storage areas and treatment facilities to enhance safe and sanitary conditions.
7. Monitor proper labelling of identified hazardous materials and waste through periodic inspection of storage areas.



HAZARDOUS MATERIALS AND WASTE MANAGEMENT PLAN

Responsibilities

1. The disposal of antineoplastic waste is the joint responsibility of Pharmacy, Nursing Services, and Environmental Services. Pharmacy and Nursing Service personnel are responsible for placing all antineoplastic waste in the appropriate containers.
2. Biohazardous waste generated in the Pathology Department are bagged in red bags. The disposal of these red biohazard bags are the joint responsibility of the Plant Operations staff and the Laboratory staff.
3. The Department Head is responsible for:
 - Reviewing area(s) to develop a composite list of all chemicals currently being used or stored.
 - Submitting chemical inventory list to the Safety Officer along with copies of any available Safety Data Sheets.
 - Reviewing list of Departmental Hazardous Chemicals.
 - Reviewing operations to determine jobs which will require Hazardous Material Training
 - Arranging for training of all involved employees in coordination with hospital Hazardous Material Training program.
 - Notifying the Safety Officer of any changes affecting the hazardous materials being used.
 - Ensuring up-to-date records are maintained on all employees required to work with hazardous materials.
 - Reporting damaged containers or spills to the Safety Officer and/or the Engineering Department.
4. The Employee's Responsibilities include:
 - Obeying established safety rules.
 - Using personal protective equipment as required.
 - Informing your supervisor of:
 - Any symptoms of overexposure that may possibly be related to hazardous chemicals.
 - Missing labels on containers.
 - Malfunctioning safety equipment.
 - Any damaged containers or spills must be reported immediately.

General

Identification Procedures It is the responsibility of all employees of the Medical Center to notify their supervisor of any hazardous material/waste not identified in the following categories. These materials/waste must be reported to the Safety Officer for inclusion in the Hazardous Materials/Waste List. A list of hazardous materials/waste should be generated in each applicable department and a copy submitted to the Safety Officer.



HAZARDOUS MATERIALS AND WASTE MANAGEMENT PLAN

- Infectious Waste will be classified as infectious by the Infection Control Committee. At a minimum, the following will be classified as infectious:
 - Isolation Waste.
 - Cultures and stocks of etiologic agents.
 - Needles and sharps.
 - Certain waste from surgery. (Only waste from surgery that have come in direct contact with the patient, or that contain blood and/or products will be classified as infectious).
 - Surgical and Pathological specimens.
- Chemical waste at a minimum, certain chemical waste from the following departments will be classified as hazardous by the Safety Committee:
 - Nutrition and Food Services
 - Engineering
 - Grounds
 - Environmental Services
 - Laboratory
 - Laundry
 - Pathology
 - Print Shop
 - Radiology
- Radiologic Materials/Waste

At a minimum, Radiation Waste from the following departments will be classified as hazardous by the Radiation Safety Committee:

- Nuclear Medicine
- Radiology
- Gaseous Materials/Waste

At a minimum, waste gases from the following departments will be classified as hazardous by the Safety Committee:

- Anesthesia
- Central Supply
- Engineering
- Pulmonary Medicine
- Antineoplastic Materials/Waste Antineoplastic agents, waste and materials will be classified as hazardous by the Pharmacy and Therapeutic Committee, and approved by the Safety Committee.

Container Labeling



HAZARDOUS MATERIALS AND WASTE MANAGEMENT PLAN

- Infectious Materials/Waste will be contained in red bags, and infectious sharps containers will display the infectious waste symbol.
- Chemical Materials/Waste a SDS will be completed on all hazardous chemicals identifying the generic and trade name of the product.
- Radiologic Materials/Waste these will have affixed the universal radiation symbol with the words "Caution Radioactive Material".
- Gaseous Materials/Waste will have affixed the proper labeling as specified by federal, state, or local regulations. Gases will be identified as: "Flammable/Non-flammable", "Compressed Gas", "Toxic Inhalant".
- Antineoplastics- a label will be affixed stating "Caution Chemotherapy Agent. Handle With Gloves and Dispose of Properly".
- The supervisor will verify that all containers received in their department for use will have:
 - Identity of hazardous chemical
 - Appropriate hazard warnings; and
 - Name and address of the chemical manufacturer, importer, or other responsible partyHazardous Materials and Waste Management System.
- The hospital also ensures that containers of hazardous chemicals in the workplace are labeled, tagged, or marked with the identity of the hazardous chemical and appropriate hazard warning. In some cases the hospital uses signs, placards, process sheets, batch tickets, operating procedures, or other similar accessible written materials in lieu of affixing labels to individual containers.
- Portable containers of hazardous chemicals do not have to be labeled if they contain chemicals transferred from labeled containers, and which are intended only for the immediate use of the employee who performs the transfer. Chemical cannot be left in unlabeled containers.
- All labels on incoming containers must not be defaced in any way. Observation or other detection of defaced labels must be immediately reported so appropriate labels can be reapplied immediately.

Safety Data Sheets

Hazardous materials safety data sheets will be received on all hazardous materials entering the Medical Center. The department/service receiving the material for use/storage will maintain a file of SDSs for all hazardous materials received/used. A copy will be forwarded to the Safety Officer who will establish a hospital wide file of SDSs.

House-wide SDSs are available on the Inside webpage. "Online System Access"

A complete master listing of SDSs for all products used within Southeast Health and associated entities, is readily available 24 hours a day, seven days a week.



HAZARDOUS MATERIALS AND WASTE MANAGEMENT PLAN

Departments are encouraged to extract pertinent information from the SDS on each hazardous material and post on an easy to use form for reference by department personnel.

Each SDS should include the following:

1. The identity of the material as used on the label;
2. A list of appropriate hazard warnings;
3. The physical and chemical characteristics of the hazardous material;
4. The physical hazards of the material;
5. The health hazards of the material;
6. Target organ effects, if any;
7. Primary routes of entry into body;
8. The exposure limits under OSHA's Permissible Exposure Level (PEL) and ACGIH's Threshold Limit Value (TLV);
9. Determination of carcinogenicity;
10. Procedures and precautions for safe handling and use of the material;
11. Applicable work practices and personal protective equipment;
12. Emergency and First Aid procedures;
13. Date of preparation or revision of the SDSs;
14. The name and address of the chemical manufacturer, importer or other responsible party.

Hazardous Materials Storage Floor Plan

A master floor plan of hazardous materials storage areas should be produced in each applicable department/service area. The original will be forwarded to the Safety Officer for inclusion in the hospital wide hazardous materials storage floor plan.

Education and Training

It is required by Federal law that personnel who use or handle hazardous materials be given training in recognition, usage right to know, handling and disposal of Hazardous Materials/Waste. Each department where hazardous materials/waste are used/stored, will be responsible for providing or coordinating educational activities for applicable personnel. These activities may include but need not be limited to the following:

- 1) Review of right to know laws.
- 2) Review of SDSs.
- 3) Hazardous materials information is in Safety Talk.
- 4) Attendance at hospital wide in-services on hazardous materials.



HAZARDOUS MATERIALS AND WASTE MANAGEMENT PLAN

- 5) Individual review of hazardous materials and waste program description. Hazardous Materials and Waste Management System.
- 6) Participation in department specific training in hazardous materials and waste usage and disposal.
- 7) Participation in hazardous/material exercises or real-world disasters where hazardous materials are involved and disaster plans are activated.

Program Review and Evaluation

The Hazardous Materials and Waste Management Program should be reviewed and assessed at least annually by the Safety Officer and the Physical Environment Committee. The effectiveness of the program shall be assessed through the following guidelines.

- Occurrence frequency of incidents or accidents involving hazardous materials/waste and review of incident/accident reports.
- Results of facility inspection by internal or external agencies/personnel.
- Review of staff, patient or community complaints.
- Other pertinent data as determined by the Director of Safety.

The Hazardous Materials and Waste Management System Program Description should be revised at least annually based on this program review and assessment.

Retraining

It is necessary for work area supervision to provide additional employee training concerning workplace hazards when:

- New chemical are introduced into the workplace,
- Process or equipment changes are made which could cause new or increased employee exposures
- Procedures and work practices are introduced or changes which could cause changes in the employees' exposure
- Employees are transferred from one work area to another where different hazards are present

Contractors

All contractors working on hospital property must be informed by administration/management concerning applicable workplace hazardous chemicals, which may expose the contractor's employees and appropriate control measures.



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Copies of SDSs concerning any chemicals the contractor's employees may be exposed to shall be provided to the contractor employed by the hospital.

REGULATED MEDICAL WASTE

Definitions

Medical waste shall be defined as any solid or liquid waste that may present a threat of infection to humans. Medical waste shall include but not be limited to the following:

- Blood and Body Fluids – all human bulk blood, bulk blood components (serum and plasma, for example), and bulk laboratory specimens of blood tissue, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. Precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine or vomit, unless they contain visible blood. Bulk blood and body fluids listed above generated from other primates are also regulated. Free-flowing material or items saturated to the point of dripping liquids when compressed, containing visible blood or blood components would be treated or handled as bulk blood and bulk blood components.
- Chemotherapy Waste – waste resulting from the treatment of disease by chemical agents. The term includes the use of drugs to harm or kill disease-causing microorganisms but is most commonly used to refer to the use of drugs to treat cancer.
- Microbiological Waste – discarded cultures and stocks of human infectious agents and associated micro biologicals; human and animal cell cultures from medical and pathological laboratories; cultures and stocks of infectious agents from research and industrial laboratories; waste from the production of biologicals; discarded live and attenuated vaccines; culture dishes and devices used to transfer, inoculate and mix cultures. Only those animal vaccines which are potentially infectious to humans (Strain 19 Brucellosis Vaccine, Feline Pneumonitis Vaccine, contagious Eczema Vaccine for Sheep, Newcastle Equine Encephalitis Vaccine) shall be considered microbiological waste.
- Pathological Waste – all discarded human and other primate's tissues, organs, and body parts which are removed during surgery, obstetrical procedures, autopsy, laboratory, embalming, or other medical procedures, or traumatic amputation. Extracted teeth are not included in this definition.
- Renal Dialysis Waste – all liquid waste from renal dialysis contaminated Peritoneal fluid or with human blood visible to the human eye. Solid renal dialysis waste is considered medical waste if it is saturated having the potential to drip or splash regulated blood or body fluids contained in the heading Blood and Body Fluids (a) above.
- Sharps- any used or unused discarded article that may cause punctures or cuts and which has been or is intended for use in animal or human medical care, medical research, or in laboratories utilizing microorganisms. Such waste includes, but is not limited to, hypodermic



HAZARDOUS MATERIALS AND WASTE MANAGEMENT PLAN

needles, IV tubing with needles attached, scalpel blades, and syringes with a needle attached. Items listed above that have been removed from their original sterile containers are included into this definition. Glassware, blood vials, pipettes, and similar items are to be handled as sharps if they are contaminated with blood or body fluids.

Waste that shall not be considered sharps include, but are not limited to: suction canisters or similar disposal medical items filled with blood or body fluids that are gelled (such that no free liquids exist) by a polymerizing agent prior to off-site transport may be handled and packaged as non-sharp medical waste. Glassware, blood vials, pipettes, and similar items that are not contaminated with visible blood or body fluids are not considered sharps.

- Surgical Waste- all material discarded from surgical procedures which are contaminated with human bulk blood, blood components, or body fluids, including but not limited to, disposable gowns, dressings, sponges, lavage tubes, drainage sets, under pads, and surgical gloves. Discarded surgical material is considered medical waste if it is saturated, having the potential to drip or splash regulated blood or body fluids. Extracted teeth are not included in this definition

Segregation, Packaging, and Labeling of Regulated Medical Waste

- Regulated Medical Waste from the following categories should be segregated and packaged in reusable shipping containers which have been lined with disposable red plastic bags. All bags and shipping containers shall be labeled with the International Biohazardous Symbol and stamped "Biohazardous." These shipping boxes shall be taped closed, labeled with the area of generation, and sent to the Sterilizer Room for off-site transportation and treatment.
 - Blood and Body Fluids as defined in this plan.
 - Chemotherapy Waste as defined in this plan.
 - Pathological Waste as defined in this plan.
- Regulated Medical Waste from the Microbiological Waste category as described in this plan shall be prepared for off-site transportation and treatment as outlined in this plan except that the shipping box shall be disposable corrugated cardboard.
- All remaining types of regulated medical waste will be segregated from nonmedical waste by disposing of in double disposable red plastic bags that are a minimum of 1.5 mil thick and impervious to moisture. Any waste so packaged will be handled as regulated medical waste even though it is not labeled. These types of waste shall be treated on-site as described in this plan.
- Regulated medical waste contained in disposable red bags as described above should be placed in sturdy, portable, red plastic transport carts with tight fitting lids which are kept in the trash room of the generating area; these containers shall not be allowed to become so full that the lid cannot be closed. These transport carts are labeled with the



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International Biological Hazard Symbol. These carts are routinely removed from the trash room of the generating areas for transportation and handling by an Environmental Services Technician or Plant Services Personnel.

- Needles and sharps should be contained in disposable rigid puncture-proof containers that can either be taped closed or sealed with a tight-fitting lid and placed in the transport cart for the generating area.
- Any spills of infectious regulated medical waste will be contained immediately and Environmental Services contacted to clean and disinfect the area.
 - Any spillage or injury from handling infectious medical waste will be reported through the facility Incident Reporting System.
 - Regulated Medical Waste will be transported from the areas where generated to the Sterilizer Room, fully enclosed in the collection/transport cart by the most direct route that minimizes exposure to patients, visitors, staff, and community.

On-Site Treatment of Regulated Medical Waste

- Sterilization – All on-site treatment of regulated medical waste shall be by sterilization. The sterilization methods utilized on-site shall meet the specific requirements for steam sterilizers outlined in the Alabama Department of Environmental Management, Land Division –, Medical Waste Program, Rule 335-17-7. The following categories of RMW shall be treated on-site:
 - I. Renal Dialysis Waste as defined in this plan.
 - II. Surgical Waste as defined in in this plan.

- Spore testing will be performed every 40 hours of operation to maintain quality assurance of the sterilizers.
- After sterilization, the above listed treated RMW shall be placed in dumpster and transported to the disposal site.
- The disposal site for treated RMW shall be:

Site: Coffee Co. Landfill

Address 7733 Hwy. 125

Elba, Al. 36323

Telephone: (334) 897-6773

Permit Number: 16-10 County of Coffee; State of Alabama.

On-Site treatment process

Biohazard waste

- Biohazard waste is to be brought out of the hospital in labeled, closed carts to the “locked” fenced staging area.



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- Carts are then to be picked up by forklift and taken across Fairview Ave to the Central Energy Plant rear loading dock.
- The carts should then be taken to the cart dumper and transferred to the stainless-steel sterilizer carts lined with plastic sterilizer liners.
 - Now empty Biohazard carts shall be washed before returning to the fenced staging area.
- Two carts can be loaded into the sterilizer and must run for the complete 55-minute cycle.
- After cycle, the carts should be transferred to the rear loading dock and processed material placed in the dumpster.

Pathological waste and sharps

- Pathological waste and sharps are to be brought to the Central Energy Plant from the hospital.
- Waste boxes are to be stored in the locked cage within the locked Connex for Stericycle pickup.

Off-Site Transportation and Treatment of Regulated Medical Waste

- Untreated regulated medical waste segregated, packaged, and labeled as described in this plan shall be loaded from the Sterilizer Room and transported off-site by a commercial medical waste transporter.

Commercial MW Transporter: Stericycle

Contact Person: Jennifer Burks

Address: 5715 Iron Works RD.

Theodore, Al. 36582

Customer Service Ph. 1-866-338-5120

- Transporter number: TRN102391-GA02
- Incinerator Permit no. S/T48 Reserve, La.
- Permit No. 018-008D(MSWL) Lake City Ga.
- Permit No. TNRCC50002 Conroe, Tx.
- Permit No. 0627-01B Memphis, Tn.
- Permit No. 0950169-005-AV Apopka, Fl.



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- Regulated Medical Waste shall be removed from this site by the above named commercial medical waste transporter 2 times per week.

Training of Employees

- Each department or service of this facility that generates, handles, or transports in-house regulated medical waste shall have a department-specific plan/policy and procedure for such activity. Each plan shall outline specific steps to be taken in order to minimize the exposure of all employees to infectious agents and regulated medical waste including sharps. Each department manager shall be responsible for training of his/her employees or shall designate that responsibility to another person. Each department manager or his/her designee shall document and maintain records of specific training given to each employee.

Methods

- Infectious Materials/Waste
 - Packaging, Storage and Transportation
 1. Infectious waste will not be placed in a trash chute or compacted.
 2. Infectious waste will be segregated from other waste by containing in double disposable red plastic bags which are a minimum of 1.5 mil thick and impervious to moisture.
 3. Infectious waste contained in disposable red bags as described above may be placed in sturdy, reusable red plastic containers with tight fitting lids. These containers will not be allowed to become so full that the lid cannot be closed.
 4. Needles and sharps will be contained in disposable rigid puncture proof containers which can either be taped closed or sealed with a tight fitting lid and placed in the reusable red plastic container.
 5. These reusable collection containers will be kept in the soiled area of the generators until picked up for emptying by the Environmental Services Technician or Engineering Personnel.
 6. All spills of infectious waste will be cleaned up immediately and then Environmental Services contacted to clean the area.
 7. Any spillage or injury from handling infectious waste will be reported through the Hospital Incident Reporting System.
 8. Infectious waste will be transported from areas where generated to the holding area; fully enclosed in the collection container, by the most direct route that minimizes exposure to patients, visitors, staff and community.

On Site Disposal



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Treatment or on-site disposal of infectious waste will be by one of the following methods:

- Discharge into the sewer system. (example: suctioned fluids, waste in liquid apparatus, bodily discharges, dialysate liquid, etc.)
- Sterilization (Autoclaving). (example: cultures, stocks of etiologic agents and other laboratory waste).
- Chemical disinfection. (example: dialysis equipment, specimen spills prior to cleaning, etc.)

Off Site Disposal/ Emergency Downtime

Offsite disposal will be utilized in the event of autoclave failures, extended maintenance or repairs that would result in loss of validated sterilization; in such situations infectious waste will be transported offsite for disposal by a certified hauler/handler to a certified disposal site. Contracts are maintained by Plant Operations

1. Departments/services producing, handling and/or storing infectious waste will have a department specific plan or policy and procedure relating to the handling and disposition of infectious waste.

Chemical Materials/Waste

1. Storage and Handling
 - Hazardous chemicals being saved for recycling will be stored in appropriately labeled drums maintained for this purpose.
 - Regular inspection will be made of the storage site to insure there are no leaking or spilled containers. If a spill or leak is found the following actions will be taken:
 - Before attempting to clean up any hazardous chemical spill or splash, know what the chemical is.
 - Follow the directions according to the established procedures for cleaning up that kind of chemical spill or leak.
 - Evacuate all personnel from the area.
 - Extinguish all flames.
 - Insure adequate ventilation.
 - Call the Safety Officer.
 - If a fire occurs, set off the alarm.
 - Wait by the spill area, well out of danger, until help arrives. Avoid tracking through the spill.
 - Obtain appropriate protective safety equipment.



HAZARDOUS MATERIALS AND WASTE MANAGEMENT PLAN

1. Clean up the spill according to procedures listed in chemical SDS.
2. Depending on the nature and volume of materials spilled, it may be necessary to notify the local HazMat team by dialling 911 for assistance in clean up measures.
3. Complete an incident report on the spill or leak.
4. Any major spills, splashes, leaks, burns, etc., from a hazardous chemical substance, will be reported to the Safety Officer.
 - Materials which ignite easily under normal conditions (flammables) are considered fire hazardous and will be stored in a cool, dry, well-ventilated storage space, well away from areas of fire hazard.
 - Highly flammable materials will be kept in an area separate from oxidizing agents (material susceptible to spontaneous heating; explosives, etc.).
 - The storage area for flammables will be supplied with fire-fighting equipment, either automatic or manual.
 - Oxidizers will not be stored close to liquids of low flash point.
 - Acids and acid fume sensitive materials will be stored in a cool, dry, well-ventilated area, preferably wooden.
 - Materials which are toxic as stored or which can decompose into toxic components from contact with heat, moisture, acids or acid fumes will be stored in a cool, well-ventilated place out of the direct rays of the sun. Incompatible toxic materials will be isolated from each other.
 - Corrosive materials will be stored in a cool, well-ventilated area (above their freeze point). The containers will be inspected at regular intervals to ensure they are labeled and kept closed.
 - Corrosives will be isolated from other materials.
 - Protective clothing and equipment will be available for use when handling these materials.
2. Disposal
 1. Wear rubber gloves, fume mask and/or other safety equipment as required when preparing liquid chemicals for disposal.
 2. No empty drums, buckets, jugs, pails or any other container that has held toxic or corrosive materials or chemicals will ever be reused for anything.
 3. These containers will be decontaminated and disposed of by thoroughly rinsing with tap water, replacing caps and putting in the trash compactor. Red or orange containers should be incinerated.
 4. The Safety Officer is responsible for assuring that proper permits are obtained as needed for disposal of all hazardous chemical waste.
 5. A certificate of disposal will be obtained from the receiver, as applicable, for all hazardous chemicals disposed of off-site.



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6. Each department/service handling, using or storing hazardous chemicals will have a department specific plan or policy and procedure relating to the disposal of hazardous chemicals.

Gaseous Materials/Waste

- Storage and Handling
- Compressed Gases
 - 1) Tanks of compressed gases will be stored upright and chained or otherwise secured to a support system to minimize falling over.
 - 2) The area will be kept cool and out of the direct rays of the sun and away from heat pipes. It will be well ventilated to prevent "pocketing" of fumes, and be fireproof with some means for cooling the tanks in case of internal or external fire.
- Flammables
 - 1) Should be stored in a cool, dry, well-ventilated area away from fire hazards.
 - 2) General pin index safety systems should be used as described in safety policy and procedure on the applicable units.
- Disposal
 - Anesthesia Waste Gases A gas scavenging system will be utilized on each anesthesia machine, and a room scavenging system must be in operation whenever anesthesia gases are used. The room scavenging system and the machine scavengers will dump waste gases into a ventilation duct so that the gases are distributed to the outside atmosphere.
 - Departments/services where hazardous gases/waste gases are used and/or stored will have specific policy and procedure or plans that contain information regarding safe handling and disposal of these waste.

Radiation Materials/Waste

- Handling, Storage and Dispensing
 - a) Radioactive material will be secured against unauthorized removal.
 - b) All "hot" and "decay" areas will be controlled areas.
 - c) All dispensing and preparation of radioactive materials will be done behind a lead drawing station.
 - d) Disposable gloves will be worn while handling and dispensing radioactive materials.
 - e) When a refrigerator is used to store radioactive compounds, the door of the refrigerator will be labeled with the radiation precaution sign. This refrigerator will be off limits for the storage of food.
 - f) All incoming shipments of radioactive materials will be monitored prior to opening. Any reading greater than that on the attached label at a distance of one foot from the package shall be considered contamination until proven otherwise.

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- g) The Radiation Safety Officer will be notified of any incoming shipment considered contaminated. The shipment will be stored behind a lead barrier until examined.
 - h) Department procedure will be followed on all spills, leaks or contamination.
 - i) Accidental spills of radioactive materials will be handled according to the size and type of spill and the amount of radiation hazard involved.
 - j) In general, when any accidental spill or other contamination occurs, the decontamination of humans shall have precedence over non-human decontamination.
 - k) Rubber gloves and other protective clothing, as appropriate, will be worn when cleaning up any accidental spills.
 - l) All accidental spills will be reported to the Radiation Safety Officer. Appropriate evaluation will be obtained. Departmental procedures will be followed for all spills, splashes, burns, etc.
- Disposal
 - a. The major methods of managing radiation waste are dilution, containment, and returning to the manufacturer.
 - b. The properties of the radiation waste must be considered in the method of disposal i.e., the type of energy of the radiation; the half-life and the relative biological hazard.
 - c. Specific disposal methods will vary according to the material involved and the licensing authority over the user.
- The Nuclear Medicine, Radiation Oncology and the Laboratory departments will have a specific plan or policy and procedure relating to the safe handling, storage, dispensing, use and disposal of radioactive waste/materials.
- The handling of radioactive patients shall be described in the general Nursing Policy and Procedure, and for situations of external disaster, through the procedures described in the Radiation Accident Plan.

Antineoplastic Materials/Waste

- 1. Handling and Storage All mixing of antineoplastic drugs must be performed in a Biological Safety Cabinet, with outside venting, if feasible.
 - a) Special aseptic techniques and precautions must be used because of the vertical (downward) airflow.
 - b) Where possible, no other I.V. admixtures will be prepared in Biological Safety Cabinets, designated for the mixing of antineoplastic agents. This is to reinforce the need for special precautions and procedures.
 - c) The Biological Safety Cabinets will be certified by a qualified technician at least annually, or any time the cabinet is physically moved.
 - d) The Biological Safety Cabinets blower will be left on continuously.
 - e) Drug preparations will be performed only with the viewing window at the required access opening.

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- f) The number of personnel working with these agents should be limited.
- g) Access to the compounding area must be limited to only necessary authorized personnel.
- h) The personnel working with these agents should be observed regularly by supervisor and by other personnel to ensure compliance.
- i) Special procedures must be followed for major spills or acute exposures.
- j) Acute exposure episodes must be documented. The employee must be referred for professional examination.
- k) All antineoplastic admixtures must be placed in a zip- lock bag labeled "CAUTION CHEMOTHERAPY DRUG". This outer bag shall be delivered along with the proper drug information to the nurse responsible for administering the agent(s).
- l) All antineoplastic admixtures shall be labeled with actual dose, diluent, date and time of preparation, recommended rate of administration, preparer, patient name and location.
- m) Labeled bags must have injection port sealed before being dispensed from the Pharmacy.
- n) Before opening ampules, care should be taken to ensure that no liquid remains in the tip of the ampule while opening.
- o) Vials will be vented with a filter needle to eliminate internal pressure or vacuum.
- p) Syringes and I.V. sets with luer lock fittings will be used.
- q) Filter needles (5 micron) will be used to remove particulate matter and glass fragments from solutions provided in ampules, prior to final admixture preparation.
- r) Final drug measurement should be performed prior to removing the needle from the stopper of the vial. s) Special care must be taken in priming I.V. sets. The distal tip cover must be removed before priming. Priming should be performed into a sterile gauze sponge, which then is disposed of appropriately.
- 2. Disposal
 - a) Used antineoplastic agents, waste or materials must be placed in red waste bag and incinerated.
 - b) Transport, handling and incineration of the red bags shall be accomplished according to procedures established for infectious waste.

Medication Waste

- Southeast Health pharmacy will have a listing of all medication categories that will be treated as hazardous waste when it is discarded. This list is available in the pharmacy.
- Bins designated for medication waste are located in all areas of the hospital where medication is administered.
 - Blue bins will be for waste of any medication not on the hazardous drug list. These bins are reusable and will be emptied by EVS.

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- Black 8-gallon bins will be for waste of any medication that is on the hazardous drug list. These bins are not re-usable and will be exchanged by Plant Services.
 - Black 2-gallon sharps container will be for medications left in a syringe or vial.
 - Red sharps will be for sharps that do not contain any medication.
 - ***Note – Controlled substances will not be treated as hazardous waste. DEA requires that waste of any controlled substance be non-retrievable and cannot go in these bins.
- Pharmacy will have additional bins for medications that require special handling. These items will have stickers with instruction to return partial or unused doses to pharmacy for disposal.
 - Black bin – Oxidizer will be for items classified as an oxidizer.
 - Black bin – Corrosive will be for items classified as corrosive.
 - Black bin – Non-compatible will be for aerosol items.
 - Purple bin – Dual waste will be for special items classified as dual waste. This is mostly vaccines and will be for partial doses given or expired doses.
- Southeast Health has a central accumulation area for all medication waste. EVS or Plant Operations will take the medication waste to this area where it will be separated according to the type waste it is. Special haulers will carry the waste to appropriate facilities for destruction.
- “Sort codes” will be used to alert staff where to waste any medication that is considered hazardous.
 - Sort code is in the message field of the medication to alert nursing when a medication has special disposal instructions.
 - Pharmacy will place black stickers on all meds that must be disposed of as hazardous waste. (Meds packaged by Robot cannot have stickers on them, so these meds will have a message printed on the packaging with the sort code. i.e. Coumadin)
 - Some items require special handling and must be returned to pharmacy in a zip-lock bag for disposal. These include: All aerosol products (inhalers and aerosol cans)
 - Corrosives
 - Oxidizers
 - Dual waste
- Chemo medications will have special bins for disposal.
 - Yellow Chemo Bins will be for trace chemo waste. (Trace is defined as having less than 3% of the original volume)
 - Vials used for chemo preparation that the total volume has been withdrawn.
 - Items used to prepare chemo – gloves, chemo mat, empty syringes, etc.
 - Items used to administer chemo – gloves, etc.
 - Black Chemo Bins will be for bulk chemo waste.
 - Vials or bags that the total volume was not infused.
 - Vials used for chemo preparation that have >3% initial volume.
 - Items used to clean a chemo spill.
- Blue pharmaceutical waste bins will be for waste of any partial medication not on the hazardous drug lists, >90% of medication formulary. These bins will be emptied by EVS.



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- “Plain down the drain”. Maintenance fluids that do not contain medication or that contain electrolytes, bicarb, will be drained in the sink.
- Bins should remain closed.

Dumpster

Sterilizer #2
AI104415
Sellers Manufacturing
Unit #4521
Serial # 13140
National Board # 13140

Installed 2021

Sterilizer #1
AI113039
Sellers Manufacturing
Unit #4483
Serial # 2218
National Board # 22813

Installed 2022

Cart Dumper

Cart
Washer

Pathological
Waste and
Sharps

Loading Dock