



Issue 52  
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Safety Topic

**Hazardous Materials  
and Waste**

### Inside this Issue

<b>1</b>	Managers Must Teach Employees About Hazardous Chemicals
<b>1</b>	Fire Drills Show What Employees Don't Know
<b>2</b>	Hazard Communication Program
<b>3</b>	Hospital Could Save Thousands by Enforcing Trash Disposal Procedures

### Safety Survey Results

**Hospital leaders raised their survey scored by a half percentage point in 2002, but employees still scored higher on average.**

**Hospital employees averaged 93.5% on the safety survey. Their scores dropped a half percentage point from 2001 scores. Hospital leaders averaged 92% percent overall.**

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# Safety Bulletin

## Managers Must Teach Employees About Hazardous Chemicals

**Did you know that a missing chemical label, a misplaced material safety data sheet (MSDS), or lack of training documentation could result in hundreds or thousands of dollars in fines, even if the hospital hasn't had a serious chemical injury in years?**

**It's true.** OSHA's hazard communication standard requires thorough employee training and meticulous documentation...and, at UK Hospital, that's the responsibility of the service director or manager.



The Hospital Safety Officer introduces new employees to the hazard communication standard during Hospital orientation. In this session, new employees learn about their right to know about chemical hazards and how that information is to be communicated to them through their departments. They are taught basic information that is common to all employees.

But it's the department's responsibility to give employees the detailed information necessary to ensure that they can perform their jobs safely.

That means that the department manager or trainer must provide employees with:

- A list of hazardous chemicals that they will use or come in contact with during their work.

- Information about the specific health and safety hazards of each chemical on the list.
- Information about safe handling and methods the employee must use to eliminate or lessen the risks associated with these chemicals.
- Procedures for safely disposing of the chemicals and for cleaning up chemical spills.

Much of that information is contained in the Hazard Communication Manual (see page 2), but it is not sufficient to tell new employees to read the manual. OSHA requires that employers *teach* employees about chemical hazards and ways to reduce their risks and *document* employees understanding and competence.

### Fire Drills Show What Employees Don't Know

Is there anyone in the hospital who doesn't know what R.A.C.E. stands for?

Most of us would answer "no," confident that hospital employees know and understand basic fire response procedures. Unfortunately, fire drill results would prove us wrong.

In 2002, fifty-eight out of approximately 500 employees failed to

*Continued on page 2.*

# Hazard Communication Program

Reprinted with changes from the February 2002 Safety Bulletin

## Special Instructions

### Chemical and Mercury Inventories Due

It's time for every department to complete 2003 hazardous chemical and mercury inventories. For your convenience, inventory forms are attached. In order to ensure that the Hospital completes a thorough inventory, every area is required to submit inventory forms, even if that area does not have any hazardous chemicals or mercury-containing products or equipment.

Please submit your inventories by campus mail or email by March 3, 2003.

### Hazard Communication Manual Must be Accessible

Every area is required to have a Hazard Communication Manual that is accessible to employees. By accessible, we mean that:

- the manual must be located in an area that is open to staff whenever they are on duty
- all employees must know what the manual is and where it is located
- information in the manual must be written in a language that the employees understand

If it's locked in an office or employees don't know where to find it, it isn't accessible. If it's written only in English, Hispanic employees may not be able to read it.

### Update Your Hazard Communication Manual Now

The Hazard Communication Manual must be kept up to date. This manual is inspected by the Hospital Safety Surveillance Team during semi-annual inspections and may be reviewed by external surveyors, such as JCAHO or OSHA, as well.

An up-to-date manual will include:

- Most recent hospital policy
- University Hazard Communication Program
- 2003 chemical inventory
- Current MSDS (no more than 3 years old) for each hazardous chemical on the inventory.

### Recordkeeping Requirements

When you update your hazard communication manual, file the old inventories and MSDS. You are required to keep them for 30 years.

### Read the Policy

Every service director, manager, supervisor, and safety training coordinator should read Hospital Policy 10-11, Hazard Communication. It outlines the Hospital's program and your responsibility.

correctly during monthly fire drills.

## Staff Knowledge

*Continued from page 1.*

That's 11% of employees who participated.

Among those employees:

- 31% or 17 employees didn't know basic fire response procedures.
- 45% or 26 employee didn't know their area of refuge or their role in evacuation.

and

- 22% or 13 clinical employees didn't know the locations of medical gas valves or the procedures for turning them off.

The response questions asked during fire drills are basic questions. Some of the information is provided in Hospital orientation. The rest should be provided during the departmental or area orientation. **If the employee hasn't been oriented or can't demonstrate an understanding of this basic information, he isn't ready to begin work.**

**The information is that important.**

Although University of Kentucky Hospital has not experienced a major fire, fires are common in hospital settings.

In December 2002, The University of Iowa Hospital evacuated patients after a fire broke out in a mechanical room.

In November 2002, a fire forced the evacuation of 43 patients from the ninth

floor of a Florida hospital. The fire was caused by a patient smoking in bed.

In August 2002, a small fire machine fire shut down emergency room service for an hour at a New York hospital.

## Waste Segregation

Segregating waste appropriately requires good judgement. The guidelines outlined below are designed to help you and your employees make the right decisions about how to

- Items from known -infectious patients
- Containers filled with body fluids that have not been neutralized and solidified
- Bloody tubing
- Blood transfusion bags
- Dialysis filters
- Chest tube valves

# Hospital Could Save Thousands By Enforcing Trash Disposal Procedures

UK Hospital Spent \$162, 328 in FY 2002 on Medical Waste Disposal.

In a hospital, waste disposal is serious business. Federal, state, and local regulations dictate how certain waste must be handled and disposed of so that it will not become a means of transmitting disease or a contaminant to the environment.

UK Hospital has waste disposal policies and procedures. They are designed to control the risks to the worker and the environment *and to control costs.*

*Unfortunately, each day, employees literally throw away hundreds of dollars simply by placing trash in the wrong containers.*

## 5 Types of Trash

The waste that most hospital workers handle generally falls into one or more of five categories.

- Regular trash (solid waste)
- Medically-regulated waste (red bag waste)
- Sharps
- Chemical waste
- Radiation waste

There are specific disposal procedures for each type of waste.

It's the employee's job to segregate waste so that it can be disposed of appropriately and cost effectively. It's the manager or supervisor's job to make sure that happens.

segregate regular trash, medically-regulated waste, and sharps.

If you generate chemical or radiation waste, follow the guidelines provided by Hazardous Materials Management and Radiation Safety.

## Regular Trash

In general, the items listed below will go into the regular trash (generally in clear plastic bags).

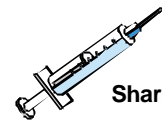
- Paper products
- Non-bloody diapers and Chux
- Non-drippy wound dressings
- Disposable patient items, such as bedpans, urinals, and measuring cups
- Empty foley bags and foley catheters
- Non-bloody gloves, gowns, masks, hats, and shoe covers
- Disposable drapes
- N/G tubing
- Empty gastric bags
- Colostomy bags from non-infected patients



## Medically-Regulated Waste (Red Bag Waste)

In general, the items listed below go into red bags or red barrels for disposal.

- Materials saturated or caked with blood or body fluids



## Sharps

Sharps are a special form of medically-regulated waste. The segregation and disposal procedures are designed to prevent workers and others from getting stuck, punctured, or cut.

Many of our sharps—conventional syringes and blood collection devices—are equipped with safety features that, when activated, will help prevent a worker from sustaining a stick. Nevertheless, all sharps—even those with safety devices—must be placed in sharps containers immediately after use.

## Waste Audits Show Room for Savings

The guidelines established for waste segregation and disposal seem pretty straightforward and easy to follow. Nevertheless, waste audits show that much of the trash that leaves our building is, quite literally, a “mixed bag.”

An audit conducted in 2001 showed that 89% of all red bags that came to the waste packaging area in the basement contained 6 or more items that could have been placed in the regular trash.

When you understand that the Hospital is charged by the pound for waste disposal, you begin to see how throwing

paper, wrappings, diapers, drapes, gloves, and empty bags of various sorts in red bags can add up to big dollars.

The Hospital pays approximately six times as much for disposal of red bag waste as it does from disposal of regular trash.