

# UNIVERSITY HOSPITALS HAZARDOUS MATERIALS & WASTE

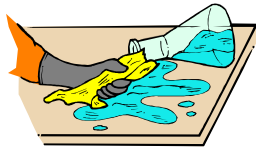
Help us name the Hazardous Materials & Waste Newsletter – Winner will have his/her picture in the October edition. Send suggestions to [tam.johnson@utsouthwestern.edu](mailto:tam.johnson@utsouthwestern.edu)

## MONTHLY NEWSLETTER

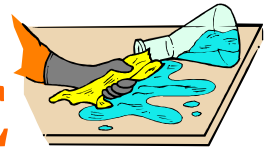
“THINGS HAPPEN – THAT’S WHAT WE’RE HERE FOR”  
SEPTEMBER EDITION - 2006

**COMMITTEE MEMBERS:** Dora Marie Arcoha - Infection Control, Ed Chappell – Property Management, Debra Cohen – Veripath Labs, Robert Eckels – Property Management, Tam Johnson (Editor) – Occupational Health, Scott Kendall – Materials Management, Selma Morales (Vice-Chair) – Housekeeping, Skip Morelock – Nursing, Kim Pollack – Administrator for Cancer Service, Susan Sham – Pharmacy, Sheila Sinclair (Chair) – Environmental Health and Safety, Steve Stone – Pharmacy, John White – Radiation Safety, Donna Wright – Laboratory Manager, Julius Wagner – Infection Control

## NEWS YOU CAN USE



## CODE ORANGE



HOW MUCH DO YOU REALLY KNOW??

Call “3333”

Remember when you call you should be prepared to provide: location, chemical name, estimate of the quantity, your name and MSDS.

The University Hospitals recognize that even a small spill can result in a harmful exposure and that it is much better to be overly cautious when responding to a spill rather than risk lives.

### FREQUENTLY ASKED QUESTIONS

How do I know if I should call a code **ORANGE**??

- If you come across a spill and don't recognize the substance..... Call a code orange
- If you need assistance to contain or clean the spill..... Call a code orange
- If the spill is spreading.....Call a code orange
- If the spill is greater than 4 liters.....Call a code orange
- If the spill is highly corrosive or toxic .....Call a code orange
- If the spill is combustible or volatile.....Call a code orange
  - If the spill has the capacity to cause fire or property damage.....Call a code orange
- If the spill poses a threat to the environment.....Call a code orange
- If the spill is dangerous or toxic to humans.....Call a code orange



# ACME

**Alert** – Alert and assist any injured personnel. Alert area occupants and a supervisor of the situation.

**Contain** - Contain the spill to control the spread of the liquid. Try to avoid touching it, walking in it or breathing it in, whether there is an odor or not. Stop the source of the leak by closing the valve, shutting off the pump or patching a hole that is leaking. It is also acceptable to place a container under the leak or to put the leaky container into a drum or a larger container. If the spill is on the floor, a countertop or near a water drain it is necessary to make a dike around the outer edges of the spill with absorbent materials such as cat litter, vermiculite, spill pillows or towels.

**Move away** – Move away from the contaminated area while determining the next appropriate action

**Evaluate** – Evaluate the spill to determine whether it is: simple or complex. Simple spills may include: not spreading, no immediate or inherent danger to people or property except by direct contact, has low toxicity, not highly corrosive, or not a strong oxidizer. Complex spills may include: greater than 4 liters, potential for fire/explosion, highly corrosive, volatile vapors, water or air reactive chemicals, significant quantity of combustible materials, compounds of unknown toxicity, or poses a threat to the environment or physical damage to property. (For more information on simple vs. complex spills see the Code Orange policy)

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## **DO YOU KNOW ??**

### **How to activate the University Hospital's Emergency Preparedness Plan?**

The system is activated by calling the emergency number **3333**, and notifying the Operator or Public Safety Officer by stating the type of code to be called. Once the Operator or Public Safety Officer states the type of code, disaster information will be communicated to all staff via the HEICS plan.

### **That there are four types of evacuation?**

Vertical, Partial, Horizontal, Total

Learn more about each in the October newsletter

### **What is wrong with this picture??**



(See the answer on the last page of this newsletter)

# Bug Bytes



West Nile Virus (WNV) is a flavivirus commonly found in Africa, West Asia, and the Middle East. CDC believes that the WNV has probably been in the U.S. since summer of 1999. One of the species of mosquitoes found to carry West Nile virus is the *Culex* species. Mosquitoes become infected when they feed on infected birds, which may circulate the virus in their blood for a few days. The virus eventually gets into the mosquito's salivary glands. During later blood meals (when mosquitoes bite), the virus may be injected into humans and animals, where it can multiply and possibly cause illness. Rare cases have identified WNV transmission through transplanted organs and through blood transfusions.

West Nile encephalitis is NOT transmitted from person-to-person. No isolation is needed for these patients. It is believed that the antibodies and the memory T lymphocytes provide future protection from the virus.

West Nile virus can cause a severe type of "neuroinvasive disease" such as: West Nile encephalitis, West Nile meningitis or West Nile meningoencephalitis. West Nile Fever is another type of illness that can occur in people who become infected with the virus. It is characterized by fever, headache, tiredness, aches and sometimes rash. Although the illness can be as short as a few days, even healthy people have been sick for several weeks.

In the temperate zone of the world (i.e., between latitudes 23.5° and 66.5° north and south), West Nile encephalitis cases occur primarily in the late summer or early fall. In the southern climates where temperatures are milder, West Nile virus can be transmitted year round.

A test for WNV IgM-antibody is used by CDC, state and local public health labs and private laboratories. In some instances, health departments may conduct or request additional testing before officially reporting a case to CDC's ArboNet Surveillance System. The state or the CDC reference laboratory may repeat the initial IgM-antibody testing.

Incubation period is 2-15 days.  
Treatment: treat symptoms

Doramarie Arocha M.S.,MT(ASCP)SM  
Infection Control & Prevention



**This month we provide you with information about University Hospital's waste segregation in a page which can be posted in your work area.**

## **WASTE SEGREGATION GUIDELINES**

Policy No. 3-306 MEDICAL, CHEMICAL AND REGULATED WASTE DISPOSAL can be viewed online @ <http://onenet.zluh.org/P&P/p&p.asp>

<b>REGULATED MEDICAL WASTE</b>	<b>CHEMOTHERAPY AND/OR PATHOLOGICAL WASTE (RMW)</b>	<b>SOLID WASTE (TRASH)</b>	<b>HAZARDOUS WASTE</b>	<b>SHARPS CONTAINERS</b>
<i>RED BIOHAZARD BAG</i>	<i>CHEMOTHERAPY SHARPS CONTAINER OR BAG</i>	<i>CLEAR BAG</i>	<i>HAZARDOUS WASTE CONTAINER</i>	<i>SHARPS CONTAINER</i>
BLOOD PRODUCTS & OPIM (Other Potentially Infectious Material)	TRACE CONTAMINATED ITEMS GENERATED IN THE PREPARATION & ADMINISTRATION OF ANTINEOPLASTIC/CYTOTOXIC DRUGS			
<ul style="list-style-type: none"> <li>- Saturated or grossly soiled disposables, i.e., bloody gauze, dressings, lab pads, OB and surgical peri-pads &amp; gloves</li> <li>- Containers, catheters, or tubes with fluid blood or blood products not discarded or flushed i.e., canisters &amp; drainage sets</li> <li>- Dialyzers 7 tubing</li> <li>- Used culture plates, tubes, bottles &amp; devices</li> <li>- Blood spill clean-up materials</li> </ul>	<ul style="list-style-type: none"> <li>- Gowns</li> <li>- Gloves</li> <li>- Masks</li> <li>- Barriers</li> <li>- IV tubing</li> <li>- Empty bags / bottles</li> <li>- Empty drug vials</li> <li>- Spill clean-up materials or kits</li> <li>- HEPA filters from pharmacy</li> <li>- laminar air flow hoods</li> <li>- Needles &amp; syringes in sharps containers</li> <li>- <b>REGULATED MEDICAL WASTE REQUIRING INCINERATION:</b> <ul style="list-style-type: none"> <li>o Microbiology specimens</li> <li>o Placentas &amp; surgical specimens</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Paper &amp; plastic wrappers, packaging, boxes, computer paper, office waste</li> <li>- Unused medical products &amp; supplies</li> <li>- PPE (worn, but not soiled)</li> <li>- Food products &amp; waste (soda cans, paper cups, plastic utensils)</li> <li>- Empty IV bags, bottles &amp; tubing without needles</li> <li>- Empty urine cups, stool containers, Foley bags/tubing, diapers, chux</li> <li>- Exam &amp; cleaning gloves</li> <li>- Empty collection bottles &amp; bags</li> <li>- Sanitary napkins &amp; tampons</li> <li>- Disposable paper drapes, lab coats, paper towels, band aids</li> <li>- Disposable basins, bedpans, urinals</li> <li>- Non-mercury batteries</li> </ul>	<ul style="list-style-type: none"> <li>- Outdated /unused chemotherapy drugs (bulk)</li> <li>- Certain pharmaceuticals</li> <li>- Mercury-filled devices, batteries, thermometers, and blood pressure cuffs and gauges</li> <li>- Used solvents, stains, paints, and thinner</li> <li>- Chemicals such as formaldehyde 7 formalin, acetone, toluene, mercury fixatives, alcohol, disinfectants &amp; chemical sterilizing agents</li> <li>- Drums or other containers with "hazardous" label</li> <li>- Radioactive material</li> <li>- Empty aerosol pressure cans</li> </ul>	<ul style="list-style-type: none"> <li>- Needles &amp; syringes</li> <li>- Scalpel blades &amp; lancets</li> <li>- Glass pipettes, slides, and tubes</li> <li>- Broken contaminated glass</li> <li>- Staples &amp; wires</li> <li>- Disposable suture sets &amp; biopsy forceps</li> <li>- Electrocautery tips</li> </ul>

Answer to "What is wrong with this picture?": This sharps container was found outside one of the hospital entrances.

Be sure to read our October newsletter where articles will be presented on :

- The new Spill Team created by EH&S member, Sheila Sinclair
- Fire Drill awareness information from EH&S member, Ted West, Fire Marshall
- Guest Speaker Articles
- Chemical Word Search
- What's Wrong With This Picture
- Name the Hazardous Material & Waste Newsletter contest winner
- More on the 4 types of evacuation
- MRI Safety Training, Sylvia Revell, of Environmental Health and Safety