Pharmaceutical Waste Management Practices

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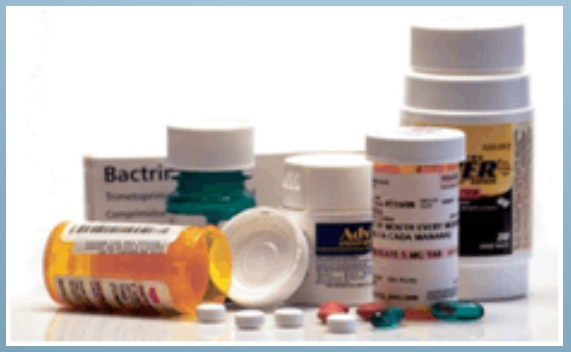
Outline

- Classification & Sorting
- Labeling, Containment & Storage
- Recordkeeping & Documentation
- Process Improvement

Classification & Sorting

Post Instructions

CA Pharmaceutical Waste

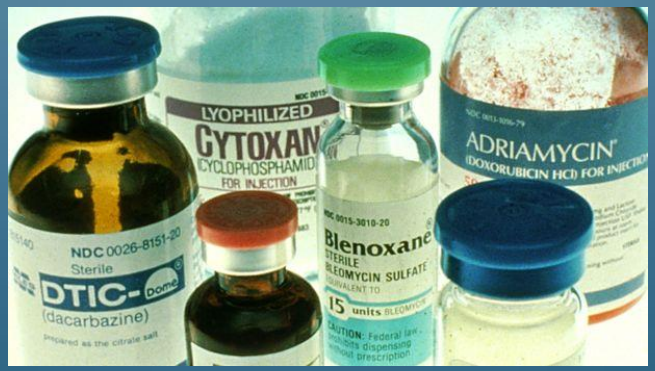


Controlled Substances

RCRA P Listed

Unregulated Pharmaceuticals

Chemotherapy



RCRA U Listed

Sorting Pharmaceuticals

- Sorting at the Point of Origin HSC§118275
- Disposal References
- Disposal Bins
  - California (MWMA) Pharmaceutical Waste
  - Federal Regulated (RCRA) Hazardous Waste (40CFR§261.33)
  - Trace Chemotherapy
  - Reverse Distribution
  - Controlled Substances
  - Not RCRA Nor CA Toxic Pharmaceuticals

Reverse Distribution

- Expired, Recalled, Overstocked, Short-term
- Eligible for Credit
- Unopened Packaging
- Not for Spilled or Damaged Pharmaceuticals
- Controlled Substances if CSA Registrant

Empty Container Management

- RCRA P List Requirements
  - Triple Rinse With Effective Solvent
  - Dispose of Rinsate as Hazardous Waste 40CFR§261.7(b)(3)
- RCRA U List Requirements
  - All Wastes Removed by Pouring, Pumping, Aspirating. 40CFR§261.7(b)(1)
- Chemotherapy If Pourable, No Drainage When Inverted. If Not Pourable, No Scrape Residuals HSC§117635(f)

Containment, Labeling & Storage

California Pharmaceutical Waste Containers

Pharmaceutical Waste Labeling

Incineration Only

And

Facility Name
Facility Address
Facility Phone

Commingled Pharmaceutical/Sharps Container Labeling

HSC§118275(h)

Incineration
Or
High Heat Only

AND

PLUS

Facility Name
Facility Address
Facility Phone

Trace Chemotherapy Waste Containers

Trace Chemotherapy Waste Labeling

Chemotherapy Waste

OR

Chemo

AND

Facility Name
Facility Address
Facility Phone

RCRA Waste Containers

HAZARDOUS WASTE

STATE & FEDERAL LAW PROHIBIT IMPROPER DISPOSAL

IF FOUND, CONTACT THE NEAREST POLICE OR PUBLIC SAFETY AUTHORITY,
THE U.S. ENVIRONMENTAL PROTECTION AGENCY OR
THE CALIFORNIA DEPARTMENT OF TOXIC SUBSTANCES CONTROL

PROPER D.O.T. SHIPPING NAME: _____ UN OR NA #: _____

GENERATOR'S NAME AND ADDRESS:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: CA ZIP: _____

GENERATOR'S EPA ID NUMBER: _____

MANIFEST TRACKING NUMBER: _____

ACCUMULATION START DATE: ____/____/____

CA WASTE NUMBER: _____

EPA WASTE NUMBER: _____

CONTENTS, COMPOSITION: _____

PHYSICAL STATE:
☐ SOLID ☐ LIQUID

HAZARDOUS PROPERTIES: ☐ FLAMMABLE ☐ TOXIC
☐ CORROSIVE ☐ REACTIVE ☐ OTHER

COMPLETE FOR STORAGE

HANDLE WITH CARE!
CONTAINS HAZARDOUS OR TOXIC WASTES

COMPLETE FOR TRANSPORT

Pharmaceutical Waste Storage Time

- 90 days after Pharmaceutical Container is Ready for Disposal.

  At least Once Per Year.
- 30 Days After Trace Chemotherapy Sharps Container is Full.
- 30 Days After Commingled Pharmaceutical/Sharps Container is Full.

Designated Accumulation Area Sign (HSC§118310)

CAUTION-BIOHAZARDOUS WASTE STORAGE AREA-UNAUTHORIZED PERSONS KEEP OUT

CUIDADO-ZONA DE RESIDUOS-BIOLOGICOS PELIGROSOS-PROHIBIDA LA ENTRADA A PERSONAS NO AUTORIZADAS

Interim Storage Area Signs (HSC§118307)

Text

CAUTION-BIOHAZARDOUS WASTE STORAGE AREA-UNAUTHORIZED PERSONS KEEP OUT

CUIDADO-ZONA DE RESIDUOS-BIOLOGICOS PELIGROSOS-PROHIBIDA LA ENTRADA A PERSONAS NO AUTORIZADAS

OR

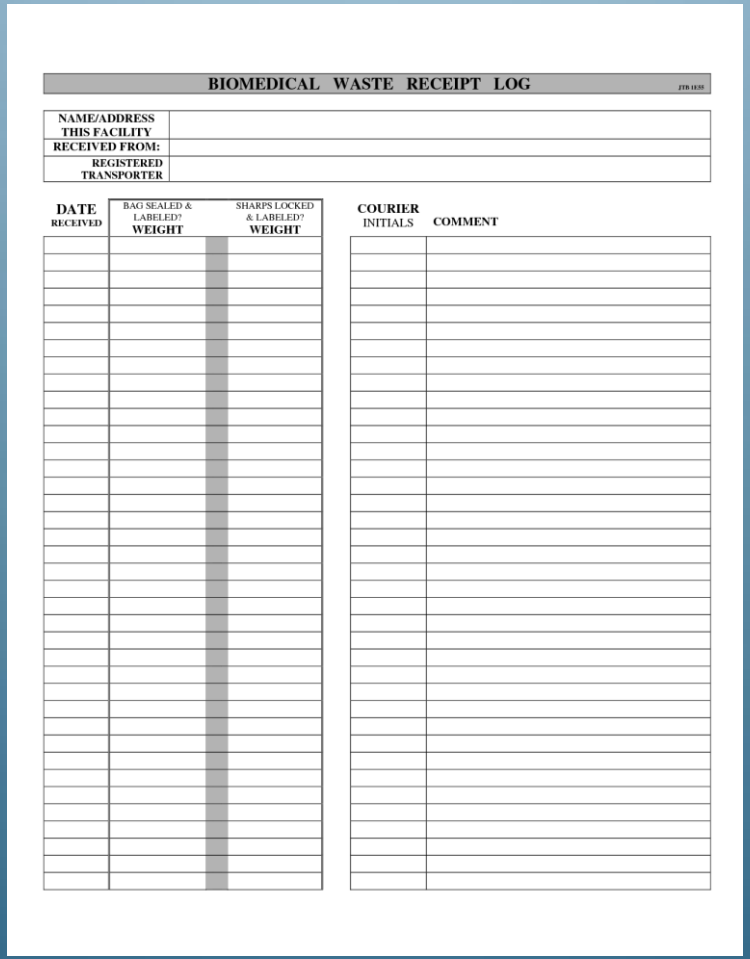
International Symbol

RCRA Hazardous Waste Storage Time

- 90 days > 2,200 lbs./month or > 2.2 lbs. Acutely Hazardous Waste (LQG)
- 180 days 220 lbs. to 2,200 lbs./month or < 2.2 lbs. Acutely Hazardous Waste (SQG)
- 270 days 220 lbs. to 2,200 lbs./month or < 2.2 lbs. Acutely Hazardous Waste if transported over 200 miles (SQG)

Documentation & Recordkeeping

Pharmaceutical Waste Receipt



BIOMEDICAL WASTE RECEIPT LOG

NAME/ADDRESS THIS FACILITY	
RECEIVED FROM:	
REGISTERED TRANSPORTER	

DATE RECEIVED	BAG SEALED & LABELED? **WEIGHT**	SHARPS LOCKED & LABELED? **WEIGHT**	**COURIER** INITIALS	**COMMENT**

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number

5. Generator's Name and Mailing Address

Generator's Site Address (if different than mailing address)

Generator's Phone:

6. Transporter 1 Company Name — U.S. EPA ID Number

7. Transporter 2 Company Name — U.S. EPA ID Number

8. Designated Facility Name and Site Address — U.S. EPA ID Number

Facility's Phone:

GENERATOR

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	1.					
	2.					
	3.					
	4.					

14. Special Handling Instructions and Additional Information

15. **GENERATOR'S/OFFEROR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent.
I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offeror's Printed/Typed Name — Signature — Month — Day — Year

Manifest Copy Distribution

- Copy 1 Goes to the Destination Facility
- Copy 2 Goes to DTSC
- Copy 3 Is Returned to the Generator
- Copy 4 Goes to the Destination Facility
- Copy 5 Goes to the Transporter
- Copy 6 Stays with the Generator

DTSC Mailing Address

- On receipt, mail the generator manifest copy to:
- DTSC Generator Manifests
- PO BOX 400
- Sacramento, CA 95812-0400

INT'L

16 International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: _____

Transporter signature (for exports only) Date leaving U.S.:

TRANSPORTER

17 Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name	Signature	Month	Day	Year

Transporter 2 Printed/Typed Name	Signature	Month	Day	Year

DESIGNATED FACILITY

18 Discrepancy

18a Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number

18b Alternate Facility (or Generator) U.S. EPA ID Number

Facility's Phone

18c Signature of Alternate Facility (or Generator) Month Day Year

19 Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1	2	3	4

20 Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

Printed/Typed Name	Signature	Month	Day	Year

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete

DESIGNATED FACILITY TO GENERATOR

Destination Copy Not Received

- After 35 Days, Contact the Transporter & Destination Facility
- Exception Report after 60 days to:
- DTCS Report Repository
- Generator Information Services Section
- PO BOX 806
- Sacramento, CA 95812-0806
- (22CCR§66262.42)

Record Keeping

- California Large Quantity Generator Medical Waste Disposal Receipts (≥ 200 lbs./month) in any month of 12 month period – Three Years
- California Small Quantity Generator Medical Waste Disposal Receipts < 200 lbs./month – Two Years
- RCRA Hazardous Waste Disposal Manifests – Three Years

Process Improvement

Continuous Review Inventory Management

- Implement Pull Inventory System
- Coordinate with Responsive Primary & Alternate Vendors
- Track Wasted Inventory for Corrections
- Communicate Internal Inventory Availability Between Departments
- Make Pre-existing Arrangements for Unused Pharmaceuticals

Hierarchy of Conservation

Waste Minimization

- Implement Early Identification of Expiration Dates
- Make Allowances for Adverse Reaction, Refusal, and Expired Usefulness when Dispensing
- Optimize Inventory for Use-Specific Package Sizing
- Samples

Summary

- Classification & Sorting
- Labeling, Containment & Storage
- Recordkeeping & Documentation
- Process Improvement

Contact Information

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- Department of Environmental Health
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- PO BOX 129261, San Diego , CA 92112