

Whiting Forensic Hospital
Hazardous Materials and Waste Management Plan
2018

Governing Body Approval:	6/10/18
REVISED:	

SCOPE:

Whiting Forensic Hospital has established The Hazardous Materials Management Program, which addresses chemicals, medical sharps and regulated medical wastes. The Hazardous Materials Program is implemented in all patient care and business areas of the hospital. Implementation of the program is the responsibility of each member of the staff responsible for handling any of the materials listed.

FUNDAMENTALS

- I. The scope of the hazardous materials and wastes management program includes all materials in use and the wastes generated by Whiting Forensic Hospital.
- II. Hazards associated with materials and wastes are defined by law or regulation and are identified in material safety data sheets or similar documents provided by suppliers and manufacturers.
- III. For each product used, there is a Safety Data Sheet (SDS) available and on record at the Telecommunications Office at Shew Hall.
- IV. All staff is educated during orientation at the time of hire, and receive yearly refresher training on the nature of the hazards of materials used and proper handling, and disposal techniques.
- V. Procedures for proper notification and rapid effective response are established for a spill, release or exposure to a hazardous material and waste.

PURPOSE

The mission of Whiting Forensic Hospital is to improve the health of patients and staff by providing cost effective quality health and hospital services. Consistent with this mission, the Governing Body, medical staff and administration have established and provide ongoing support for the Hazardous Materials and Wastes Program described in this plan.

The purpose of the Hazardous Materials Management Plan is to identify and manage materials known to have the potential to harm humans or the environment and to provide employees with the necessary information to enable them to use chemicals with

caution and care. The plan includes processes designed to minimize the risk of harm. The processes include education, procedures for safe use, storage and disposal, and management of spills or exposures.

PERFORMANCE:

ORGANIZATION AND RESPONSIBILITY

- I. The Plant Facility Engineer 2 is chairman of the functional work team and is responsible for assuring that the Hazardous Material and Waste Management Program is compatible with Federal, State and local requirements. The functional work team is composed of Chief of Fiscal Services, and the Plant Facilities Engineer 1. The responsibilities of the work team include developing the management plan, reviewing incidents and the annual evaluation of the effectiveness of the management plan.
- II. The MEC Committee, chaired by the Chief of Fiscal Services, is responsible for establishing priorities for the investigation and/or resolution of identified problems with hazardous waste and shall refer these priority settings to the appropriate Department, Committee(s) or individual(s), as needed.
- III. The MEC Committee is responsible for reviewing all policies and procedures relating to the operation of the Hazardous Material Management program and for evaluating its effectiveness. This evaluation occurs annually. The MEC Committee will report its findings to the Hospital Governing Body.
- IV. The Environmental Services Staff is responsible for delivering all solid waste to the designated holding area.
- V. The responsibility for disposing of chemical wastes rests with the Plant Operations Department.

The organization will measure the performance of this Hazardous Management Plan through the oversight of the monthly hospital MEC, Governing Body and Quality Risk and Safety Committees, which will include the reporting and remediation of hazardous material.

EFFECTIVENESS:

This Management Plan addresses compliance with and cross references TJC EC 02.02.01 EP1, EP3, EP11.

PROCESSES OF THE HAZARDOUS MATERIALS MANAGEMENT PLAN

I. Selection

The supervisor of each department with an inventory of hazardous materials is responsible for the safe storage, handling, use and disposal of them.

II. Waste Handling

The supervisor of each department is responsible for managing hazardous and regulated waste streams.

III. Gas Monitoring

Whiting Forensic Hospital does not possess any piped medical gas systems.

IV. Space Management

A designated location has been assigned to store hazardous chemicals until proper disposal by a licensed environmental contractor has occurred. A designated location has been assigned to store Universal Waste until proper disposal by a licensed universal waste recycling vendor.

- A designated location (out building/ Care Free prefabricated wooden shed) has been assigned to store hazardous waste until proper disposal by a licensed environmental contractor has occurred.
- A designated location (outbuilding) has been assigned to store Universal Waste until proper disposal by a licensed universal waste recycling vendor.

V. Incident Reporting

All incidents involving spills or exposure are investigated and reviewed by the Plant Facilities Engineer / Safety Officer. Refer to attached Spill Response Flow Chart. Corrective actions and recommendations are reviewed at the MEC Committee.

VI. Orientation and Education

All relevant Plant Operations staff participates in an annual mandatory training program that includes hazardous materials awareness and the proper procedures to request material safety data sheets

VI. Performance Improvement

The Safety Director is responsible for establishing performance improvement standards to objectively measure the effectiveness of the hazardous and wastes program.

VII. Emergency Procedures

The local Fire Department (South Fire District, Middletown) responds to all hazardous chemical or waste spills. Emergency procedures include notification of operations personnel and contracted environmental service companies.

HAZARDOUS CHEMICAL WASTE MANAGEMENT

PURPOSE

To identify and dispose of chemical wastes within the confines of Whiting Forensic Hospital and to ensure these wastes are handled and disposed of in accordance with the Environmental Protection Agency (EPA), CT Department of Energy and Environmental Protection (DEEP), Department of Transportation (DOT), and other State and local regulations and guidelines.

IDENTIFICATION

Annual Hazardous Waste Determinations will be done on all hazardous materials in accordance with Resource Conservation and Recovery Act of 1976 (RCRA), Subtitle C, Hazardous Waste Regulations, 40CFR, Part 261. Said determinations will be kept on file with the Plant Facilities Engineer 1. All drums, buckets, pails or any other container used to contain a chemical hazard substance will have a clear, complete, conspicuous and durable label identifying the chemical used.

STORAGE AND HANDLING

- I. Hazardous chemicals being saved for recycling will be stored in appropriately labeled containers maintained for this purpose.
- II. Regular inspections will be made of the storage site to ensure there are no leaking or spilled containers.
- III. All chemicals are properly contained and stored in approved containers.

DISPOSAL

The Hospital Safety Director and Plant Facilities Engineer 1 are responsible for assuring that proper permits are obtained for disposal of all hazardous waste generated at this facility.

All hazardous waste manifests will be obtained from the receiver for all disposed hazardous waste off site. Copies will be provided to CT DEEP and manifests will be appropriately filed with the Plant Facilities Engineer 1 and readily available for inspection by state or federal environmental agencies as required by the RCRA regulations.

Goals for 2018

1. File 2018 Tier II report
2. File 2018 GPLPE report.
3. Work with TRC to comply with DEEP ground water consent order.
4. Maintain compliance with DEEP ionizing and diagnostic x-ray device registration regulations.
5. Continue to maintain conditionally exempt small quantity generator status by maintaining or reducing waste volume.

Whiting Forensic Hospital Spill Response Flow Chart



