Title: Universal Wastes Management Plan

Policy #: EC-50

Purpose:
This plan defines "Universal Waste" at BIDMC and defines the responsibilities shared by key departments to manage those wastes appropriately. Please refer to separate specific policies for the management of hazardous chemical wastes, infectious wastes, chemotherapeutic wastes, pharmaceutical waste, radioactive wastes, or any other specific waste streams.

Scope: The **Universal Wastes Management** Plan applies to all properties and facilities owned, occupied, or managed by Beth Israel Deaconess Medical Center (BIDMC), including clinical, research, and administrative areas on the main campus and at off-site locations. In some cases, certain responsibilities under the **Universal Wastes Management** Plan are shared with or delegated to local managers and/or outside parties such as landlords, tenants, or contractors. As applicable to particular locations, the **Universal Wastes Management** Plan also covers BIDMC patients, employees, clinical or research staff, and visitors present in these locations.

Guideline Statement:
Beth Israel Deaconess Medical Center shall assure proper management of all Universal wastes generated on its premises in accordance with all applicable State and Federal requirements. All generators and handlers of universal wastes within the Medical Center are responsible for strict adherence to the requirements of this section.

Guideline(s) for Implementation:

I. IDENTIFICATION & DEFINITIONS OF UNIVERSAL WASTES

Universal Waste Definition
The federal and state universal waste rules can be applied to certain hazardous wastes that are commonly generated across most industries. The regulations afford less stringent requirements for management of these wastes, as compared to those for hazardous chemical wastes. In Massachusetts, ***Universal Waste*** can apply to any of the following hazardous wastes as defined below:

A. Batteries: Batteries containing hazardous materials, such as nickel-cadmium, lead-acid, and mercury, which are a direct health hazard to humans and the environment. Although not all batteries qualify as Universal Waste, BIDMC elects to collect all discarded batteries for off-site recycling.

B. Lamps (bulbs)**:** With the exception of household-style incandescent lamps (bulbs), all other lamps from lighting fixtures shall be treated as Universal Waste. Only incandescent bulbs can be disposed of in regular trash.

C. **Mercury containing devices:** Mercury is used in several types of instruments that are common to the medical center. Some of these devices include thermometers, thermostats, sphygmomanometers (blood pressure manometers), barometers, flow meters (gas & water), temperature or pressure gauges, sprinkler system contacts, and switches in various types of equipment. Under no circumstance should mercury containing devices or equipment be disposed of through the normal trash (solid waste management program). All mercury containing devices/equipment must be collected as universal waste.

D. **Pesticides:** Certain pesticide wastes should be handled as Universal Waste. Pesticides are not typically used on BIDMC properties. Should any pesticides be discovered, BIDMC Environmental Health & Safety (EHS) should be contacted for waste evaluation at 617-667-3088.

II. TRAINING

Training responsibilities fall on the department manager, and/or director to ensure that staff adheres to this policy. Each department (clinical or non-clinical) that generates universal waste shall ensure all universal waste handlers review this policy upon hire and annually thereafter. For questions regarding this guideline or proper management of universal waste please contact the EH&S office at 617-667-3088.

III. IDENTIFICATION OF KEY RESPONSIBILITIES

A. Universal Waste Generator Responsibilities (All Applicable Departments)

1. All Universal Waste generators must maintain & provide to EH&S an inventory of approved department specific storage areas.
2. Departments generating Universal Waste are responsible for properly accumulating and disposing of items considered being universal waste, as described in sections IV & V below. Departments are also obligated to provide to EH&S copies of all required paperwork from each shipment of Universal Wastes.
3. Universal waste which has been compromised (broken lamps, thermometers, manometers, mercury containing equipment and fractured batteries) must be treated as hazardous chemical waste, refer to EOC policy EC-42 and contact EH&S office for assistance.

B. Environmental Health & Safety (EH&S)

1. Perform as the hospital's Universal Waste program coordinator (EH&S Director, or designee).
2. Maintain copies of current, applicable regulations and fulfill all requests for specific universal waste information.
3. Maintain this policy and update as necessary.
4. Oversee the storage and disposal of all universal waste in compliance

with the responsible department.
5. Attend annual refresher training courses (all applicable staff).
6. Maintain the contingency plan for waste accumulation areas.
7. Maintain copies of all required paperwork and disposal manifests to ensure proper disposal has occurred.

C. Maintenance Department

1. In addition to all other applicable responsibilities outlined within this policy, the Maintenance department is responsible for ensuring that all spent Mercury Containing Lamps are properly labeled and stored in an approved storage area for **no longer than one year.**
2. Maintenance personnel shall contact EH&S upon receipt or discovery of any waste pesticides, batteries, or mercury containing devices / equipment.

D. Facilities Department

1. In addition to all other applicable responsibilities outlined within this policy, the Facilities Department shall ensure that all universal wastes (equipment and/or building components) identified or generated through construction and renovation projects are properly removed and disposed.
2. Facilities staff shall contact EH&S Department as necessary for consultation on proper handling & disposal methods.

E. Environmental Services:

1. Collect full battery containers from designated locations across medical center and consolidate into 5-gallon pails at EVS Department.
2. Contact EH&S for removal of full pails from EVS Department.

IV. STORAGE & LABELING REQUIREMENTS

A. Storage Requirements for Universal Waste

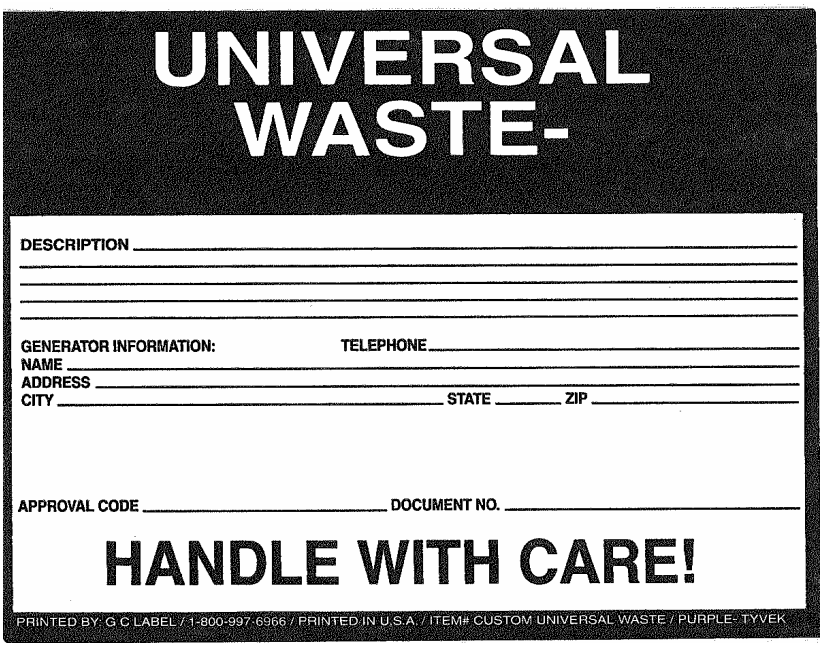
1. All Universal Waste shall be stored in designated locations and signage, as approved by EH&S.
2. All containers of Universal Waste must remain closed at all times.
3. All Universal Waste containers must be labeled as soon as any material is placed in them. *(see labeling requirements below)*
4. Access to Universal Waste Storage rooms shall be granted to trained handlers of Universal Waste only. For assistance with or questions on proper management of Universal Waste, please contact EH&S at 617-667-3088.

B. Requirements for labeling Universal Waste

All universal waste containers must be labeled at the time that the waste is first placed in the container. Labels are provided by EH&S and must include the following information:

1. The words "**UNIVERSAL WASTE**";
2. The specific name of the waste stream (ex. "**Spent Fluorescent Bulbs**", "**Mercury Containing Thermostats**", etc.);
3. The date at which accumulation began (the day the first piece of universal waste was placed in the container).

BIDMC approved and provided label:



V. SHIPPING & DISPOSAL

All Universal Waste shall be transported off-site by a licensed hazardous materials transporter, and shall be shipped to a recycling and/or disposal facility that is properly licensed to receive and process the materials. All transporter and facility vendors used for Universal Waste shall be approved by EH&S.

VI. EMERGENCY RESPONSE

In the event of an unexpected spill of hazardous chemical material, refer to EOC policy, EC-43. Unexpected spills of a hazardous nature relative to universal waste may include, but not be limited to, mercury **spills or leaks** and/or **battery acid spills or leaks**. In any chemical spill, BIDMC employees should dial **2-1212**, and report a ***"Code Orange"***, the operator will prompt the caller for pertinent information.

Vice President Sponsor: Walter Armstrong, SVP, Facilities and Engineering

Approved By:
☒ **Environment of Care: 3/14/12** **W. Armstrong & K. Sands**
Co-Chairs

Requestor Name: Gary Schweon, Director, EH&S

Original Date Approved: 12/14/05

Next Review: 3/15

Revised: 12/08, 3/09, 3/12

Eliminated:

References:
- **EC-42 Hazardous Chemical Waste Management Policy**
- **EC-43 Code Orange - Chemical Spill Response Program**
- **EC-26 Contractor, Subcontractor, Consultant, and/or Vendor Policy**