DEPARTMENT OF CORRECTIONS

Policy Number:	**105.152**
Title:	**Hazardous Waste Management**
Effective Date:	**11/19/18**

PURPOSE: To provide procedures for the proper approval, use, storage, and disposal of hazardous chemicals, solid waste, and pharmaceuticals in accordance with the U.S. Environmental Protection Agency (EPA) and the Minnesota Pollution Control Agency (MPCA) regulations and to protect people and the environment.

APPLICABILITY: All facilities

DEFINITIONS:

Accumulation limit – the amount of hazardous waste that may be stored at the facility before shipping requirements take effect.

Accumulation start date – the date at which hazardous waste was first placed in the hazardous waste storage container (for satellite accumulation containers, the accumulation start date is the date the container is filled).

Acute hazardous waste – type of hazardous waste where a small amount can cause severe health effects. All P-listed items are considered acute. Staff who handle P-listed waste are trained to identify it.

Amalgam – waste amalgam bearing the heavy metal mercury, generated from dental offices.

Hazardous waste – according to the MPCA and EPA, hazardous waste is chemicals or materials with one or more of the following properties:

A. Explosive;
B. Flammable;
C. Toxic;
D. Corrosive;
E. Radioactive; and
F. Waste petroleum.

Hazardous waste pharmaceuticals – pharmaceutical waste classified as hazardous by the MPCA or EPA.

Large quantity generator (LQG) – a facility that generates more than 2200 pounds of hazardous waste per month.

Pharmaceutical waste – includes such examples as: expired drugs, open drugs that cannot be used, containers that held drugs, and drugs that are intended to be discarded.

Small quantity generator (SQG) – a facility that generates more than 220 pounds, but less than 2200 pounds, of hazardous waste per month.

Storage time limit – amount of time a generator has to ship the hazardous waste once the accumulation limit has been reached.

Used fixer – used fixer bearing the heavy metal silver generated from dental offices.

Very small quantity generator (VSQG) – a facility that generates 220 pounds or less of hazardous waste per month.

PROCEDURES:

A. Hazardous waste generator status

Each facility must determine their generator size based on the amount of hazardous waste the facility produces per month. The generator size determines the specific use, storage, and disposal requirements the facility must follow.

B. Hazardous waste storage and shipping

1. Very Small Quantity Generator (VSQG)
   a) Up to 2200 pounds of hazardous waste may be accumulated and stored indefinitely.

   b) Once 2200 pounds of hazardous waste has been accumulated, the generator has 180 days to ship the waste off site.

2. Small Quantity Generator (SQG)
   a) Up to 6600 pounds of hazardous waste may be accumulated and stored indefinitely.

   b) Once 6600 pounds of hazardous waste has been accumulated, the generator has 180 days from the accumulation start date to ship the waste off site.

3. Large Quantity Generator (LQG)
   a) No limit to the amount of waste stored on site.

   b) The hazardous waste must be shipped off site within 90 days of the accumulation start date. If the 90-day deadline is not met, the facility is required to apply for a hazardous waste storage facility permit.

4. Satellite accumulation containers
   a) A facility slowly fills a satellite accumulation container over a period of time to reduce the need to ship while relatively empty.

   b) A satellite container may only be used to accumulate up to 55 gallons of hazardous waste or one quart of acute hazardous waste.

   c) Satellite containers must be under the direct control of the operator of the process producing the waste, visually inspected daily, or require documented weekly inspections.

   d) For satellite storage containers, the date it is filled is the accumulation start date.

   e) Once filled, the facility has three days to move the container to the permanent storage area and 90 to 180 days to ship based on the generator size requirements.

f) Satellite accumulation may occur in multiple locations and multiple wastes may be accumulated, however, the limits may not be exceeded (55 gallons or one quart, depending on the waste).

5. Each facility must determine the location and size of their hazardous waste storage areas and ensure all requirements are met.

C. Hazardous waste spill response

1. The area supervisor/designee must promptly report all significant spills and leaks to the site safety administrator. If the container label does not identify the substance as a hazardous waste, staff must follow the directions for spills on the safety data sheet (SDS) and submit an incident report. Incident reports must be written for all spills and leaks.

2. Regardless of size or contents of the spill, staff must employ all precautionary means (anyone participating in this exercise must use appropriate protective gear). The site safety administrator, A-team officer in charge (OIC), and the watch commander must determine whether an evacuation is necessary or if a defend-in-place action is sufficient. Spills equal to or greater than five gallons must be reported to the Minnesota duty officer for the Emergency Management Division (in greater Minnesota ONLY 1-800-422-0798 and Twin Cities metro area 651-649-5451).

3. In the event the material is identified as a hazardous waste, the area must be secured immediately and staff must:
   a) Activate incident command system (ICS). The A-team and the site safety administrator must oversee the cleanup.

   b) Keep calm and safely stop the spill if possible.

   c) Remove all offenders and staff who are in the immediate danger area.

   d) Follow the spill containment procedures and response protocol developed at the facility (including disposal of waste generated during cleanup activities).

D. Hazardous waste container inspections

All facilities must designate staff to complete weekly inspections of hazardous waste containers and document on the Hazardous Waste Container Inspection form (attached). Weekly inspections are retained for three years, to include the year of inspections, by the site safety administrator. The inspection must include:

1. Are containers closed;
2. Proper labeling;
3. Are labels visible;
4. Do dates on drums fall within required generator storage time limits;
5. Is amount of waste stored within generator storage limits (as defined by each facility's generator status);
6. Are there spills or leaks;
7. Are there cracks in the floor of the storage area; and
8. Is proper personal protective equipment (PPE) available.

E. Hazardous waste disposal

1. Absolutely no chemicals may be disposed of in the trash or down the drain without permission. Any area supervisor who has waste chemicals of any type must contact the site safety administrator or designee for information and assistance on chemical disposal.

2. Staff must avoid unnecessary disposal of hazardous wastes. Before choosing a chemical for production, supervisor must obtain an SDS and other pertinent information, obtain a chemical sample, and consider what disposal problems the chemical may cause the facility.
   a) Can this chemical be recycled or reclaimed;
   b) Can a similar product resulting in less waste or lower hazard be used; and
   c) How expensive and difficult is legal and proper disposal of the chemical?

3. Contractors are responsible for any hazardous waste they generate, including spills, removal of waste from the facility, and disposal costs.

F. Pharmaceutical waste

1. The DOC pharmaceutical and therapy committee meets regularly and evaluates all prescribed medications, per Division Directive 500.200, "Management of Medications" to determine the correct hazard class:
   a) RCRA pharmaceuticals (includes P-list, MN 01 (lethal), D (toxic), and D001 (ignitable)), and
   b) P-Listed.

2. Storage and handling
   a) Facilities must determine the proper number and size of the storage containers based on volume.

   b) Each container must be labeled with:
      (1) The words "hazardous waste;"
      (2) A description of the contents; and
      (3) An accumulation start date.

   c) Containers must be closed except when waste is being added. The registered nurse (RN) supervisor/RNS administrator or designee must keep containers controlled.

   d) When a container is full or the accumulation limit is reached, the site safety administrator must coordinate shipping by a registered waste hauler.

   e) Empty inhalers, those containing no product and no pressure, are exempt from hazardous waste rules. Staff must evaluate non-empty inhalers to determine whether they are hazardous (and then manage accordingly) or may manage non-empty inhalers as hazardous waste without evaluation.

   f) Pharmaceuticals (such as outdated or unusable drugs) must be returned to the contract pharmacy using a reverse distribution process. Open containers and partially-used liquid drugs do not qualify for reverse distribution and must be evaluated to determine correct disposal method (some pharmaceuticals need to be disposed of as hazardous waste). Usable pharmaceuticals returned to the pharmacy via the reverse distribution process are not considered as waste pharmaceuticals.

g) Empty syringes, tubing, and bottles previously holding a pharmaceutical (all material that can be removed by normal means has been removed) and that do not contain P-listed drug residues may be disposed of as infectious waste (for sharps – see Policy 105.118, "Proper Management of Sharps") or as industrial solid waste (bags and tubing).

G. Field Drug Tests

All used field drug tests used to test for suspected drug must be disposed of in an appropriate hazardous waste container.

a) The used field drug tests that contain the suspected drug being tested for are all classified as MN 01 (Lethal).

b) A used field drug tests that contains the suspected drug being tested for must remain in its original test kit pouch. The pouch must then be placed in the appropriate hazardous waste container.

H. Used fixer must be collected and stored by the facility.

I. Waste amalgam is collected and stored by the facility. Once the amalgam container is full, it must be shipped with the hazardous waste hauler.

J. Manifest distribution copies must be mailed out within five days of the waste leaving the facility.

1. If you are an SQG or LQG of hazardous waste located anywhere in Minnesota, send a copy of the *initial* and *final* pages of the manifest to:
   MPCA ATTN: HWIMS
   520 Lafayette Road North
   Saint Paul, MN 55155-4194

2. If you are a VSQG located outside the seven-county metropolitan area, the MPCA currently does not require you to submit copies; however, make sure you retain the *initial* and *final* pages of the manifest for your records.

3. If you are a VSQG located in on the following metropolitan area counties – Anoka, Carver, Dakota, Hennepin, Ramsey, and Washington – send a copy of the *initial* and *final* manifest pages to:
   Hazardous Waste Manifest Program Mail Code 609
   300 South 6th Street
   Minneapolis, MN 55487

4. If you are a VSQG located in Scott County, send a copy of the *initial* and *final* manifest pages to:
   Scott County Environment Health
   200 4th Avenue West
   Shakopee, MN 55379-1220

   Manifests, logs, and other required documentation is retained by the safety administrator.

K. Training

1. The site safety administrator is responsible for developing hazardous waste training and any required updates.

2. All staff who generate, store, and assist in the shipment of hazardous waste must be trained in the requirements applicable to the generator size of the respective facility. Training must also include emergency requirements. The supervisor is responsible to schedule any current or new staff to attend this training within six months of the staff beginning his/her new job assignment.

3. Training is documented and retained electronically in the training management system.

INTERNAL CONTROLS:

A. Training is documented and retained electronically in the training management system.

B. Weekly inspections are retained by the site safety administrator.

C. Manifests, logs, and other required documentation are retained by the site safety administrator.

D. Incident reports are retained at the facility.

ACA STANDARDS: None

REFERENCES: Policy 105.150, "Right to Know Program."
Policy 105.118, "Proper Management of Sharps and Sharps Containers."
Policy 301.140, "Incident Command System"
MPCA Rules, Chapter 7045
MN OSHA Rules Chapter 5206

REPLACES: Policy 105.152, "Hazardous Waste Management," 7/19/16.
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: Hazardous Waste Container Inspection Record (105.152A)

APPROVALS:
Deputy Commissioner, Facility Services
Deputy Commissioner, Community Services
Assistant Commissioner, Facility Services
Assistant Commissioner, Operations Support