

SAFETY INFORMATION

EMPLOYEE HANDOUT EMERGENCY ASSISTANCE

(Fire, Police, Accident, Large Spill, Medical)
Campus Locations Dial "7777"
Off Campus Dial "911"

Other Health and Safety Phone Numbers

Environmental Health and Safety http://ors.uchc.edu	2723
Environmental Health and Safety Chemical Hygiene Officer Biological Safety Officer	2723
Radiation Safety	2250
Facilities Development & Operations	2125
Envir. Operations Center (24 hrs)	2338
Housekeeping	4193
CT Poison Control Center (24 hrs)	3456
Epidemiology	4376
Employee Health Service	2893
Emergency Department	2588
Hospital Risk Manager	2687
Hospital Quality Assurance	3153
Hospital Clinical Engineering	2954
Human Resources (Accident Reports)	4589

(Revised 3/97, 3/00, 11/00, 4/02, 6/04, 7/07, 5/08, 7/09, 1/10, 8/10, 7/11, 6/13, 5/14, 7/15)

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1. **SAFETY POLICY:** UConn Health continually strives to provide a safe and comfortable environment for students, staff and visitors. Numerous departments and committees playing an active role in these efforts include:

Committees

- Radiation Safety Committee
- Institutional Biosafety Committee
- UCH Employee Health Advisory Committee
- UCH Infection Control Committee
- UCH Joint Labor and Management Safety Committee
- UCHS Safety & Disaster Planning Committee
- Environmental Management Committee

Departments and Offices

- Environmental Health and Safety - x2723
 - Radiation Safety - x2250
- Epidemiology/Infection Control - x4376
- Clinical Engineering - x2954
- Public Safety Administration - x2511
 - Dispatcher - x2121
 - Fire - x2525
 - Police - x2121
- Facilities Development & Operations - x2125
 - Envir. Control Center (24 hrs) - x2338
 - Housekeeping – x4193
- Employee Health Service - x2893
- UCH Computer Network
 - Environmental Health and Safety
(<http://ors.uhc.edu>)
 - Safety Folder (Network Shared Folders)
 - Lyman Stowe Library (Databases)

Supervisors are responsible for maintaining a safe environment in their area. Their employees must be informed of potential hazards and the measures and procedures required to eliminate or reduce risks. This requires departmental training, education and enforcement of safety practices on a continuing basis. Additionally, individuals have a responsibility to anticipate potential accidents, take preventive measures to avoid or minimize accidents and be able to properly respond to emergencies such as fire, chemical spill, electrical outage, communication system failure, etc. Please refer to the UConn Health Chemical Hygiene Plan (http://ors.uhc.edu/pdf/chp_2015.pdf) for safety information.

2. **ENVIRONMENTAL HEALTH AND SAFETY:** Environmental Health and Safety, under the Associate Vice President for Research provides safety and environmental management services to all activities through

Environmental Health and Safety.

Environmental Health and Safety: Environmental Health and Safety (EHS) maintains the CT OSHA 300 log of work accidents and illnesses. Employees are covered by the CT OSHA program. The EHS is the administration's central contact point with CT OSHA, provides general and specialized safety training, responds to safety concerns, monitors workplace exposures, and recommends corrective action when safety problems are identified. EHS also assists all functions in their compliance with environmental laws and regulations. It provides a chemical waste/chemo/used drug disposal service and consultant services to departments on environmental and safety issues. The EHS is always available to supplement your departmental training activities (x2723).

Radiation Safety Office: The Radiation Safety Office provides support to all users of radioactive materials and equipment producing ionizing and nonionizing radiation. Both direct and indirect patient support is provided to the Health System. The Radiation Safety Office is the administration's central contact point with the Nuclear Regulatory Commission on licensing and inspection matters. Radioisotopes are ordered through, received by, and delivered to the authorized user by the Radiation Safety Office. Radioactive waste is collected and disposed of by Radiation Safety. The Radiation Safety Office provides radiation safety training that is mandatory for all users of radioactive material, monitors all areas where radioactive materials or sources of radiation are used, provides exposure monitoring of employees (such as radiation monitoring badges) and actively participates with the staff during all radiation therapy procedures (i.e., brachytherapy, radioactive iodine, etc.). The Radiation Safety Office provides radiation safety consultant services on matters such as shielding design and interpretation of regulations. Any questions or concerns about radiation safety should be referred to the Radiation Safety Office (X2250).

3. **ACCIDENTS:** Every work related injury, occupational illness, or exposure to infectious agent must be promptly reported by the employee to Human Resources (x4589). Human Resources will complete the WC-207 form. Medical treatment for such accidents should be initially obtained from Employee Health Service (normal hours) or the Emergency Department.
4. **BIOLOGICAL SAFETY/OSHA's BLOODBORNE PATHOGEN STANDARD/TB:** Work with infectious materials in laboratories is covered by the **Guidelines for the Conduct of Activities with Biohazardous Materials at the University of Connecticut Health Center**. This is based on the requirements of the CDC/NIH publication **Biosafety in Microbiological and Biomedical Laboratories** (which is available through Environmental Health and Safety and its homepage or

directly at <http://www.cdc.gov/biosafety/publications/bmbl5/index.htm>). Laboratories working with biosafety level 2 or higher infectious agents must contact Environmental Health and Safety in order to register their activity with CT Dept. of Public Health. Work with biological agents/toxins that require BSL-3 containment is prohibited at this time. For work with human blood and body fluids OSHA's Bloodborne Pathogen Standard (as implemented by the **Health Center's Policy for the Control of Employee Exposures to Bloodborne Pathogens and Exposure Control Plan**) is applicable. Supervisors are responsible for identifying to Human Resources employees required to accomplish work tasks with the potential for exposure to human blood and body fluids. Such employees must report to Employee Health Service within the first ten days of such an assignment so that the hepatitis B immunization program is explained and must be trained on the OSHA requirements and the Health Center's Exposure Control Plan prior to performing tasks with such potential exposures. Laboratory work with such human blood and body fluids is also covered by these requirements and the Exposure Control Plan. Contact Epidemiology and/or Environmental Health and Safety for additional information (x4376 and X2723). Staff must always be alert to the hazards inherent in the use of sharps (needles, blades, etc.) and are encouraged to provide suggestions to Environmental Health and Safety for safety related improvements. Syringes and needles being discarded must be disposed of promptly in a sharps container. Individuals are responsible for always conducting their activities to minimize the risk of needlestick injuries. Safety needles/syringes that will become contaminated with human materials must be used, as feasible, to minimize risks of such needlestick exposures. Capping of used syringes/needles is against Hospital and Health Center policy because of the increased risk of needlestick injuries. The clipping of needles is also prohibited because of the possible generation of aerosols. Sharps containers must be changed frequently enough so that they never become overfilled. Incubators, freezers and refrigerators used for human specimens must have a biohazard symbol on the outside.

5. **TB EXPOSURE CONTROL:** UConn Health's first line of defense against airborne hazards is the use of PAPRs (positive air purifying respirators). A cart containing these units will be delivered to your site by contacting the Transportation Department at x1948. Additional respiratory isolation carts are located in Environmental Health and Safety. Traditional N95 respirators are also available upon request per UConn Health's TB Control Policy. Contact Environmental Health and Safety with any questions (x2723).
6. **CHEMICAL SAFETY:** Individuals have a right and responsibility to know the potential hazards associated with the materials they use and a duty to follow prudent practices necessary to reduce the risks. It is Health Center policy that all personnel using chemicals or exposed to

chemicals in a foreseeable emergency be trained on chemical hazards. Laboratory workers must attend a 2-hour laboratory safety training session offered by-weekly and use chemicals in accordance with UConn Health's **Chemical Hygiene Plan** available from the Environmental Health and Safety Homepage (<http://ors.uchc.edu>). Employees also receive basic chemical safety training during their orientation. A one hour general chemical safety training course is also offered by the EHS upon request. UConn Health has written policies on chemical safety and provides employees information on the chemicals they use through a Safety Data Sheet (formally MSDSs) file and many standard chemical safety texts located in Environmental Health and Safety (hardcopy). Departments/ Individuals with network PCs may also access SDSs (MSDS's) electronically over the internet (http://ors.uchc.edu/chemical_safety_msds/index.html) or through UConn Health's main homepage. The most direct access to an SDS is to Google the chemical name followed by SDS (or MSDS). Supervisors and principal investigators are responsible for reviewing the hazards associated with materials used by them or under their supervision, assuring that their employees and students have been provided such information, prescribing safety requirements necessary to reduce the risk of injury, monitoring work practices to ensure compliance with prescribed safety practices and having their employees attend laboratory safety training. Environmental Health and Safety should be consulted on any questions related to SDSs, monitoring worker exposures and general chemical procedures.

7. **RADIATION SAFETY:** The Office of Radiation Safety ensures that radiation producing devices and radioactive materials are used safely and in accordance with all Federal and State requirements. Radioactive materials must be approved by the Radiation Safety Office (x2250), and users must be licensed prior to ordering. The Radiation Safety Committee oversees the radiation safety program, and sets policy. The Radiation Safety Office issues personal monitoring badges for those potentially exposed to radiation and performs surveys of radioactive materials use areas and areas that contain radiation producing equipment (i.e., x-ray machines, etc.). The Radiation Safety Office also provides training services. Contact the Radiation Safety Office (x2250) for further details regarding work with radiation producing equipment or radioactive materials.

8. **ANTINEOPLASTIC AND HAZARDOUS DRUGS:** UConn Health has adopted a safety plan on the procedures to be followed to insure the safe handling, use and disposal of antineoplastic (chemotherapy agents) hazardous drugs. All chemotherapy waste (bulk and/or trace) must be disposed of in the black "bins". In addition to this waste stream, all EPA "P" listed material (nicotine, epinephrine, nitroglycerin, warfarin, etc., see complete list on side of the bins) must also be placed in this bin. The plan is available from Environmental Health and Safety and on

the website. Pharmacy maintains an expanded reference file on drugs used in the Health System and this information is available to all employees.

9. **COMMUNICATION SYSTEMS:** It is important to know how our telephone equipment will work in an emergency. Two styles of telephones are in use. The small (analog) desk and wall units and the larger digital display terminals that may need to be plugged into an electrical outlet. Most digital display units that are plugged into an electrical outlet will not work if it fails to receive line electrical power. Thus, it will not work if the unit becomes unplugged or the wall outlet fails to receive electrical power (for example if the outlet powering the device is not an "Emergency Power" outlet and commercial electrical power is lost). Cell phone users should call 860-679-7777 if an emergency exists.
10. **REGULATORY COMPLIANCE ISSUES:** Contact Environmental Health and Safety in case of regulatory visits by safety and environmental protection agencies. Environmental Health and Safety will coordinate such visits (CT OSHA, CT DEEP, EPA, NRC, etc.). Employees should forward questions related to records that are required by CT OSHA on exposure and medical records to the ORS (x2723) or Employee Health Service (x2893), respectively.
11. **COMPRESSED GAS CYLINDERS:** The handling and use of compressed gas cylinders is covered by both UConn Health and Health System Policies. Laboratory personnel need to consult the UConn Health's **Chemical Hygiene Plan** on the use and handling of such cylinders. Other employees should consult UConn Health or UConn Health System Policies, as appropriate. Key safety points include: only experienced and properly instructed personnel are to handle compressed gases; cylinders must be secured in place; leave any valve cap on the cylinder until the cylinder is secured and ready for use; all valves should be closed when not in actual use; do not rely on color alone to identify a gas - also check the tag and/or stenciling; regulators and lines must be approved for and compatible with the gases to be used; oil and certain gases such as oxygen and nitrous oxide may react with explosive force - use only specially cleaned fittings with such materials and do not lubricate them; use of gases with a poison label or that is flammable requires prior approval from Environmental Health and Safety and/or the Fire Marshall; and, do not drop or otherwise permit cylinders to strike each other.
12. **ELECTRICAL SAFETY:** Clinical Engineering has programs to maintain and monitor all Health System equipment used for patient treatment, monitoring or diagnosis. Users of equipment must be trained on instrument operation and be alert for potential equipment problems. Equipment problems would include frayed electrical cords, electrical

shock, suspected faulty operation, etc. Report such patient equipment problems or concerns promptly to Clinical Engineering (x2954). Nonmedical equipment (microwave ovens, toasters, etc.) in patient areas are monitored by Facilities Development & Operations (Electrical Shop) prior to being placed into operation and then annually. Report problems with such equipment to Facilities Development & Operations, (x2125).

Health System: In Clinical Areas extension cords are not permitted unless approved by Clinical Engineering. A 3-wire to 2-wire "cheater" adapters are **NOT** permitted anywhere. Patient owned electrical equipment is generally not permitted. Space heaters, holiday lights, popcorn poppers, electric blankets, and personally owned radio transmitters are not permitted. Domestic type appliances and entertainment equipment used within 6 feet of the patient's bed must be battery-powered or used on a dedicated isolation transformer. Questions on the above should be referred to Clinical Engineering (x2954).

13. **ELECTRICAL POWER FAILURE:** The Hospital's electrical distribution system is arranged to provide emergency power to certain designated devices in the event that normal utility company power is lost. This emergency power is provided by three engine driven generators that start simultaneously the instant a power loss is detected and provide emergency power within ten seconds of normal power loss. Devices that are powered by the emergency system are those that are concerned with life safety (operating rooms, labor and delivery, corridor lighting, fire and medical gas alarms, communication system, elevators, exit lighting, etc.). Also powered are critical fixed equipment, selected receptacles, etc. Utility outlets in patient rooms are red or marked with a red nameplate to indicate that power will be restored to them within ten seconds in case of normal power loss. In case the Hospital goes on emergency power, check critical equipment items promptly to verify proper continued operation.

14. **EMERGENCY PROCEDURES:**
Health System Codes and their meaning (**SEE YOUR HEALTH SYSTEM SAFETY MANUAL UNIT SAFETY TRAINER FOR MORE INFORMATION**) include:
 - Code Red:* Fire
 - Code Blue:* Medical Emergency
 - Code Yellow:* Disaster
 - Code Pink:* Infant Abduction
 - Code Conservation:* Conserve energy.
 - Code Strong:* Patient Behavioral Disturbance
 - Code Zebra:* Inmate Disturbance
 - Code Free Bird* – Patient AWOL
 - Code Silver:* Weapon Threat – Run Hide Fight

Code Orange: Infectious Patient

- 15. FIRE SAFETY:** UConn Health's Fire Department provides 24-hour coverage. Every employee must know how to respond to a fire emergency in order to protect life and property. If a fire is detected (smoke, heat, flame, etc.) on campus dial "7777" to report the emergency AND pull the nearest fire alarm container. Dialing "7777" and reporting the emergency provides detailed information to the responding firemen; pulling the fire alarm pull container releases fire doors in the immediate area. Off campus locations must utilize "911" for emergencies. If UConn Health emergency response is needed and a cell phone is used, call 860-679-7777. Keep in mind the acronym on the back of you ID Badge which is RACE (Rescue-Alarm-Close-Evacuate). If ordered to evacuate, follow established Hospital/Health System procedures. If ordered to evacuate, employees need to go to their department's predetermined designated assembly point.

Hospital and "C" Buildings: All personnel must know and follow their departmental procedures when the fire alarm sounds and lights flash and/or a Code Red is paged. If a fire has started in a room, patients and personnel must exit the room and the last person out must close the door. The fire emergency must also be promptly reported. All doors should be promptly closed. Normally this should provide sufficient fire separation to allow the fire to be extinguished without impacting other areas. If evacuation of an inpatient floor is ordered, it will be done as directed usually by horizontal movement into other fire separated compartments prior to vertical evacuation. A fire can spread rapidly, thus fire prevention and keeping exit paths clear at all times is vital. If you have questions or see a potential fire hazard, including a blocked egress route report it immediately to our Fire Department or Public Safety (x2525 or x2511).

"A", "B", "E", "L", 21 South Road, 400 Farmington Ave, MARB, OP and Munson Road Buildings: All personnel in these buildings need to follow the instructions announced over the emergency announcement system or as instructed by department manager. If you are directed to evacuate the area, go to the designated assembly area designated by your department. Do not return until cleared by Public Safety.

- 16. HAZARD REPORTING:** All personnel must be alert to potential safety hazards in their areas. Emergency reporting is always accomplished on campus by dialing "7777". Non-emergency hazard reports can be reported 24-hours a day to Environmental Health and Safety x2723, Facilities Development & Operations (Environmental Control Center x2338), Public Safety (Dispatcher x2121) or Housekeeping (x2626 for page operator), as indicated. Each bargaining unit also has a member(s) on the UConn Health's Joint Management/Labor Safety

Committee that hazards can be reported to.

17. **LASER SAFETY:** Laser use within UConn Health must conform to nationally recognized safety standards. In the Health System (Clinical) the acquisition/use of lasers needs to be coordinated with the Health System Laser Safety Officer (x2954). For other Health Center activities laser use needs to be coordinated with UConn Health's (Research) Laser Safety Officer (LSO x2250).

18. **HAZARDOUS WASTE DISPOSAL:** *Chemical Waste Disposal:* UConn Health has chemical waste disposal guidelines that cover all activities. Hazardous chemical waste (flammables, toxics, reactives, etc.) disposal for the individual user is simple. The user identifies hazardous chemical waste by consulting the guidelines and/or Environmental Health and Safety (EHS x2723). When chemical wastes are being collected or a product becomes a chemical waste, the user must make sure that the words "Hazardous Waste" appear on the container along with the ingredients and their percentage fully written out. Such containers must be kept tightly capped except when being filled and stored such that a leak will be contained. EHS then characterizes and consolidates such waste for treatment and disposal in accordance with numerous regulations. In the Health System, all mercury containing devices such as but not limited to mercury thermometers or blood pressure monitoring cuffs are forbidden and must be disposed of immediately. In case of a mercury spill, isolate the area and contact Environmental Health and Safety. Laboratory mercury spills may result in special concerns and the EHS (x2723) should be consulted.

Chemo/Drug Waste Disposal: Any item which has come in contact and is known to be contaminated with an antineoplastic agent during the preparation, handling or administration of such an agent must be disposed of in the black or yellow "RCRA Hazardous Waste" bin (see list on collection bins).

Radioactive Waste Disposal: There are many specific requirements for the disposal of radioactive materials. These requirements are the result of sound safety practices and are mandatory by State and Federal regulations. The Radiation Safety Office provides guidance in the proper packaging and handling of radioactive material and collects all radioactive waste generated at UConn Health. Call the Radiation Safety Office (X2250) to have such wastes collected or for answers to your disposal questions.

Regulated Medical Waste Disposal: UConn Health complies with CT DEEP and CT OSHA requirements on how regulated medical wastes must be segregated and disposed of by individuals in the laboratories, Health System, clinics, etc. In the Health System, infection control policies reiterate these procedures. Such procedures for laboratory

activities are covered in Laboratory Safety Training. Syringe disposal containers must be used for SHARPS. These sharps containers must be changed frequently enough so that they never become overfilled. Regulated medical waste containers are collected by Facilities Development & Operations; call x2125 for collection. For definitions of Medical Wastes see paragraph 25 or contact the ORS at x2723.

19. **SAFETY DATA SHEETS (SDSs):** Regulating agencies in the United States have agreed to conform to a worldwide chemical hazard classification system known as GHS (Globally Harmonized System). This system classifies chemical hazards that are identical worldwide. The familiar MSDS hazard information has been replaced by SDS, or Safety Data Sheets. Manufacturers are required to provide Safety Data Sheets (SDSs) on their chemical products. SDSs provide information on the hazardous ingredients in the product, physical properties, fire and explosion data, health hazards, reactivity data, spill or leak procedures, special protection information and special precautions. These SDSs are readily available on line or by calling the EHS at x2723. Additionally, other standard chemical safety texts are available to you in the EHS. The Pharmacy provides additional information on FDA drugs. Please forward to Environmental Health and Safety copies of any SDSs you receive. At UConn Health, the primary method of providing SDS's to employees is via internet. The most direct access is to Google the chemical name followed by SDS. A wide variety of Safety Data Sheets on chemicals (for example, all products from Sigma, Aldrich, Fluke, etc.) are available directly from the supplier via the internet. Specific access instructions are on the Environmental Health and Safety's homepage. For additional information, help in interpreting the data or when you have a need for a special SDS, contact Environmental Health and Safety x2723.
20. **SAFETY EDUCATION AND TRAINING:** Employees are briefed on safety matters at the New Employee Orientation session held every two weeks. Personnel exposed to chemicals in their work are also required to attend mandatory **Chemical Safety Training** provided by Environmental Health and Safety (2 hours for lab workers). Persons working with radioactive materials or equipment producing ionizing radiation must attend radiation safety training sessions. For employees with potential exposure to human blood and body fluids must complete **OSHA Bloodborne Pathogen Training** prior to the assignment of any task which pose an exposure risk. Supervisors are responsible for having their employee(s) complete such mandatory sessions which are offered at New Employee Orientation or upon request. Annual bloodborne pathogen refresher training is located on the SABA computer based training (CBT) system. Access is available from any network connected computer (Windows or MacIntosh). Persons who will be working with or in a room with Class 3B or 4 Laser must attend **Laser Safety** training. Persons who are involved in the shipment of

hazardous materials must attend **DOT/IATA** shipping training. Additional information is available to all UConn Health activities from Environmental Health and Safety.

Departments are responsible for safety education of their employees on a continuing basis. Individuals must be trained on the equipment they use, tasks requiring the use of personal protective equipment and training in its selection and use, and have confidence in the actions they will take in case of fire, utility outage, communication system outage, disaster, or other emergency. Departments can request assistance in their training efforts on such subjects from:

- Environmental Health and Safety
- Clinical Engineering
- Fire Department
- Epidemiology
- Radiation Safety

Individual responsibilities include maintaining safety awareness so that hazards are recognized and following prudent practices and controls so that risks are appropriately minimized.

21. **PERSONAL PROTECTIVE EQUIPMENT:** A copy of the UConn Health's Personal Protective Equipment Policy is available from the Environmental Health and Safety and is on its Homepage. Research and clinical laboratory investigators are requested to access the need for personal protective equipment needs based on the hazards that may exist in the workplace. A "Workplace Hazard Assessment Form in Laboratories" is available at (<http://ors.uchc.edu>).

Safety Equipment available from the Warehouse includes:

- Chemical Goggles
- Safety Face Shields
- Universal Precaution Supplies:
 - Aprons
 - Syringe Disposal Containers
 - Gloves
 - Respirators

Respirators used for protection from TB and chemical over-exposures must be the size, model and type issued by Environmental Health and Safety after proper selection, training, fit testing and medical certifications have been completed. See also paragraph 5 above.

22. **SECURITY:** An escort service is provided by the Police Department upon request to workers returning to their car on off-shifts (x2121). Emergency call stations are located on campus (blue light). Access to

areas of UConn Health is limited to those who have been approved. Proximity card readers are required for access.

23. **VOLUNTEERS:** Departments that use volunteers are responsible for registering them in advance with Volunteer Services and making sure that they are provided safety training and follow all prescribed safety practices.
24. **LOCK OUT/TAG OUT:** In order to prevent worker injury, machinery and equipment needing maintenance or servicing must first be disabled to prevent the release of potentially hazardous energy. Forms of energy may include but not limited to electrical, hydraulic, pneumatic, etc. The procedure could be as simple as removing the plug and having it in your control during work on cord and plug operated equipment. At other times machinery will have to be locked out (if possible) and have a Danger Tag on it with the worker's name warning others not to start the equipment. Always heed the warnings on such tags and contact Environmental Health and Safety if you have questions. Facilities Development & Operations has an established Lock Out/Tag Out procedure for its entire service staff to follow and any violations or concerns observed should be immediately reported.
25. **CELLULAR PHONE WARNING:** In Health System patient care areas the use of cellular phones is prohibited within 3 feet from any operating medical device or at the discretion of the unit manager. See John Dempsey Hospital Policy (11-038) for additional details.
26. **MEDICAL WASTE REGULATORY DEFINITIONS:**

CT DEEP DEFINITIONS

These definitions are presented in the context of existing UConn Health waste management programs in order to provide UConn Health activities definitions on the types of medical wastes (often referred to as Regulated Medical Wastes [RMW] or Red Bag Waste) that they must segregate and package to comply with CT Department of Energy and Environmental Protection (CT DEEP) regulations on biomedical wastes. In case of questions, the full CT DEEP biomedical waste definitions, exclusions, requirements, etc. must be consulted and understood to verify compliance. For more details, UConn Health activities should contact Environmental Health and Safety (x2723) and/or Section 22a-209-15 (Biomedical Waste) of the Regulations of Connecticut State Agencies.

A. Infectious Wastes:

- 1) Any discarded culture or stock of infectious agents and associated biologicals, including human and animal cell cultures

from clinical, hospital, public health, research and industrial laboratories; any waste from the production of biologicals; any discarded etiologic agent; any discarded live or attenuated vaccine or serum; and any discarded culture dish or device used to transfer, inoculate, or mix cells cultures. **THIS CLASS OF WASTE MUST BE AUTOCLAVED PRIOR TO BEING PLACED IN AN RMW CONTAINER FOR DISPOSAL.**

- 2) Any body fluid, waste human blood, or waste blood product, any container of any of the foregoing, and any disposable item that is saturated or dripping with a body fluid or that was saturated or dripping with a body fluid and has since caked with dried body fluid. "Body fluid" means any substance which emanates or derives from the human body, including but not limited to blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid and pericardial fluid, but excluding feces, urine, nasal secretions, sputum, sweat, tears, vomitus, saliva, and breast milk, unless any such excluded substance contains visible blood or is isolation waste.
- 3) Any discarded used sharp and any residual substance therein.
- 4) Any discarded unused hypodermic needle, scalpel blade, suture needle or syringe. ("Sharp" means an item capable of causing a puncture or cut, including but not limited to a hypodermic needle, scalpel blade, and broken glassware, provided that (1) broken glassware shall not be deemed a sharp unless it is known to be contaminated with an infectious agent, and (2) a syringe, regardless whether a hypodermic needle is attached thereto, shall be deemed a sharp.)
- 5) Any discarded animal carcass, animal body part or animal bedding, when such carcass, part or bedding is known to be contaminated with or to have been exposed to an infectious agent.
- 6) Isolation waste means discarded material contaminated with body fluids from (a) humans who are isolated to protect others from a highly communicable disease, and (b) animals which are isolated because they are known to be infected with an infectious agent capable of causing a highly communicable disease. A highly communicable disease is one listed in Biosafety Level 4 of the Centers for Disease Control/National Institutes of Health Guidelines entitled Biosafety in Microbiological and Biomedical Laboratories.
- 7) Any material collected during or resulting from the cleanup of a spill of infectious material.

- 8) Any waste which is neither a hazardous waste pursuant to Section 22a-115 of the General Statutes nor a radioactive material subject to Section 22a-148 of the General Statutes and which is mixed with infectious waste.

B. Pathological Waste:

Means any human tissue, organ, or body part removed during surgery, autopsy or other medical procedure. Pathological waste does not include formaldehyde or other preservative agent, or a human corpse or part thereof regulated pursuant to Section 7-64 or Chapter 368l, 368j or 368k of the General Statutes. **SPECIAL ARRANGEMENTS MUST BE MADE BY THE GENERATING ACTIVITY WITH FACILITIES DEVELOPMENT & OPERATIONS FOR THE DISPOSAL OF PATHOLOGICAL WASTES IN CONTAINERS HAVING SPECIAL EXTERIOR PATHOLOGICAL WASTE LABELS.**

KEY POINTS ON UCONN HEALTH RMW DISPOSAL:

- 1) Facilities Development & Operations (x2125) provides every activity with medical waste management services. Such services include: (1) collection of RMW containers segregated by the clinic, laboratory, etc.; (2) maintaining the contracts that are necessary for the transport and treatment of such wastes; (3) maintaining the paperwork audit trail required by the regulations; and, (4) making required reports.
- 2) Responsibilities of UConn Health activities that may generate biomedical waste include:
 - a. Identify and segregate medical wastes based on the above definitions by always:
 - placing sharps promptly into authorized UConn Health sharps containers such as those that come pre-labeled from the Warehouse (these containers are to be changed frequently enough so that they never become overfilled, when they are changed securely closed by the user and placed in the top portion of an RMW container).
 - placing infectious waste in the red bag lined regulated medical waste (RMW) containers obtained by calling Facilities Development & Operations (x2125). Make sure that cultures and stocks have been autoclaved and that any container(s) with over 20cc of liquid has been

placed in a break-resistant and tightly lidded or stoppered container prior to placement into the RMW container. Discharge to the sanitary sewer of liquid infectious wastes is permissible provided that universal precautions are followed and aerosol formation is minimized.

- keeping RMW containers in their work area so that they are only accessible to authorized personnel until collected by Facilities Development & Operations (call x2125 for new RMW containers and collection of filled containers).
 - coordinating any pathological waste disposal needs in advance with Facilities Development & Operations so that only properly marked Pathological Waste Containers are used.
 - returning unused unit doses of chemotherapy drugs to Pharmacy and calling Environmental Health and Safety (EHS) for the disposal of chemotherapy wastes generated when a chemotherapy spill has been cleaned by the activity using the chemotherapy spill kit. The EHS collects such chemotherapy waste from Pharmacy and arranges for disposal as hazardous chemical waste.
- b. Other general procedures to be followed when managing biomedical waste include:
- Biomedical waste must not be compacted or subjected to violent mechanical stress during segregation, storage or transport.
 - Contact Facilities Development & Operations (x2125) or Environmental Health and Safety for assistance with medical waste items that are oversized or require special procedures for proper movement or disposal.
 - Remember biomedical waste mixed with hazardous chemical wastes is identified and segregated as hazardous chemical wastes and is collected by Environmental Health and Safety (x2723).
 - Biomedical waste mixed with radioactive material is identified and segregated as radioactive material waste and is collected by the Radiation Safety Office (x2250).

- Recognize that normal trash from medical facilities receives close examination at disposal facilities. Items that have an appearance of being medical waste can result in rejection of the whole waste load and its return. Activities, especially laboratories, should continue to dispose of items commonly associated with cultures and stocks (e.g., Pasteur pipettes, serological pipettes, culture tubes, culture flasks, etc.) in RMW containers even when they have not contacted infectious materials. When such items have been used with culture and stocks as defined in IA above, they must be autoclaved prior to being placed in the RMW container. Our experience over the years continues to be that our RMW containers provide suitable puncture resistant containment for items such as Pasteur pipettes. More general use laboratory glassware items that have not contacted potentially infectious materials should continue to be discarded as normal trash with suitable packing (e.g., glass disposal containers available from the warehouse) to protect trash handlers from a cut in case of breakage.

CT OSHA DEFINITION:

Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials, contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

27. **UNIVERSAL WASTE:** CT DEEP has expanded the scope of the hazardous waste management regulations to include “Universal Waste”. These Universal Waste regulations establish requirements for the management of fluorescent lamps, lead/acid batteries, thermostats, pesticides and any piece of electronic equipment which contains a circuit board. The primary impact of this regulation to the general UConn Health community is the mandate that all batteries must “not” be discarded in the general trash. The items must be collected by Environmental Health and Safety and disposed of through a licensed recycler. Facilities Development & Operations is responsible for the proper management of lamps and pesticides. Property Management is responsible the proper management of waste electronic equipment. If you have any questions or require a battery, thermometer or mercury containing device pick-up, contact Environmental Health and Safety at x2723. For lamps, contact Facilities Development & Operations or waste electronics contact Property Management.

28. **MINORS IN THE WORKPLACE:** The Human Resources Department should be contacted prior to allowing a minor (15-17 years of age) to enter any area which could contain a potential hazard. Children under the age of 15 are not permitted in any area where a hazard could exist. Minors working at UConn Health must be enrolled in a formally established program with the minor's school. Minors who are compensated and are working in an area containing a potential hazard must have that area inspected by the CT Department of Labor prior to such work. Contact Human Resources or Environmental Health and Safety for procedures. Paying minors in areas involving hazardous material/items is strongly discouraged.
29. **SHIPPING HAZARDOUS MATERIALS:** Contact the Radiation Safety Office (x2250) prior to shipping any hazardous material. The shipment of packages containing dry ice, infectious substances, biological substances, category B, regulated medical waste and related items can only be shipped by personnel who have received DOT/IATA shipping training. Contact Environmental Health and Safety (x2723) for assistance on shipping all other hazardous materials. Most imports of materials will probably require the completion of a TSCA import form. Other import permits may also be required. Contact Environmental Health and Safety (x2723) for assistance. You may not ship materials from UConn Health unless you have been trained.
30. **WASTE MINIMIZATION/MERCURY POLICY:** The UConn Health encourages chemical users to utilize the minimal amount of material necessary to accomplish the task. In addition to minimizing the impact on the environment when these materials are disposed, waste minimization also reduces waste disposal costs. Chemical users are requested to substitute less hazardous materials for chemicals currently in use. Order only the quantities you expect to utilize during the course of your work. Recycle or reuse materials as is practical and safe. Avoid mixing hazardous waste streams with non-hazardous waste, if possible. Prior to ordering new chemicals, contact colleagues and determine if you can utilize excess materials they have on hand. As is possible, minimize the size of chemical containers used and/or chemical preparations to reduce the amount of waste generated. A formal waste minimization policy is located on the Environmental Health and Safety website.

UConn Health is a mercury free facility. Mercury thermometers, blood pressure monitors and other mercury containing devices are not permitted unless no substitute is available. Eliminate or minimize the use of mercury.

31. **CONFINED SPACES:** You are not permitted to enter a confined space without a special permit issued by Environmental Health and

Safety. A confined space is an area with limited access that could contain a dangerous condition such as noxious gases, engulfment by stored materials, electrical hazards, etc. These areas are of concern because of the difficulty in removing an injured individual and risks to rescue staff. Call Environmental Health and Safety for more information(x2723).

32. **ASBESTOS AWARENESS POLICY:** Environmental Health and Safety has identified areas/items within the UConn Health that may/do contain asbestos. Asbestos can be hazardous if inhaled. Long term exposure to asbestos has been associated with the development of lung cancer. Areas or items at the UConn Health that may contain asbestos include:

- Insulation
- Roofing material
- Floor tiles
- Mastic (used to fix floor tiles)
- Wallboard
- Lab bench tops
- Hood lining

Do not cut, saw, drill, sand, (etc.) any of these materials. The asbestos awareness policy is available on the Environmental Health and Safety website.

33. **UCONN HEALTH SAFETY INFORMATION/POLICIES:** The Environmental Health and Safety homepage contains many of the policies described in this safety information pamphlet. You may access the homepage at <http://ors.uchc.edu>. Refer to this webpage for the details on the various safety programs and policies in place at the UConn Health.
34. **CHEMICAL INVENTORY:** Environmental Health and Safety has instituted a bar code chemical inventory system. Do not remove or deface the label. Prior to disposing, reusing an empty container or changing a container's location please contact Environmental Health and Safety by phone (x2723) or email to have the product removed from the database. A chemical that has been bar coded for tracking will have a "red-ball" sticker on its cap and a bar code label near the top of the container.