

Environmental
Protection Agency

Ed Buckland, Governor
Lisa Fisher, Lt. Governor
Chris Katschke, Director

CERTIFIED MAIL

March 17, 2010

**Re: Director's Final Findings & Orders
Mercy Hospital Anderson
Cincinnati, Ohio (Hamilton County)
U.S. EPA ID No.: 981 526 759**

Ms. Patricia A. Schroer
President & CEO
Mercy Hospital Anderson
7500 State Road
Cincinnati, Ohio 45255

Dear Ms. Schroer:

Here are the Director's Final Findings and Orders (Orders) issued to Mercy Hospital Anderson on March 17, 2010. These Orders are effective today.

I have also enclosed an invoice for the penalty payment as required by Order No. 2. Please remember that your payment is due no later than April 16, 2010.

If you have any questions concerning compliance with these Orders, do not hesitate to contact Paul Pardi at (937) 285-6357 or paul.pardi@epa.state.oh.us.

Sincerely,



Harry E. Sarvis, Manager
Division of Hazardous Waste Management

Attachments

cc: Michael A. Savage, Chief, DHWM
Todd Anderson, Legal
Heidi Greismer, PIC
Paul Pardi, Manager, DHWM, SWDO
Kevin N. McMurray, Frost Brown Todd LLC

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BEFORE THE
OHIO ENVIRONMENTAL PROTECTION AGENCY

OHIO E.P.A.

MAR 17 2010

ENTERED DIRECTOR'S JOURNAL

In the Matter of:

Mercy Hospital Anderson
7500 State Road
Cincinnati, Ohio 45255

Director's Final
Findings and Orders

The Sisters of Mercy of Clermont County, Ohio
d/b/a Mercy Hospital Clermont
3000 Hospital Road
Batavia, Ohio 45103

The Sisters of Mercy of Hamilton, Ohio
d/b/a Mercy Hospital Fairfield
3000 Mack Road
Fairfield, Ohio 45014

Mercy Hospitals West
d/b/a Mercy Franciscan Hospital Mt. Airy
2446 Kipling Avenue
Cincinnati, Ohio 45239

Mercy Hospitals West
d/b/a Mercy Franciscan Hospital Western Hills
3131 Queen City Avenue
Cincinnati, Ohio 45238

I certify this to be a true and accurate copy of the
official documents as filed in the records of the Ohio
Environmental Protection Agency.

By: [Signature] Date: 3-10-10

Respondents

PREAMBLE

It is agreed by the parties hereto as follows:

I. JURISDICTION

These Director's Final Findings and Orders (Orders) are issued to the following: Mercy Hospital Anderson (Respondent Mercy Anderson); The Sisters of Mercy of Clermont County, Ohio d/b/a Mercy Hospital Clermont (Respondent Mercy Clermont); The Sisters of Mercy of Hamilton, Ohio d/b/a Mercy Hospital Fairfield (Respondent Mercy Fairfield); and Mercy Hospitals West d/b/a Mercy Franciscan Hospital Western Hills (Respondent Mercy Western Hills) and Mercy Franciscan Hospital Mt. Airy

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(Respondent Mercy Mt. Airy) (referred to collectively as Respondents) pursuant to the authority vested in the Director of the Ohio Environmental Protection Agency (Ohio EPA) under Ohio Revised Code (ORC) §§ 3734.13 and 3745.01.

II. PARTIES BOUND

These Orders shall apply to and be binding upon Respondents and successors in interest liable under Ohio law. No change in ownership of the Respondents or of the Facilities shall in any way alter Respondents' obligations under these Orders.

III. DEFINITIONS

Unless otherwise stated, all terms used in these Orders shall have the same meaning as defined in ORC Chapter 3734 and the rules promulgated there under.

IV. FINDINGS

All of the findings necessary for the issuance of these Orders pursuant to ORC §§ 3734.13 and 3745.01 have been made and are outlined below. Nothing in the findings shall be considered to be an admission by the Respondent of any matter of law or fact. The Director of Ohio EPA has determined the following findings:

1. Respondents are each a "person" as defined in ORC § 3734.01(G) and Ohio Administrative Code (OAC) rule 3745-50-10(A).
2. Respondents generate "hazardous waste" as that term is defined by ORC § 3734.01(J) and OAC rules 3745-50-10(A) and 3745-51-03. The hazardous wastes generated by Respondents include hazardous waste paint, flammable liquids, corrosive liquids, toxic liquids and solids, waste mercury, waste xylene, and waste cadmium compounds (hazardous waste codes D001 / D002 / D005 / D007 / D008 / D009 / D010 / D011 / F002 / F003 / U010 / U058 / U059 / U150 / U206 / U237). Respondents also generate used oil and universal waste lamps.
3. On March 6, 2008, the Hamilton County Public Health Inspector and Ohio EPA Division of Solid and Infectious Waste Management (DSIWM) conducted an inspection of Respondent Mercy Anderson. During this inspection, Ohio EPA observed what was believed to be mismanagement of hazardous waste.
4. Based upon the observations of the March 6, 2008 inspection, DSIWM submitted a complaint investigation request to Ohio EPA Division of Hazardous Waste Management (DHWM) on March 7, 2008.

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5. DHWM conducted Compliance Evaluation Inspections on the following dates: Respondent Mercy Anderson on March 31, 2008 and September 30, 2008; Respondent Mercy Mt. Airy on September 30, 2008; Respondent Mercy Clermont on December 2, 2008; and Respondent Mercy Fairfield on December 2, 2008. Ohio EPA conducted interviews of Respondents' employees on the following dates: Respondent Mercy Anderson on April 30, 2008 and June 20, 2008; Respondent Mercy Mt. Airy on September 10, 2008; and Respondent Mercy Western Hills on September 12, 2008.
6. Ohio EPA sent Notices of Violations (NOV) by letters dated: May 12, 2008, for Respondent Mercy Anderson; October 17, 2008, for Respondent Mercy Mt. Airy; December 8, 2008, for Respondent Mercy Fairfield; and December 15, 2008, for Respondent Mercy Clermont.
7. Respondents, through legal representation, responded to the letters referenced in Finding No. 6. of these Orders by submissions dated June 2, 2008, July 22, 2008, August 11, 2008, and October 9, 2008. Respondents also directly responded by submitting documents dated October 28, 2008, and November 12, 2008.
8. Based on the inspections and interviews referenced in Finding No. 5. of these Orders, Ohio EPA has determined that Respondents failed to adequately evaluate the hazardous wastes, in violation of OAC rule 3745-52-11.
9. Based upon the failure to properly evaluate hazardous waste streams as described in Finding No. 8 and based upon the violations asserted in the NOVs referenced in Finding No. 6, Respondents may in the past have failed to properly manage hazardous waste in violation of OAC rule 3745-52 and may have in the past caused hazardous waste to be transported to a facility or facilities which are not authorized to receive hazardous waste, in violation of ORC § 3734.02(F).
10. On November 27, 2009, Respondents submitted a Hazardous Waste Management Plan for review by Ohio EPA. This plan includes procedures for the evaluation and management of wastes generated by Respondents, including but not limited to pharmaceutical wastes.
11. On January 14, 2010, Respondent submitted a revised Hazardous Waste Management Plan in response to comments from Ohio EPA on the plan referenced in Finding No. 10 of these Orders. The Director has reviewed and hereby approves the revised Hazardous Waste Management Plan. Approval of the Hazardous Waste Management Plan by Ohio EPA abates the violations in

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the NOVs referenced in Finding No. 6 and the violations referenced in Finding Nos. 8 and 9 of these Orders.

V. ORDERS

Respondents shall achieve compliance with Chapter 3734. of the ORC and the regulations promulgated thereunder by performing the following:

1. Within 30 days after the effective date of these Orders, Respondents shall implement and comply with the Hazardous Waste Management Plan attached as Exhibit 1. The Hazardous Waste Management Plan shall remain in effect for 730 days from the effective date of these Orders.
2. Within 30 days after the effective date of these Orders, Respondents shall pay Ohio EPA the amount of \$4,400.00 in settlement of Ohio EPA's claims for civil penalties for the matters addressed herein, which may be assessed pursuant to ORC Chapter 3734. and which will be deposited into the hazardous waste cleanup fund established pursuant to ORC § 3734.28. Payment shall be made by an official check made payable to "Treasurer, State of Ohio" for \$4,400.00. The official check shall be submitted to Ohio EPA, Office of Fiscal Administration, Department L-2711, Columbus, Ohio 43260-2711, together with a letter identifying Respondents. A copy of this check shall be submitted in accordance with Section X. of these Orders.

VI. TERMINATION

Respondents' obligations under these Orders shall terminate when Respondents certify in writing and demonstrate to the satisfaction of Ohio EPA that Respondents have performed all obligations under these Orders and Ohio EPA's Division of Hazardous Waste Management acknowledges, in writing, the termination of these Orders. If Ohio EPA does not agree that all obligations have been performed, then Ohio EPA will notify Respondents in writing of the obligations that have not been performed, in which case Respondents shall have an opportunity to address any such deficiencies and seek termination as described above.

The certification shall contain the following attestation: "I certify that the information contained in or accompanying this certification is true, accurate and complete."

This certification shall be submitted by Respondents to Ohio EPA and shall be signed by a responsible official(s) of Respondents. For purposes of these Orders, a

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responsible official is an officer who is in charge of a principal business function of Respondent.

VII. OTHER CLAIMS

Nothing in these Orders shall constitute or be construed as a release from any claim, cause of action or demand in law or equity against any person, firm, partnership or corporation, not a party to these Orders, for any liability arising from, or related to, the operations of Respondents.

VIII. OTHER APPLICABLE LAWS

All actions required to be taken pursuant to these Orders shall be undertaken in accordance with the requirements of all applicable local, state and federal laws and regulations. These Orders do not waive or compromise the applicability and enforcement of any other statutes or regulations applicable to Respondents.

IX. MODIFICATIONS

These Orders may be modified by agreement of the parties hereto. Modifications shall be in writing and shall be effective on the date entered in the journal of the Director of Ohio EPA.

X. NOTICE

All documents required to be submitted by Respondent pursuant to these Orders shall be addressed to:

Ohio Environmental Protection Agency
Southwest District Office
Division of Hazardous Waste Management
401 East 5th Street
Dayton, Ohio 45402
Attn: DHWM Manager

and Ohio EPA Central Office at the following address:

For mailings, use the post office box number:

Chris Korleski, Director
Ohio Environmental Protection Agency

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Lazarus Government Center
Division of Hazardous Waste Management
P.O. Box 1049
Columbus, Ohio 43216-1049
Attn: Manager, Compliance Assurance Section

For deliveries to the building:

Chris Korleski, Director
Ohio Environmental Protection Agency
Lazarus Government Center
Division of Hazardous Waste Management
50 West Town Street
Columbus, Ohio 43215
Attn: Manager, Compliance Assurance Section

or to such persons and addresses as may hereafter be otherwise specified in writing by Ohio EPA.

XI. RESERVATION OF RIGHTS

Ohio EPA and Respondents each reserve all rights, privileges and causes of action, except as specifically waived in Section XII. of these Orders.

XII. WAIVER

In order to resolve disputed claims, without admission of fact, violation or liability, and in lieu of further enforcement action by Ohio EPA for only the violations specifically cited in these Orders, Respondents consent to the issuance of these Orders and agree to comply with these Orders. Compliance with these Orders shall be a full accord and satisfaction for Respondents' liability for the violations specifically cited herein.

Respondents hereby waive the right to appeal the issuance, terms and conditions, and service of these Orders, and Respondents hereby waive any and all rights Respondents may have to seek administrative or judicial review of these Orders either in law or equity.

Notwithstanding the preceding, Ohio EPA and Respondents agree that if these Orders are appealed by any other party to the Environmental Review Appeals Commission, or any court, Respondents retain the right to intervene and participate in such appeal. In such an event, Respondents shall continue to comply with these

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Orders notwithstanding such appeal and intervention unless these Orders are stayed, vacated or modified.

XIII. EFFECTIVE DATE

The effective date of these Orders is the date these Orders are entered into the Ohio EPA Director's journal.

XIV. SIGNATORY AUTHORITY

Each undersigned representative of a party to these Orders certifies that he or she is fully authorized to enter into these Orders and to legally bind such party to these Orders.

IT IS SO ORDERED AND AGREED:

Ohio Environmental Protection Agency

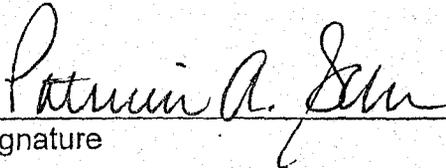


Chris Korleski
Director

March 17, 2010
Date

IT IS SO AGREED:

Mercy Hospital Anderson



Signature

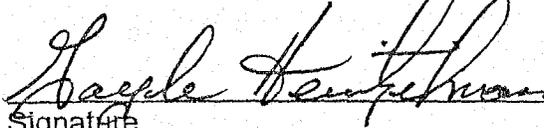
2/18/16
Date

PATRICIA A. SCHROER
Printed or Typed Name

President & CEO
Title

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The Sisters of Mercy of Clermont County, Ohio d/b/a Mercy Hospital Clermont

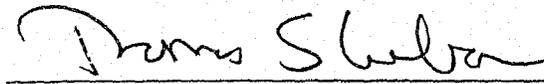

Signature

2-18-10
Date

GAYLE HEINTZELMAN
Printed or Typed Name

PRESIDENT & CEO
Title

The Sisters of Mercy of Hamilton, Ohio d/b/a Mercy Hospital Fairfield

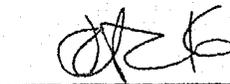

Signature

2/17/10
Date

THOMAS S. URBAN
Printed or Typed Name

PRESIDENT + CEO
Title

Mercy Hospitals West d/b/a Mercy Franciscan Hospital Western Hills


Signature

2/15/10
Date

Patrick A. Kowalski
Printed or Typed Name

President & CEO
Title

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Paul Hiltz
Signature

2-10-10
Date

PAUL HILTZ
Printed or Typed Name

President/CEO
Title

MERCY HEALTH PARTNERS OF SOUTHWEST OHIO

Hazardous Waste Management Plan

Established by:

Mercy Health Partners of Southwest Ohio

Cincinnati, Ohio

January 2010

I. PURPOSE AND SCOPE

Mercy Health Partners of Southwest Ohio (Mercy) is committed to delivering quality health care services to its patients in keeping with its mission and core values. In accomplishing its mission, Mercy is committed, among other things, to being a good steward of the environment through development and implementation of a regional Hazardous Waste Management Plan ("Plan"). The Plan is designed to ensure proper management of hazardous and universal waste generated at Mercy's hospital facilities.

II. RESPONSIBILITIES

Administration

The Regional Plant Operations Service Line Administrator is responsible for ensuring that the Plan is fully implemented at all hospitals and providing the necessary resources to ensure compliance with the Plan.

Site Safety Officers

The Site Safety Officers are responsible for overseeing implementation of the Plan at their respective hospital and for advising Administration on issues related to the Plan.

Department Managers

Department Managers are responsible for implementing the Plan as it applies to their department and providing input to the Site Safety Officer regarding implementation of the Plan. The following departments are covered by this Plan: 1) Pharmacy; 2) Lab; 3) Maintenance/Plant Operations; 4) Environmental Services; 5) Radiology; 6) Oncology; and, 7) Nursing Services where pharmaceuticals are administered to patients.

Employees

Employees are responsible for implementing the Plan as applicable to their specific job duties.

III. WASTE EVALUATION

Waste Characterization

Materials that can no longer be used for their intended purpose must be characterized to determine proper disposal, including whether the waste is considered a "hazardous waste" under the federal Resource Conservation and Recovery Act ("RCRA") and state equivalent. Each department generating waste is responsible for providing the following information to the Site

Safety Officer for each waste stream: 1) the chemicals or materials in the waste stream, including a copy of the Material Safety Data Sheet (MSDS) procured when the material was purchased; 2) a description of the process from which the waste is generated and 3) any other pertinent information necessary to properly characterize the waste.

Chemical inventories shall be updated by the Department Manager when new chemicals are purchased, and reviewed annually by the Department Manager and Site Safety Officer. The Site Safety Officer, in conjunction with the Department Manager, is responsible for making the required waste determination. In addition, the Site Safety Officer will have primary responsibility for monitoring regulatory developments applicable to this Plan.

For each waste stream that is generated, the components of the waste stream are identified by applying knowledge of the hazardous characteristics of the material (from known materials and processes used) or, if necessary, by testing the waste in accordance with methods specified by O.A.C. Rules 3745-51-20 to 3745-51-24. The Site Safety Officer, in conjunction with the appropriate Department Manager, is responsible for making the determination as to whether a waste is a "hazardous waste."

In general, the following are examples of hazardous wastes that may be generated at the hospital facilities:

Listed wastes

Listed hazardous wastes are identified in O.A.C. Rules 3745-51-30 to 3745-51-33. Listed hazardous wastes generated in hospital operations could include xylene (F003), Warfarin >.3% (P001), epinephrine (P042), nicotine (P075), nitroglycerin (P081), physostigmine salicylate (P188), mitomycin (U010), chlorambucil (U035), cyclophosphamide (U058), daunomycin (D059), melphalan (U150), streptozotocin (U206) and uracil mustard (U237).

Characteristic wastes

Characteristic hazardous wastes are identified in O.A.C. Rules 3745-51-20 to 3745-51-24. Ignitable hazardous wastes (D001) generated in hospital operations could include sodium nitrate, alcohols, waste paint, paint thinner and xylene. Corrosive hazardous wastes (D002) could include sulfuric acid, hydrochloric acid, acetic acid, formic acid and sodium hydroxide solution. Reactive hazardous wastes (D003) generated in hospital operations could include ethylene oxide and Bouins solution. Wastes could be considered potentially toxic based on the content of certain metals, such as barium (D005), cadmium (D006), chromium (D007), lead (D008), mercury (D009), selenium (D010) and silver (D011).

IV. WASTE MANAGEMENT – HAZARDOUS WASTE

Chemotherapeutic Wastes

The Pharmacy Department is responsible for the selection, storage and preparation of chemotherapy drugs. All chemotherapy drugs are prepared in bio-safety cabinets and stored per

the manufacturer's recommendations. Before transportation to patient areas, IV bags containing chemotherapy drugs are spiked with tubing and tubing is primed with IV solution.

Bags, tubing, syringes, gloves and supplies generated in patient areas that contain trace amounts of a chemotherapy drug are placed in yellow buckets stored in soiled utility rooms on Nursing units. "Trace" is defined as a volume less than an amount that can be pulled into a syringe, or the residual amount that remains in a completely infused IV bag and tubing of chemotherapy drug. On a daily basis, the yellow buckets are transported by Environmental Services to a designated holding area. The buckets are then placed in a cardboard box and labeled "Incinerate Only" by Environmental Services. The boxes are picked up by an outside vendor for transportation to a licensed infectious waste treatment or disposal company.

If greater than a trace amount of chemotherapy drug is generated, including incomplete chemotherapy infusions and syringes containing unused chemotherapy drugs, the chemotherapy drug, and associated IV bag, tubing or syringe is placed in a black bucket available in Pharmacy, the soiled utility rooms and in designated patient care areas. When full, the buckets are transported by Environmental Services to a designated hazardous waste holding area until picked-up by a third party hazardous waste vendor.

All items used in the clean-up of chemotherapy drug spills, including contaminated personal protective equipment, are placed in a black bucket and managed as hazardous waste.

Pharmaceutical Wastes

The hospitals use a variety of pharmaceutical drugs that contain components that could be considered a characteristic or listed hazardous waste once they become a waste. Hazardous pharmaceutical waste is generated from numerous activities, including preparation of IVs, compounding, discarding partially used vials and IVs, expired or discontinued medications and cleaning spills. These wastes are generated in the Pharmacy and patient care areas.

Hazardous Waste Determination

When a new pharmaceutical is purchased, the Site Safety Officer, in conjunction with the Pharmacy Director, is responsible for making the required waste determination. Material Safety Data Sheets, manufacturer's information and other resources are used to determine the hazardous ingredients of each drug and assist with the hazardous waste determination. If an ingredient causes the drug to be managed as a hazardous waste when discarded, the appropriate waste codes are identified. On a quarterly basis, drug purchasing records and the drug formulary at each hospital are reviewed by the Pharmacy Director to maintain current waste determination information. All results of the hazardous waste determination are documented and maintained by the Site Safety Officer and Pharmacy Director.

Management Of Waste Pharmaceuticals

When a pharmaceutical containing a P-listed or U-listed constituent is discarded, the pharmaceutical waste is managed as hazardous waste if 1) the drug waste contains a sole active

ingredient that appears on the P or U list and 2) the drug has not been used for its intended purpose. The term "has not been used for its intended purpose" means drugs and their associated container or dispensing instrument that have not been administered to a patient. Waste pharmaceuticals that exhibit a characteristic of hazardous waste are managed as hazardous waste.

The Pharmacy will provide Nursing personnel with information (e.g., a chart or label) to assist with the proper waste designation for pharmaceuticals dispensed to the Nursing units, including the medications that are dispensed via automated machines (Pyxis systems). Drugs that are managed as hazardous waste are placed in black buckets available in designated patient care areas. When full, the buckets are transported to a designated holding area by Environmental Services until picked-up by a third party hazardous waste vendor. Red sharps containers are not to be used for management of hazardous pharmaceutical waste.

Management of non-hazardous pharmaceutical wastes depends on the control status of the pharmaceutical. Non-controlled medications are placed in an appropriate container (solid waste or sharps container as applicable) for disposal at a regulated medical waste facility or solid waste disposal facility. Controlled substances are disposed via the sewer system with an approved witness per hospital policy.

Empty Containers

Empty containers of U-listed or characteristic wastes are managed as hazardous waste unless the container is "RCRA empty." A container that has held a U-listed or characteristic waste is considered "RCRA empty" if two conditions are met: 1) all the contents have been removed using normal means such as fully administering an IV bag, and 2) no more than 3% by weight remains. In general, this means there is no more than a "trace" amount of material left in the container. "Trace" is defined as a volume less than an amount that can be pulled into a syringe, or the residual amount that remains in a completely infused IV bag and tubing. If both these criteria are not met, the container is managed as hazardous waste.

A container that has held a P-listed waste is not considered "RCRA empty" unless the container has been triple-rinsed. Since triple-rinsing is not practical in all cases, all vials, IV bags and other containers that have held a P-listed drug shall be managed as hazardous waste, regardless of whether all contents of the container have been removed.

Syringes

A syringe is considered a delivery device. Syringes that have held a P-listed or U-listed drug waste, where the proper dose has been fully administered to a patient, are not managed as hazardous waste, since any residue remaining in the syringe is considered to have been used for its intended purpose. These used syringes are placed in sharps containers and managed as regulated medical waste. Unused syringes (in which a listed drug or drug exhibiting a characteristic of hazardous waste has not been fully administered to the patient) shall be managed as hazardous waste.

Contaminated Items

Personal protective equipment and other items contaminated with a listed hazardous waste are managed as hazardous waste. Personal protective equipment and other items contaminated with a characteristic hazardous waste shall either be characterized for disposal purposes or managed as a hazardous waste.

Radiology Waste

All x-ray machines use digital technology, therefore no chemicals are used for x-ray processing, such as silver-containing fixer and developer solutions. Lead aprons that are no longer serviceable are collected in a container and stored in Radiology, until picked up by a third-party vendor and recycled. Old x-ray films discarded per the hospital's record retention policy are picked up by a third party vendor and managed as hazardous waste. Infrequently, lead ingots and x-ray tubes are removed during equipment maintenance or repair, and are managed as a hazardous waste.

Maintenance Waste

Chemicals used in Maintenance operations can be listed hazardous wastes or exhibit a characteristic of hazardous waste when discarded, including various cleaners and rust treatments, acids such as descalers and biocides, brake fluids, paint thinner and waste paint and solvents. If hazardous, the wastes are placed in a designated hazardous waste container and transported by Environmental Services to the designated hazardous waste holding area. The waste is picked up by a third party hazardous waste vendor for off-site recycling or managed as hazardous waste.

Lab Waste

Hazardous waste generated in the Lab could include xylene, small amounts of glacial acetic acid and bulk alcohol that can no longer be used in lab operations. Each waste stream is placed by Lab personnel into a hazardous waste container and transported by Environmental Services to the designated hazardous waste holding area for pick-up by a third party hazardous waste vendor.

Mercury-Containing Equipment

Mercy has implemented a mercury elimination program and does not purchase or use mercury-containing thermometers, blood pressure cuffs or other patient care equipment containing mercury. In the event that mercury-containing equipment is discovered by hospital personnel, Environmental Services is contacted. Environmental Services places the equipment in a sealed, clear bag, transports the bag to the designated hazardous waste area and places it in a container for pick-up by a third party vendor. All mercury-related waste is managed as hazardous waste, including clean-up materials generated from spills of broken mercury-containing equipment.

Fluorescent Lamps

Fluorescent lamps are managed under the universal waste regulations, including management of mercury and sodium vapor, high-intensity discharge, and metal halide bulbs that also meet the definition of a universal waste lamp. The Maintenance Department is responsible for changing out fluorescent lamps and for placing used lamps into the proper container, such as the original box or in boxes from replacement bulbs. The containers shall be stored in a designated location in the Maintenance Department. The container shall be structurally sound, adequate to prevent breakage and compatible with the contents of the lamps. The container shall remain closed at all times except when adding used lamps. If the container shows evidence of leakage, spillage or other damage, the lamps are transferred to a new container by Maintenance personnel. If a lamp becomes broken, the lamp will be cleaned up by Maintenance or Environmental Services and placed in a structurally sound container.

The container used for storage of used lamps shall be marked by Maintenance as "Universal Waste - Lamps" and marked with the earliest date that a used lamp is placed into the container.

Batteries

Batteries generated at the hospitals, including lead-acid batteries, nickel-cadmium batteries, lithium batteries and some alkaline batteries, are managed under the universal waste regulations. When discarded, batteries are placed into a structurally sound container compatible with the battery by the department that generated the battery. Any universal waste battery that shows evidence of leakage, spillage, or damage shall be immediately placed into a container. The container is marked with the words "Universal Waste - Batteries" and marked with the earliest date that a battery is placed into the container. When full, the container is transported by Environmental Services to an approved holding area. Batteries are picked up by a third party vendor and recycled.

The following activities can be conducted as long as the battery casing is not breached and the battery remains intact: 1) sorting batteries by type; 2) mixing battery types in one container; 3) discharging a battery to remove the electrical charge; 4) disassembling batteries; and 5) removing batteries from consumer products.

Spills

In general, the department using the material or chemical involved in the spill is responsible for managing incidental spills and notifying the Site Safety Officer of the incident. For larger spills, the area is evacuated and Security personnel and the Site Safety Officer are contacted to determine the need for outside assistance from the Fire Department or others. The Site Safety Officer shall be responsible for making a determination regarding the proper method of disposal for any hazardous waste generated as a result of the spill.

V. HAZARDOUS WASTE MANAGEMENT PROCEDURES

Containers

Containers used for hazardous waste must be compatible with the waste and must be in good condition. Incompatible wastes shall not be placed in the same container or mixed with other wastes. Selection of appropriate containers is the responsibility of the Site Safety Officer. Determination of waste container type is based on the characteristics of the waste, the amount generated on a consistent basis and the disposal method. Containers must be closed at all times except when adding or removing wastes.

Labeling

All containers of hazardous waste are labeled with the words "Hazardous Waste" or with other words such as "UNIVERSAL WASTE - BATTERIES" to identify the contents of the container. The accumulation start date is recorded on the waste container when waste is first placed into the container. Labeling and dating a hazardous waste container is the responsibility of Environmental Services or the Site Safety Officer.

Inspections

Weekly inspections of each hazardous waste storage area are conducted by the Site Safety Officer to ensure that the waste containers are in good condition. If the container is not in good condition, or is leaking, the waste is immediately transferred to a container in good condition or overpacked in a drum. Weekly inspections are documented on an inspection log sheet and maintained by the Site Safety Officer for a period of three years. The amount of hazardous waste that is generated each month, including P-listed waste, is documented by the Site Safety Officer.

Storage

Hazardous waste can be stored in the approved holding area at each hospital for a period of no more than 180 days. The Site Safety Officer is responsible for scheduling hazardous waste pick-up by the third party hazardous waste vendor.

VI. TRAINING

Hazardous waste training is designed to enable personnel to safely manage hazardous waste and maintain compliance with applicable regulations. The Site Safety Officer and Department Manager are responsible for determining which personnel handle hazardous waste and the level of training required for those personnel based on job responsibility. In general, the training will include: 1) general awareness training on the Plan for all affected employees; 2) hazardous waste determination and management requirements for the Department Managers and Site Safety Officers; and, 3) training for Environmental Services personnel on transportation and management requirements. Personnel must complete initial and annual refresher training. Training will meet the requirements of O.A.C. Rule 3745-52-34(D)(5)(c), as appropriate.

VII. RECORDS

The following records must be maintained by the Site Safety Officer for a period of not less than three years:

1. Hazardous waste manifests are signed by the Site Safety Officer and maintained by the Site Safety Officer for a period of three years from the date the waste was accepted by the initial transporter;
2. Copies of waste determinations, test results or waste analysis reports;
3. LDR notices (maintained for a period of three years from the date the waste was sent to a disposal facility);
4. Inspection logs;
5. Employee training records; and,
6. If applicable, copies of annual reports or exception reports (maintained for three years from the due date of the report).