



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

Mangum Regional Medical Center

TITLE		POLICY
Hazardous Materials Management Plan		LS-700
MANUAL	EFFECTIVE DATE	REVIEW DATE
Life Safety (Environment of Care)	TBD	TBD
DEPARTMENT	REFERENCE	
Plant Operations	See references below	

SCOPE

The Hazardous Materials Management Plan is Hospital-wide in scope.

PURPOSE

The Environment of Care (EOC) Hazardous Materials Management Plan is established to provide a safe environment for patients, visitors and staff while handling and disposing of hazardous materials.

POLICY

The Hospital’s Hazardous Materials Management Plan contains policies and processes to ensure standard work practices are followed and to mitigate any risks to patients, staff or visitors while handling and disposing of hazardous materials.

PROCEDURE

- A. MSDS (Material Safety Data Sheets) are maintained for each hazardous material and chemical used in the Hospital.
 - 1. The Hospital may utilize an MSDS online program or paper binder.
 - 2. The MSDS online program will be available in each department containing all hazardous materials in use in the department and Hospital.
 - 3. Paper binders will be centrally located and the location known to each employee.
 - 4. The MSDS information is to be available to employees at all times.
 - 5. Each Department Manager will be responsible for adding or deleting of MSDS.

- B. Identification: Departments will define hazardous materials:

1. **Hazardous Chemical Material:** Any material which may be explosive, flammable, poisonous, corrosive, oxidizing, irritating, or otherwise harmful and is likely to cause internal or external injury to humans or the environment.
 2. **Hazardous Gaseous and Vaporous Material:** Any substance which may be dispersed through the air and act as a poison, irritant, or asphyxiate.
 3. **Infectious Waste Material:** Any material possessing a significant potential for cross-infection or to be contagious, including sharps.
 4. **Radioactive Hazardous Material:** Any material which is capable of giving off radiant energy in the form of particles or rays, such as alpha, beta, or gamma rays.
- C. **Labeling:** The Materials Management Department will be responsible for receiving, identifying, and delivering all hazardous materials used in the hospital.
1. The labels must contain the identity of the hazardous chemical or material and an appropriate hazard warning, which contains the nature of the hazard (i.e., poison, corrosive, inflammable, etc.).
- D. **Handling:** The specific precautions, procedures, and protective equipment used during hazardous material and waste spills or exposures.
1. **Spill procedures:** In the event a spill or leak of a hazardous material occurs, the following emergency response procedure is to be used, remembering the CLEAN acronym:
 - C**-contain the spill with towels or absorb pillows.
 - L**-leave area, get staff and others out of danger.
 - E**-emergency care to those exposed (as needed).
 - A**-access the MSDS sheet (departmental).
 - N**-notify your supervisor or House Supervisor.
- E. **Storage:** flammable materials should be stored in a cool, dry, well-ventilated storage area away from combustible materials, a fire-proof cabinet or in the Hazardous Materials Waste Storage Area and be supplied with fire extinguishers.
1. Acids, alkaline, and corrosive materials will be stored separately in well-ventilated areas.
 2. Bio-hazardous containers will be lined with red bags and stored with proper signage.
- F. **Disposal:** Staff will wear appropriate PPE and dispose of waste in appropriate containers.
1. Hospitals may use hazardous waste transport companies to remove waste from the hospital and provide manifest documentation.
 2. All hazardous material are handled and disposed of in accordance with the Environmental Protection Agency (EPA), Oklahoma Department of

Environmental Quality, Oklahoma Corporation Commission, Department of Transportation (DOT) and state/local/federal regulations.

- G. Eye wash stations are available to provide immediate first aid and safety for staff. Eye wash stations are available, accessible and functioning in the Hospital.
1. These stations will provide for quick drenching or flushing of the eyes for immediate emergency use when eyes are exposed to corrosive or caustic hazardous materials or as indicated on MSDS.
 2. Eye wash stations are included in monthly EOC/safety round checklists to ensure availability, accessibility and function.
 3. The area around the eye wash station must be well-lit and include a highly visible signage and are inspected weekly by Plant Operations staff.

ORIENTATION/EDUCATION

- A. Initial orientation regarding the plan will be given to new employees by the Plant Operations Manager. Annual education regarding the plan will be done annually for all hospital employees. Orientation/Education will include:
1. Location of and how to interpret MSDS sheets
 2. Appropriate spill procedures, location of eye wash stations.
 3. Proper handling and disposing of hazardous materials.
 4. Reporting requirements/mechanism of spills or accidents
 5. Personal protective equipment
 6. How to interpret warning labels

MONITORING THE PLAN

- A. Performance standards for Hazardous Materials Management is acknowledged through staff testing, monitoring and inspection activities, and the review of hospital incident reports.
- B. Hazardous Materials Management Plan data is collected concurrently by the Plant Operations Department (i.e.; Maintenance, Environmental Services) and reviewed by the Quality Committee monthly.
- C. Data is collected based on staff input and observation of the physical environment and maintenance records. This review ensures that certain performance standards are met and maintained.
- D. Quality Improvement: At least one aspect of the EOC is monitored on a quarterly basis and a report of the results forwarded to the Quality Committee, Medical Staff Committee, and Governing Body.

EVALUATION

- A. The objectives, scope, performance, and effectiveness of the Hospital’s Hazardous Materials Management Program are evaluated annually.
- B. Any necessary changes are prepared and presented to the Hospital’s Quality Committee and changes made to improve the plan are based on committee recommendations.

REFERENCES

Centers for Medicare & Medicaid Services (2020) State Operations Manual Appendix W – Survey Protocol, Regulations, and Interpretative Guidelines for Critical Access Hospitals. §485.623 Physical Plant and Environment. [Electronic Version]. Retrieved on 06/01/21 from https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_w_cah.pdf

National Fire Protection Association (2012). Life Safety Code Handbook.

REVISIONS/UPDATES

Date	Brief Description of Revision/Change