

3.3.3.4 Hazardous Material and Waste Management

(a) Policy

All California Department of Corrections and Rehabilitation (CDCR) dental staff shall manage hazardous materials and waste generated in each dental facility in compliance with all applicable standards mandated by the Environmental Protection Agency; the Occupational Safety and Health Administration (OSHA), Occupational Safety and Health Standards, Title 29 of the Code of Federal Regulations; and in accordance with each institution's Medical Waste Management Plan and Local Operating Procedures. The Division of Health Care Services, Adult Correctional Dental Care shall ensure that all dental facilities have implemented and are in compliance with these regulations.

(b) Purpose

To develop a comprehensive environmental health program, (e.g., a Hazardous Communication Program), in consultation with the local prison administration and the Chief Executive Officer or designee, as a standard to maintain and protect the health and welfare of all patients and staff and establish procedures and regulations for the safe handling and disposal of hazardous materials and waste generated in the CDCR dental facilities.

(c) Procedure

(1) Required training and documentation

- (A) All hazardous materials and dental medicaments utilized in each dental clinic shall have an individual Safety Data Sheet (SDS), on file in a visible location in the dental clinic.
- (B) The Health Program Manager (HPM) III shall ensure that all dental staff receives SDS orientation and training. This training shall be conducted at least annually or as frequently as required.
- (C) All dental staff SDS training records shall be kept on file by the HPM III for a period of three years.
- (D) The HPM III shall ensure that all dental staff receives Regulated Waste Training upon hire and annually thereafter. All dental staff Regulated Waste Training records shall be kept on file by the HPM III for a period of three years.
- (E) To ensure compliance with these standards, environmental inspections or parts of the inspections may be conducted by health services staff, correctional staff, an outside agency, (e.g., a local or state health department), or any combination of the above.
- (F) Inspections with written reports shall be submitted to the prison administration and the responsible health authority as required by local institutional policy, or more frequently as appropriate to ensure that patients are receiving dental care in a clean, safe and healthy environment.
- (G) All dental departments shall procure the least toxic and environmentally adverse materials to perform a required task.
- (H) The storage and disposal of toxic materials shall be performed in accordance with manufacturer's and institutional regulations and in a safe and environmentally sound manner.
- (I) All dental departments shall implement required emergency procedures in the event of a chemical spill or accident.
- (J) Emergency eye wash stations shall be installed in all dental clinics and dental laboratories and shall be connected to tepid water (60 - 100°F).
- (K) Dental staff shall utilize standard precautions when handling hazardous materials and waste.

(2) Amalgam Waste and Empty Amalgam Capsules

- (A) All dental clinics shall utilize individually dosed amalgam capsules and covered amalgamators. Dental departments shall not formulate amalgam, (e.g., utilizing bulk liquid mercury and metal powder or tablets to make the amalgam alloy).
- (B) A licensed commercial waste disposal service or amalgam waste recycler shall be used to dispose of or recycle contact or non-contact amalgam waste and empty amalgam capsules.
- (C) Proper protocol for the storage, disinfection and disposal of empty amalgam capsules and contact or non-contact amalgam waste shall involve consultation with local city and county regulatory agencies, commercial waste disposal services or amalgam waste recyclers and the institution's HazMat Specialist.
- (D) Containers shall be kept for no longer than the legally allowed period of time until removal by the institution's HazMat Specialist, or shipping of the waste container by the institution dental department to the respective recycler.

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(3) Waste Containers and Waste Disposal

- (A) All dental facilities shall have separate waste containers for general waste, (i.e., non-infectious waste) and for Regulated Medical Waste. (Reference the Health Care Department Operations Manual, Section 3.3.3.1(d)(5)(K)1.).
- (B) All waste shall be handled, stored and disposed of in a safe and sanitary manner consistent with local, state and federal regulations and in accordance with institutional operating procedures.

(4) Pharmaceutical Waste

- (A) The following items are considered as non-hazardous pharmaceutical waste under the Resource Conservation and Recovery Act (RCRA) and shall be placed in a special white container with blue top, clearly labeled with the words "For Incineration Only" on the lid and on the sides.
 - 1. Unused, expired carpules of local anesthetic.
 - 2. Partially spent and empty local anesthetic carpules.
 - 3. Partially used injectables including plastic disposable syringes, (after the needle has been removed), that were utilized to administer medications from the dental clinic's emergency kit to a patient.
 - 4. Used ointments.
 - 5. Unidentifiable pills.
- (B) Hazardous pharmaceutical waste, both RCRA and non-RCRA shall be placed in special black containers with a sealable top, clearly labeled with the words "Hazardous Waste" on the lid and on the sides. All hazardous pharmaceutical waste shall be placed in different black containers based upon the characteristics of the waste material. The different types of Hazardous Wastes are:
 - 1. RCRA inhalants (full or partially used ammonia ampules).
 - 2. Non-RCRA hazardous inhaler canisters (e.g., pressurized aerosol hydro-fluoroalkane-HFA containers like asthma inhalers).
 - 3. Non-RCRA universal hazardous waste (e.g., dental amalgam). Dental staff shall place contact or non-contact amalgam waste in a hazardous waste container as described in Section (c)(4)(B) or in a container provided by a licensed commercial waste disposal service or amalgam waste recycler contracted to dispose of or recycle amalgam waste.
- (C) With the exception of hazardous waste containers for Non-RCRA hazardous inhaler canisters, all other hazardous waste containers shall have a Hazardous Waste Container Log attached that must be completed with each addition to the container. Each container must have a completed Hazardous Waste label that includes the date upon which hazardous waste was first placed in the container.
- (D) Pharmaceutical waste containers shall be:
 - 1. Obtained through the institution's Medical Waste Administrator (e.g., Chief Support Executive or Correctional Health Safety Administrator II) or, if necessary, directly from a medical waste hauler or a medical supply company.
 - 2. Clearly marked with the first date of use, known as the "accumulation start date." The Medical Waste Administrator shall be notified to remove the containers when they are 3/4 full or prior to 275 calendar days from the accumulation start date, whichever occurs first.

(5) Laundry

- (A) Laundry services, whether on-site or contracted, shall assure the availability of a sufficient supply of clean linen, (e.g., scrubs, protective gowns, towels), for all dental facilities.
- (B) Laundry contaminated with infectious materials, (e.g., scrubs, protective gowns, towels), shall be handled using standard precautions and appropriately processed according to institution local operating procedures.
- (C) The Office Technician or designated dental staff shall coordinate pickup and delivery of all laundry.

(6) Risk Exposure Mitigation

- (A) Hazardous dental materials include, but are not limited to, flammable, toxic and caustic materials.
- (B) The HPM III shall be responsible for ensuring that:
 - 1. All hazardous dental materials deemed to be flammable (e.g., butane gas containers, alcohols) are stored in approved, fireproof, locked storage cabinets, in accordance with local and state fire codes, manufacturers' and OSHA guidelines and in secure areas that are inaccessible to inmates.
 - 2. An inventory and accountability system is implemented for distribution of flammable, toxic or caustic materials.

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3. Inmates have access to flammable, toxic or caustic materials only under the direct supervision of qualified staff.

(7) Inspections

(A) All dental equipment (e.g., radiographic equipment; dental operatory units; Heating, Ventilation, and Air Conditioning [HVAC] units) shall be inspected and serviced regularly, consistent with manufacturer's specifications and state regulations, to ensure that all systems continue to function properly.

(B) Any negative pressure areas for the control of infectious disease shall be regularly monitored for air quality.

References

- Code of Federal Regulations, Title 29, Part 1910, Standard 1910-1910.1030, Occupational Safety & Health Standards
- Health Care Department Operations Manual, Chapter 3, Article 3, Section 3.3.3.1, Infection Control Procedures

Revision History

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