



# Florida Department of Environmental Protection

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## Meeting Minutes

Subject:	PharmTAG Meeting #5
Date:	May 12, 2009
Time:	9:00 AM
Location:	BMC Room 176, Tallahassee; Room 501A, Pensacola; Room 213A, Jacksonville; Room F Orlando; Room 111, Temple Terrace; Room (No #), West Palm Beach
Meeting Manager:	Mike Redig, FDEP Environmental Manager
Attendees:	Agusta Posner, Yvonne Peters, Claire Arnold, Ingrid Castillo, Dennis Dansby, Bob Escher, Barry Fernandez, Ed Golding, Tiffany Holmes, Michael Jackson, Ismael Jusino, Tim Killian, Janine Kraemer, Sharlene Lau, Michelle Leavis (teleconference), Sven Normann, Stuart Pheil, Andrea Prior, Denise Roach-Rodney, Nicole Roe, Rhonda Rogers-Bardsley, Mike Snapp, Barry Stewart, Tim Vinson, Kathy Winston

### Meeting Discussion:

- ☞ Mike opened with introductions of all present and via teleconference.
- ☞ Mike reviewed the discussion points that were attached to the first three invitational letters:

### Discussion Points

- a. Develop Training Curricula for UPW Management with a focus on oncology facilities
  - i. DOH Compliance Issues
    1. Adulterated Drugs Management (dispensed but unused, partially dispensed materials, outdates and recalls)
    2. Biomedical Infectious Waste Management
    3. Post-treatment Solid Waste Management
  - ii. OSHA Compliance Issues
    1. Safety Procedures

- a. Hazardous Chemical Management
  - i. Spill Cleanup
  - ii. PPE Disposal
- b. Waste Management
  - i. Solid Waste
  - ii. Biomedical Infectious Waste
  - iii. Sharps
- iii. DOT Compliance Transportation Issues
  - 1. Pre-shipment Segregation by Hazard Class
  - 2. Packaging Requirements
  - 3. Marking and Labeling Packages
  - 4. Shipping Papers
  - 5. Placards
  - 6. DOH/DEA Required Inventory Accompanies the Pharmaceutical Waste up to Final Disposal
- iv. DEP UPW Compliance Issues
  - 1. Universal Waste Management Requirements in 62-730.186 F.A.C
  - 2. Exemptions and Special Issues
    - a. Epinephrine Waste, Syringe Residues for U and P listed Compounds
    - b. TCLP Standards for Thimerosal, Creosote Preservatives
    - c. TCLP and Arsenic Trioxide

What will users get out of this?

- v. JCAHO connection. May Be Part of Accreditation Review for the Hospital or Clinic
  - vi. CEU Requirements for Medical Professionals' Annual Recertification
  - b. Quantification Study
    - i. How Much Waste is Generated?
    - ii. Review H2E Efforts on This Front
    - iii. Case Studies
      - 1. Common Practices, Mistakes and Successes
- ☞ Mike referred to the "butcher paper" chart created at the meeting in December and asked for the group (Controlled Substance) to give their presentation to the group. Tim Vinson, Mike Redig and Michael Jackson were present for this group. Mike presented the spreadsheet created by Tim Vinson.
- o Classified as a hazardous waste if spilled or broken during manufacturing or transportation.

- Classified as hazardous waste when shelf life has expired before a formulation has been made.
  - Classified as universal pharmaceutical waste when a formulation cannot be administered or excess remains in the medical delivery system or preparation.
  - All materials must meet land disposal restrictions prior to discharge to a landfill.
  - All materials must have a certification of destruction for final disposal documentation.
- ☞ Michael Jackson mentioned an annual meeting this summer set up for compounding for which an attorney who used to be the legal counsel for the Florida Board of Pharmacy is doing a presentation, so Michael will speak to him about including this topic in his presentation.
- ☞ Mike then requested the last group ("Unknown" Prescription Manufacturer Packaging Group) give their presentation. Tiffaney Holmes was present for this group. Mike took the lead on this subject.
- ☞ The question arose concerning non-hazardous waste sharps vs hazardous waste sharps and nurses carrying the sharps down the hallways. Having nurses properly dispose of sharps in the appropriate container to eliminate cross-contamination is a training issue.
- Suggestions included having two separate sharps containers in each room (hospitals may not have room for two separate sharps containers in each room), mixing non-hazardous with hazardous (which may increase costs), and having the nurses carry a sharps container with them to help eliminate carrying sharps through the hallways with the potential for health and safety concerns through needle sticks and/or dropping the medication on the floor.
  - Another suggestion was to modify the UPW rule so that the syringe would no longer be considered a container but a delivery device. FDEP adopts EPA's interpretation that a syringe containing a material on a P or U list is "used" and therefore no longer meets the listing description.
  - Ed Golding mentioned a syringe by the trade name of Safe Snap which when used the needle retracts back into the barrel which already has a biomedical waste symbol on it and FDOH has designated it as its own sharps container. Michelle Leavis stated that it's not feasible to change certain medications over to these needles.
  - Sharps currently can either be incinerated or autoclaved.
  - Michelle said she would get with her contract for one of their container manufacturers and get their feedback on creating a safer way of transporting sharps. She will get back to us within the next couple of weeks.
- ☞ Mike put forth the question which would be the best method of designing a curriculum (classroom, computer-based, etc). The group

reached a consensus that computer-based instruction would work best.

- It can be utilized not only in orientation but also as part of annual training.
- Mike asked for a list of target audiences: pharmacists, nursing staff, EH&S staff, UPW and HW transporters, clinics, VA facilities, animal shelters, veterinarians, administrators, long-term care, acute care, oncology clinics, physicians offices, rehabs, urgent care centers and EMS were all mentioned in the brainstorming session.
- Sven asked if this would be optional training. Mike reiterated the hope to get JCAHO involved for CEUs. Barry Stewart stated it is required annual training but that not everyone is necessarily aware that it's mandatory. Mike stated programs such as those at Bethesda and Shands could be utilized as a basic foundation. Ed suggested using a foundation similar to what OSHA utilizes where it is initially a general overview combined with on-site specifics.
- ☞ Mike requested a break. When the group reconvened he asked those who newly joined us to please introduce themselves.
- ☞ Mike asked Bob Escher if we produced some computer-based training whether or not it could be utilized in the VA facilities and Bob agreed it could be and offered to send Mike training tools they currently utilize.
- ☞ Mike asked the group if there was a common type of software utilized for computer-based training and Michelle stated they utilize Syntrio for their training. Mike asked Claire what they use at Bethesda and she stated she would find out and let us know.
- ☞ Mike asked Sven for suggestions on tailoring a training module toward a pharmacist.
- ☞ Barry Stewart mentioned he has had success with pharmacy directors by utilizing Janine's presentation (which includes case studies) she gave at the first meeting. Mike suggested using this as the core material for the general overview to provide staff with basic RCRA training and awareness.
- ☞ Denise stated the cradle-to-grave training for her staff was beneficial and helped her staff become more aware of potential hazards and repercussions of mismanaging waste.
- ☞ Denise found she had to utilize the term "hazardous pharmaceutical waste" instead of just "hazardous waste" in her staff training sessions.
- ☞ A suggestion was to house the training on the DEP website.
- ☞ Rhonda suggested a mass email. Ed has addresses and phone numbers for 35,000 biomedical waste generators, but no emails. Mike Snapp suggested utilizing the FHA to get the word out.
- ☞ Mike asked for suggestions for dividing this into modules. Barry Fernandez expressed the need to start with a basic overview and go from there. Mike suggested perhaps beginning with pharmacists.

Janine suggested having an introduction/overview with tabs for the specifics.

- ☞ Mike volunteered himself, Augusta and Yvonne to create the general overview (including definitions of solid waste, hazardous waste and universal pharmaceutical waste) as a PowerPoint (easily distributed for comments) and make available to the group for suggestions.
- ☞ Denise said she would share some her training materials.
- ☞ DOH, DOT and DEA information will be included in the overview.
- ☞ Suggestions for the tabs for specialty areas were:
  - Pharmacy
  - Nursing
  - EHS
  - Administrators
  - Transporters
  - Reverse distributors
  - Stand-alone clinics/mobile doctors
  - Long-term care/hospice/assisted living/home health
- ☞ The group decided to reconvene in July.
- ☞ Mike adjourned the meeting.

### **Follow-up:**

- ☞ Next PharmTAG meeting is scheduled for July 14<sup>th</sup> at 9:00 am. Yvonne will reserve our Tallahassee video conference room as well as our 6 district video conference rooms to help alleviate travel concerns for everyone involved.