

**BY ORDER OF THE COMMANDER
59TH MEDICAL WING**

59TH MEDICAL WING INSTRUCTION 32-7001

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Civil Engineering

**HAZARDOUS MATERIALS, WASTE
MANAGEMENT AND SPILL RESPONSE
PROGRAM**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements Air Force Policy Directive 32-70, *Environmental Quality*. This instruction establishes the procedures and responsibilities to ensure an effective program for managing hazardous materials, waste disposal and spill response to minimize the loss of resources, disruption of services, and risk to patients and personnel within the 59th Medical Wing (MDW) complex. This instruction applies to personnel assigned, attached, or on contract to the 59th Medical Wing, or working in 59 MDW facilities, except those personnel assigned to the 359th Medical Group, and 959th Medical Group. This instruction does not apply to the Air National Guard or Air Force Reserve. Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, *Recommendation for Change of Publication*. Requests for waivers must be submitted to the OPR listed above for consideration and approval. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with in accordance with (IAW) Air Force Manual 33-363, *Management of Records*, and disposed of IAW Air Force Records Information Management System Records Disposition Schedule.

SUMMARY OF CHANGES

This publication has been revised. This rewrite of 59 MDWI 32-7001 includes updated unit designations and references.

1. Responsibilities.

1.1. The Facilities and Environment Committee will maintain oversight of all activities specified in this instruction. Members of the committee may be tasked, within their areas of

expertise, to evaluate individual work center procedures as a means of maintaining accountability with this instruction.

1.2. Group and Squadron Commanders, and Flight Commanders or Flight Chiefs will:

1.2.1. Ensure that all personnel under their supervision who may encounter hazardous materials or wastes are aware of this instruction and the Wilford Hall Ambulatory Surgical Center (WHASC) Spill Response information to prevent and manage spills.

1.2.2. Appoint a primary and secondary Group Unit Environmental Coordinator (UEC) and ensure that the resources needed to maintain compliance are made available and managed effectively.

1.3. Work Center Supervisors/Zone Masters will:

1.3.1. Appoint a primary and secondary manager for each Hazardous Material Shop and Hazardous Waste Accumulation Point and ensure they receive training.

1.3.2. Conduct periodic reviews of the Authorized Use List (AUL) and Hazard Communication (HAZCOM) Binder for each shop ensuring binders are current and accessible.

1.3.3. Advise UEC and shop point of contact (POC) of any incompatible storage or hazardous materials storage deficiencies. Submit and track progress of work orders to correct deficiencies or hazards.

1.3.4. Assist UEC in maintaining current Safety Data Sheets (SDS) for all hazardous chemicals and spill response information is located near the area of use, but outside the likely spill area.

1.3.5. Assist UEC in conducting periodic reviews of spill kits and personal protective equipment (PPE) is adequate and stored in an accessible area.

1.3.6. Ensure new workers in their area are trained on spill prevention and clean-up procedures as well as all hazards associated with the materials present within the work center or zone as part of Hazard Communication training, as specified in AFI 90-821, *Hazard Communication*.

1.3.7. Review all written procedures and plans, verifying the status of spill kits, at least every six months and within two weeks following a spill event, or immediately upon change of a process to ensure the information and materials are appropriate and available.

1.3.8. Ensure hazardous waste procedures are followed and waste materials (office paper, cardboard, aluminum cans, plastic bottles, etc.) are recycled to the maximum extent feasible.

1.3.9. Provide lockable grey bins for the disposal of Protected Health Information and oversee security and weekly disposal of bins.

1.4. Unit Environmental Coordinators/Shop POC's will:

1.4.1. Work with shop POC's and Medical Material personnel to ensure all hazardous chemicals in use are authorized by the Installation Hazardous Material Program (IHMP) Office.

- 1.4.2. Conduct periodic reviews of the AUL and HAZCOM Binder for each shop ensuring that all hazardous material are authorized for use and binders are maintained in an accessible area.
 - 1.4.3. Continuously monitor hazardous material shops to ensure all storage is maintained in a compatible manner. Request additional resources and place work orders with zone master when required.
 - 1.4.4. Maintain a current work center specific HAZCOM Training Plan for each shop. Ensure new workers in their area are trained on spill prevention and clean-up procedures as part of Hazard Communication training, as specified in AFI 90-821.
 - 1.4.5. Maintain required spill kits and PPE on site at all times and review procedures when processes change, ensuring materials and information are appropriate and readily available.
 - 1.4.6. Train all workers in their area at least annually on spill prevention and spill response procedures, or whenever new hazards are introduced to the workplace.
 - 1.4.7. Review written procedures and plans and verify the status of spill kits, at least every six months and within two weeks following a spill event, or immediately upon change of a process to ensure the information and materials are appropriate and available.
 - 1.4.8. Ensure hazardous waste procedures are followed and waste materials (office paper, cardboard, aluminum cans, plastic bottles, etc.) are recycled to the maximum extent feasible.
 - 1.4.9. Monitor lockable grey bins for disposal of Protected Health Information.
- 1.5. Bioenvironmental Engineering (BE) personnel will:
- 1.5.1. Evaluate compliance with this instruction in industrial work centers.
 - 1.5.2. Coordinate with Base Environmental, Wing Safety and Facilities Management and Medical Materiel to evaluate compliance with this instruction in all other work centers.
 - 1.5.3. Assist work centers with completing requirements specified in this instruction, within the limits of BE Flight resources.
 - 1.5.4. Report to the Environment of Care (EOC) Committee at least quarterly on compliance with this instruction and other related issues.
- 1.6. Medical Materiel Flight personnel will:
- 1.6.1. Establish procedures with supply account custodians that ensure purchases of hazardous materials for storage or use are tracked and reported to the IHMP Office.
 - 1.6.2. Coordinate with Facilities Management, Bioenvironmental Engineering, 59 MDW Safety and the IHMP Office to follow Joint Base San Antonio (JBSA)-Lackland AFB and Air Force guidance on hazardous materials control procedures, within the limits of Medical Materiel Flight resources.
 - 1.6.3. Process hazardous material authorizations for the 59 MDW and route to Installation Hazardous Materials Management Office. Provide AUL to shops. Input

chemical authorizations and advise hazardous material shops of current authorization and storage requirements.

1.7. Facilities Management will:

1.7.1. Coordinate with Base Environmental as necessary to ensure hazardous material, hazardous waste and state regulated industrial waste generated in 59 MDW facilities is identified and handled appropriately.

1.7.2. Be the office of primary responsibility for coordinating all environmental compliance issues, waste recycling efforts and for resolving hazardous material and waste-related issues with 802 CES/CEAN.

1.7.3. Maintain oversight of waste disposal practices by housekeeping and other contracted services.

1.7.4. Maintain oversight for medical waste disposal through a medical waste contractor.

1.7.5. Maintain oversight of hazardous material, waste management and WHASC spill response procedures, reporting to the EOC committee.

1.7.6. Maintain oversight of the Locked Bin Program for secured document destruction and disposal of Protected Health Information.

1.8. First level supervisors and all personnel who work near hazardous materials or hazardous wastes will report any spills they encounter to the work center supervisor, zone master, UEC or other responsible individual in the area, and will comply with the WHASC spill response procedures to manage hazardous materials and waste spills.

2. Specifications for Spill Prevention and Spill Response.

2.1. Spill prevention and response specific to the work place will include at a minimum:

2.1.1. Work center specific chemicals and spill materials. Review all chemicals specific to each shop and cleanup materials available to manage and clean-up in the event of a spill.

2.1.2. Location of Safety Data Sheets, HAZCOM Binder and Spill Response Information.

2.1.3. Methods to prevent and manage spills (e.g., periodic checking of valves, or the use of secondary containment and absorbent materials during storage) and materials available for cleanup of small spills and immediate procedures to stop and contain a large spill.

2.1.4. Procedures for evacuating unprotected personnel from the area and to limit the loss of resources (e.g., closing doors, ventilating the area, etc.).

2.1.5. Spill Reporting Procedures.

2.1.6. Actions for exposure of personnel or patients.

2.1.7. Disposal of resulting waste and clean-up materials.

2.1.8. Training frequency.

2.2. Spill kits will include items to control the flow of a spill, to absorb or neutralize the material spilled, and to collect and containerize the spilled material. Spill kits must be

designed for the material or materials to be cleaned and maintained in a ready condition at all times.

2.3. Spill reporting will be in accordance with the 59 MDW Visual Aid (VA) 32-101, *WHASC Spill Response*.

2.3.1. Spills causing injury or exposure involving patients, staff, or visitors will be reported immediately to Risk Management by phone, 292-6004, or IAW AFI 44-119, *Medical Quality Operations*.

3. Specifications for Waste Disposal.

3.1. All waste will be collected and disposed of IAW with proper procedures as established by:

3.1.1. 59 MLRS/SGSKF Memorandum, *59 MDW Management of Regulated Medical Waste Policy and Guidance* for medical waste.

3.1.2. *Lackland AFB Hazardous Waste Management Plan*, for industrial and hazardous waste.

3.1.3. Destroy records containing information protected by the Privacy Act, AFI 33-332, *The Air Force Privacy and Civil Liberties Program* and DoD 5400.7-R_AFMAN33-302, *Freedom of Information Act Program*, in accordance with guidance in AFI 33-332. All Protected Health Information waste generated by clinic work centers will be disposed of in secure locked bins to prevent accidental disclosure. The bins will be delivered by each work center to a specified location for pickup and destruction.

3.1.4. All waste eligible for recycling will be sorted into the blue or brown recycle bins provided, according to bin designations and delivered by each work center to specified location for pickup.

3.2. Supervisors of work centers which generate regulated waste will establish written procedures to brief during HAZCOM training ensuring all workers in their area of responsibility perform proper segregation, collection, and disposal of waste. A primary and secondary Hazardous Waste Monitor (Satellite Accumulation Point Manager) will be appointed and properly trained to be responsible for the processing of waste out of the work center.

3.3. All processes which produce sanitary sewer waste (with the exception of human waste, blood and body products generated in the normal processes of hygiene, sanitation and medical care) or storm sewer waste must be reviewed by Facilities Management and JBSA-Lackland AFB Water Program for compliance. When in doubt seek a determination. Anything that goes down a drain has the potential to make it to the water supply.

3.3.1. For mixed waste, every effort must be made to segregate into appropriate containers. When mixed waste is unavoidable, disposal will be using the higher standard. Seek a determination before you toss, mistakes can be costly and embarrassing!

4. Specifications for Training.

4.1. Workplace specific training of individuals will be documented on an AF Form 55, *Employee Safety and Health Record*, or equivalent.

4.2. Hazardous materials, waste disposal, and spill response will be reviewed in accordance with the workplace specific Hazardous Communication Training Plan maintained by each shop. The WHASC spill response procedures will be made available by posting the 59 MDW VA 32-101 in high visibility areas near hazardous material use and storage areas.

GLENN A. YAP, Colonel, USAF, MSC
Administrator, 59th Medical Wing

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFPD 32-70, *Environmental Quality*, 20 July 1994

AFI 32-7086, *Hazardous Materials Management*, 1 November 2004

AFI 33-332, *The Air Force Privacy and Civil Liberties Program*, 5 June 2013

AFI 44-119, *Medical Quality Operations*, 16 August 2011

AFI 90-821 *Hazard Communication*, 27 January 2014

59 MDW VA 32-101, *WHASC Spill Response*, 13 February 2009

DoD 5400.7-R_AFMAN33-302, *Freedom of Information Act Program*, 21 October 2010

Adopted Form

AF Form 55, *Employee Safety and Health Record*

Acronyms and Abbreviations

AFOSH—Air Force Occupational Safety and Health

AUL—Authorized Use List

BE—Bioenvironmental Engineering

EOC—Environment of Care

HAZCOM—Hazardous Communication

HIPAA—Health Insurance Portability & Accountability

IAW—In Accordance With

IHMP—Installation Hazardous Material Program

JBSA—Joint Base San Antonio

MDW—Medical Wing

SDS—Safety Data Sheet

POC—Point of Contact

PPE—Personal Protective Equipment

UEC—Unit Environmental Coordinator

VA—Visual Aid

WHASC—Wilford Hall Ambulatory Surgical Center

Terms

Article—An object (e.g., an alkaline battery or toner cartridge) which is formed to a specific shape or design during manufacture, has end use functions dependent upon its shape or design,

and under normal conditions of use will release no more than trace amounts of a hazardous material.

Authorized Use List (AUL)—A shop specific listing of all chemicals authorized through the IHMP office.

Consumer-Use Product—A low health risk chemical used in the workplace in the same manner as normal consumer use. To qualify as a consumer-use product, the product must be in a container which limits the amount that can be used or spilled at one time, the product must be ready to use without mixing. Examples of consumer-use products include hand soap, individually wrapped alcohol wipes, Windex and Armor-all or their equivalents.

Hazardous Material—For purposes of this instruction, any substance regulated by the 59 MDW or higher authority which can pose an increased risk to people or property if released into the environment in an uncontrolled manner, such as through a spill. This definition encompasses hazardous chemicals as defined by the Occupational Safety and Health Administration, but also includes such things as infectious waste and radioactive items. This definition does not apply to pharmaceuticals, except those that are specifically regulated by environmental or occupational health agencies (e.g., chemotherapy agents). This definition also specifically excludes chemicals contained in articles and in consumer-use products. All Hazardous material used in WHASC facilities will be authorized for use by the IHMP Office.

High Health Risk—A hazardous material which is likely to cause a significant negative health effect upon uncontrolled or unprotected exposure to even a small amount of the material. Significant negative health effects include chemical burns, irritation or sensitization of the respiratory system or gastro-intestinal system, skin sensitization, central nervous system effects and/or chronic damage to internal organs.

Intermediate Health Risk—A hazardous material which is likely to cause a significant negative health effect upon repeated unprotected exposures to moderate or greater amounts of the material.

Low Health Risk—A hazardous material which must be controlled by environmental or occupational health regulations, but is unlikely to present a significant negative health effect upon normal use as specified by the manufacturer.

Municipal Waste—Any waste material which can be disposed of in regular trash cans without violating local, state, Air Force, or federal regulations. Examples include non recyclable office materials, product wrappers, and non-rechargeable alkaline-based cells in small quantities.

Regulated Waste—All waste material for which there is a regulation governing disposal. This includes but is not limited to hazardous material no longer in use, radioactive waste, bio-hazardous waste, chemotherapeutic waste, rechargeable batteries, oils and solvents, used Formalin, etc.

Safety Data Sheets—An SDS provides detailed information for both workers and emergency personnel regarding the proper procedures for handling or working with chemical substances and is of major importance if a spill or other accident occurs.

Sanitary Sewer Waste—Waste material specifically authorized to be disposed of down a drain.

Satellite Accumulation Point (SAP)—A SAP is a location where hazardous waste or universal waste, or non-hazardous waste can be accumulated.

Spill—A non-routine, unplanned release of a hazardous material into the environment. This definition specifically excludes the loss of a negligible amount of material which is predictable, controllable, and not feasible to prevent (e.g., a few drops of oil which can be easily cleaned with a cloth or paper towel).

Level 1 Spill (Incidental)—A spill of hazardous material that the work center has the capability of cleaning without calling for additional resources. Material spilled must be amount containable by shop personnel and no harm to personnel (injury or illness) will result from exposure to spilled material. When in doubt defer to emergency procedures in Level 2 Spill Response.

Level 2/3 Spill (Emergency)—A spill of hazardous material that enters a drain, is absorbed in carpet or porous building material, or otherwise exceeds the capability of the work center to clean up. For Intermediate health risk materials, any spill greater than a gallon will automatically be considered a large spill. Any spill involving high health risk materials must be treated as an Emergency (Level 2/3 spill) and reported to Facilities and 802 CES/CEAN to determine if additional notification is required.

Unit Environmental Coordinator (UEC)—An individual who assists with Hazardous Material, Waste management and spill response. Each group will appoint a Primary and Secondary UEC to oversee environmental concerns and to assist the Wing UEC in maintaining environmental compliance throughout 59 MDW facilities.

Universal Waste—Any waste to include mercury vapor, vapor sodium, or fluorescent light bulbs, batteries, paints or paint-related waste, pesticides, and/or mercury-containing articles.

Waste—For the purposes of this instruction, any spent material used or generated in the 59th Medical Wing (59 MDW) complex and Kelly Clinics, which no longer has value to the user or generator and is intended to be disposed of. Materials which are turned in to the Defense Reutilization and Marketing Office as serviceable items are not considered waste. Waste streams fit into four general types: Municipal waste, Regulated waste, Universal waste and Sanitary Sewer waste.

Work Center Supervisor—An individual with the responsibility of managing the daily activities of personnel with a related mission. In the 59th Medical Wing this person may be a flight commander, flight chief, flight noncommissioned officer in charge, or an element chief or equivalent, depending on the size of the unit.

Zone Master—An individual who assists the facility manager by ensuring the facility is maintained and in operational condition. Additionally, the zone master handles operational concerns that staff members, patients, and visitors express for the areas and appearance of the facility.