# Health and Safety Grand Rounds!!

# in Collaboration with Al-Essa Medical and Scientific Equipment Company



Kuwait University Health Science Center 29 May 2013

# Welcome to planet earth!



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# THIS WEEK

### **EDITORIALS**

WORLD VIEW Reform PhD programmes or close them down p.261 SINUS VIRUS Lab culture breakthrough could offer cold comfort **p.262**  PEACOINS Populations plummet as Antarctic ice melts **p.263** 

# Accidents in waiting

Every researcher and institution should question their own attitudes to safety in the lab after the death of an undergraduate student in a Yale University workshop.

#### 21 APRIL 2011 | VOL 472 | NATURE |

Sheharbano Sangji (left) and Michele Dufault.

http://lsci.epfl.ch/files/content/sites/lsci/files/load/Yale-accidentLesson.pdf

#### **Grand Rounds – From Wikipedia:**

**Grand rounds** are an important teaching tool and ritual of medical education and inpatient care, consisting of presenting the medical problems and treatment of a particular patient to an audience consisting of doctors, residents and medical students. The patient was traditionally present for the round and would answer questions; grand rounds have evolved with most sessions now rarely having a patient present and being more like lectures. An actor portrays the patient in some instances.

http://en.wikipedia.org/wiki/Grand\_rounds

Patient Assessment:

History and Physical Analysis Diagnosis Treatment Follow-up

#### Health and Safety Grand Rounds

#### Patient: Kuwait University Health Science Center DOB: 1982

In 1982 Kuwait University established the Health Sciences Center (HSC) to be the governing institution for the Faculty of Medicine, the Faculty of Allied Health Sciences, the Faculty of Pharmacy and the Faculty of Dentistry. The HSC is headed by a Vice President and a Health Sciences Council.



Follow-up consult brought at the request of the HSC Laboratory & Environmental Safety Committee

#### http://www.hsc.edu.kw/vpo/Health\_Safety\_and\_Environment/

## **History**

# Extensive Health and Safety and Waste Management Presentations January – February 2012

- **1. Global Perspective**
- 2. Environmental Health and Safety Issues
- **3. Activities that generate Medical Waste**
- 4. Risk Assessment
- 5. Definitions of Medical Waste WHO
- 6. Management of waste in the facility
- 7. Decontamination
- 8. Transport, Treatment/ Disposal of Medical Waste



HSC Home

Kuwait University LEALTH SCIENCES CENTERCIENCES C

Training & Continuous Education

<u> </u>		
ISC Home Vice President's Of	fice Faculty of Medicine Faculty of Allied Health Sciences	s Faculty of Pharmacy Faculty of Dentistry KU Website
Vice President's Office Administration	Vice President's Office	HSC Services
Counselling & Guidance Office	Health, Safety and Environment	HSC Email
Technical Support Administration	reality sujey and bittly aniter	• HSC Directory

English Language Unit HSC Library Administration Medical Principles and Practice

Research Core Facility

GO Orientation Sessions on the HSC Medical Waste Management System- 2011

Generation State Management Training Workshop- 2012

The Vice President Office for Health Sciences in collaboration with Al-Essa Medical and Scientific Equipment Company- KUWAIT and WNWN International- USA held a training workshop on medical waste management in January/February 2012. The workshop aimed to educate the HSC staff and students about how medical wastes should be properly managed.

The PowerPoint presentations and videos are available below:

- Lecture 1: <u>PowerPoint Presentation</u>/Video (Session A; Session B)
- Lecture 2: PowerPoint Presentation/Video (Session A; Session B)
- Lecture 3: <u>PowerPoint Presentation</u>/Video (Session A; Session B)
- Lecture 4: PowerPoint Presentation/Video (Session A; Session B)
- Lecture 5: PowerPoint Presentation/Video (Session A; Session B)
- Lecture 6: <u>PowerPoint Presentation</u>/Video (Session A; Session B)
- Lecture 7: PowerPoint Presentation/Video (Session A; Session B)
- Lecture 8: <u>PowerPoint Presentation</u>/Video (Session A; Session B)



ISA Help Desk HSC Staff Info. Access Employment HSC Resource Scheduler PC Teaching Labs Cal. Events & News Calendar Apr May 2013 Jun

Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30	1	2	3	4
5	<u>6</u>	<u>7</u>	<u>8</u>	9	10	11
12	13	<u>14</u>	<u>15</u>	16	17	18
19	20	21	22	23	24	25
26	27	28	<u>29</u>	30	31	1
2	3	4	5	6	7	8

Events & News

HSC Training Workshop on Laboratory Safety by Health Sciences Center Date: May 29, 2013 Time: 08:30 AM - 02:30 PM Venue: HSC Auditorium Contact: For your queries, please contact 24636620 Comments: Attendance of all HSC academic, supporting academic and technical staff is OBLIGATORY

Faculty Seminar on Peroxisomal Disorders: al ular Monhanieme of



Day 1 Physicals (Assessments):

**Faculty of Allied Health Sciences** 

**Faculty of Dentistry** 

**Kuwait University Dental Center** 

Objectives: Review Health and Safety and Waste Management Practices relative to training that was provided last year


































































































## **Observations**

## **1. Essential safety equipment is available:**

First Aid kits Spills kits Eyewash stations Safety showers Fire blankets PPE available and being used Warning / Caution Signage Sinks Soap Alcohol hand rub Pressurized containers secured

## **Observations (continued)**

- 2. Waste management practices generally good with a few gaps. Hazardous chemical require some additional labeling
- 3. Staff responsive to health and safety questions related
- 4. MSDS available in most but not all areas
- 5. SOPS/Policies available in some but not all areas



Mr. Krisiunas, may I be excused for break?

My brain is full!!

Day 2 Physicals (Assessments):

**Faculty of Pharmacy** 

**Faculty of Medicine** 

Objectives: Review Health and Safety and Waste Management Practices relative to training that was provided last year



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SAFETY HEST









































Improperly discarded barrel .....or studio prop????



























Segregation of medical wantes at source is the first step of proper medical wante management. Color-coded containers and bags are used for different medical wante streams. Kuwait University Health Sciences Center follows the Wante Health Organization color code for medical waste containerization. Make sure you are putting the right waste stream in the right container and/or bag? YELLOW CLEAR NON SPECIFIC Bistogical Waste
Sharps with
biological
contaminants Autoclavable Specimen Transport Chemical Waste Glassware and Phormaceutical Waste (including Cytotraic)
Sharps with shemical and/or phormaceutical contentioners Plasticware (non-Contaminated ONLY) - Dental Amalgam Radinactive Wante Battary/Electronic Wants ONLY.

Are You Segregating Medical Wastes Correctly?

(10)

tem eretermetatet gizta wiete Oft Liquid hazerdoor weste Con. Liquid hezerdeun weste Better ware





















## **Carnegie Melon University Health and Safety Newsletter**

Wednesday, May 4, 2011

# Proper Lab Shoes

Yep, ladies and gentlemen, it's time for the annual reminder of what is proper footwear for use in laboratory.

Remember: no open-toed shoes are permitted in the lab. This will ensure your feet are protected from stray hazardous materials spills.

I know that it is very warm in the summer and sandals provide much-needed comfort. You can wear them outside all you want, but if you do, be sure to keep a pair of closed-toed shoes at your desk to change into when you enter the lab.

















PLEASE FOLLW THE INSTRUCTIONS FOR YOUR SAFTEY AND FOR THE SAFTEY OF OTHERS.

LABORATORY SAFETY

- 1. MUST WEAR SHOES IN THE LAB IRRESPECTIVE OF THE GENDER.
- 2. USE TROLLEY TO TRANSPORT CHEMICALS (USUALLY HEAVY AND LIQUID CHEMICALS).
- 3. KEEP THE SOLID AND LIQUID CHEMICALS SEPARATELY.
- 4. EXPIRED CHEMICALS SHOULD BE CONSIDERED AS WASTE AND SHOULD BE DISPOSED OFF.
- 5. VOLATILE CHEMICALS SHOULD BE USED UNDER THE HOOD.
- 6. KEEP THE LAB NEAT AND CLEAN.
- 7. HANDLE LIQUID NITROGEN CAREFULLY, USE GOGLES IF NECESSARY.
- 8. PSCRIC ACID SHOULD BE HYDRATED TIME TO TIME.

- 2. ANIMALS TISSUE WASTE (AFTER PROCESSING) CAN BE PUT IN THE YELLOW BUCKET LABELLED AS "BIOLOGICAL WASTE" KEPT IN THE COLD ROOM.
- 1. LIQUID CHEMICAL WASTES SHOULD BE COLLECTED IN THE AMBER COLOURED BOTTLES PROVIDED AND SHOULD BE LABELLED.
- 3. ANIMAL CARCUS SHOULD BE DISPOSED IN THE FREEZER PROVIDED FOR THE SAME PURPOSE, IN THE ANIMAL RESOURCE CENTRE. 4. GLOVES, CONTAMINATED TISSUE PAPER (TISSUE USED TO WIPE CHEMICALS OR BIOLOGICAL WASTE) USED PLATES, PLASTIC TUBES, DISPOSIBLE PETRI
- DISHES, etc CAN BE PUT IN THE YELLOW BAG PROVIDED IN EACH LAB, WHICH WILL BE EMPTIED EVERY AFTERNOON. 6. SHARPS LIKE PIPETTE TIPS, GLASS PIPETTES ML. SHOULD BE PUT IN THE BIG YELLOW CONTAINER LABELED "CONTAMINATED SHARPS ONLY" PROVIDED IN
- 7. OTHER SHARPS LIKE NEEDLES, MICROTOME BLADES HE CAN BE PUT IN THE SMALL YELLOW CONTAINER LABELED "CONTAININGTED SHARPS ONL"
- 8. TEST TUBE CONTAINING BLOOD WASTE, TISSUE CULTURE FLASKS MC. SHOULD BE PUT IN THE RED AUTOCLAVE BAGS PROVIDED.






#### CHROMPACK

packing/coating

All Academic Sta

181

20

315

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#### **GUIDELINES FOR WASTE DISPOSAL**

- Dispose all sharps (pipette tips, needles) into yellow waste containers.
- 2. Any hazardous chemical waste e.g. diethyl ether or dichloromethane along with plasma remaining in the tubes after extraction should be disposed in brown bottles provided for the purpose. Collect the waste in small brown bottles and discard it into big brown bottle or white container for disposal of hazardous chemicals at the end of the week or whenever the small bottle gets filled.
- 3. Waste from HPLC and LC/MS/MS system should be collected in brown bottles which should be emptied into white container for disposal of hazardous chemicals each week end or whenever filled.
- Dispose all contaminated waste e.g. eppendorf tubes, extraction tubes, gloves, contaminated tissue paper, bags used for transportation of patient samples etc. into bins having red bags.
- 5. Dispose non-contaminated waste into bins having blue bags.
- Dispose all broken glass into the waste container reserved for this purpose..



### LBORATORY BIOHAZARD PROTOCOLS Containers

### Orange Container

- · For glass and contaminated glass only
- Properly filled label (Name/date/Dept.)
- Full indicator
- · Once full seal, label and send for pick up

#### Yellow Container(s)

- For sharps and contaminated sharps only [needles,
- tips, broken hard plastic)
  - Properly filled label (Name/date/Dept.)

  - Don't fill beyond full indicator Once full seal by closing port all the way, label and
- send for pick up

# stic Bags

 Must be used for all types of Pathological Medical Waste of human or animal contaminants

- Full bags must be tied or taped closed before disposi

### How Bags



· Body fluids contaminated gives year, when a pwates and any wound dressings! · Not for glass and sharps discould · Full bags must be sed or tapes cleases before discoul

Sealed containers/bags are collected at the end of the conter (emergency exit end) in a large yellow container for achenular daty pickaes @ 3pm;

- > liquid medical/biotacardous wantes (blocd, other aspirate nut town) be disinfected before it can be discharged to the sandary anist prime To disinfect your waste, add a sufficient arreast of bountest limit w the biohazardous liquid to as to create a 10% consectorian of block

12

6090

- All stock powder chemicals must be stand in the depicer canon Flammable, photo-reactive, compare and initian too more mercan
- must be kept in the tablet under the dat

# Emergency contacts

sluwait general emergency Emergency waste collection (Mr. Abudum) 210224 Pathology Dest. Chief technise Min. Lette





















# **BR Gold Gel**







### **Observations**

**1. Essential safety equipment is available:** 

First Aid kits Spills kits Eyewash stations Safety showers Fire blankets PPE available and being used Warning / Caution Signage Sinks Soap Alcohol hand rub Pressurized containers secured

### **Observations (continued)**

- 2. Waste management practices generally good with a few gaps. Hazardous chemical require some additional labeling and storage modifications
- 4. Range of labels and posters relative to management of healthcare waste streams
- 5. Staff responsive to health and safety questions related
- 6. MSDS available in most but not all areas
- 7. Safety Policies posted in some areas but not all
- 8. Storage of chemical supplies is difficult in some areas dues to space limitations



Mr. Krisiunas, may I be excused for break?

My brain is full!!

Additional Information / Clarifications / Recommendations......

# **Ethidium bromide**

Ethidium Bromide (EtBr), commonly used in research laboratories as a stain for the visualization of nucleic acids in electrophoresis gels, is a toxic chemical and a potent mutagen. When used in nucleic acid staining, ethidium bromide fluoresces a red-orange to pink color under ultraviolet light and with increased fluorescence when bound to double-stranded DNA. While it is not specifically regulated as a hazardous waste, the mutagenic properties may present health hazards and disposal concerns if it is not managed properly in the laboratory.



Preparing Agarose solution



Gel (after half an hour)



Ethidium Bromide + Agarose soln.



The Equpiment



Setting the gel



The Gel, after electrophoresing



# Solutions with a concentration of AT LEAST (>/=) 0.1%

Any waste solution of 0.1% (e.g. 1mg/ml) or higher is Special Waste (including: unwanted 5mg/ml or 10mg/ml stock solutions).

## Solutions with a concentration of less than (<) 0.1%

Waste solutions of less than 1mg/ml (including: e.g. working solutions of 5µg/ml or 10µg/ml or staining solutions of 20µg/ml) are not Special Waste however, they are potentially still a Health & Safety risk. This type of waste solution must be decontaminated prior to disposal to drain.

## Gels with a concentration of less than (<) 0.1%

Normal gels contain far less than 0.1% (1mg/ml) Ethidium Bromide and are therefore not Special Waste. Due to a small but potential Health & Safety risk, these gels must be disposed of via the Clinical Waste stream.

# Gels...



# Liquids

# Fisher Scientific, Schleicher and Schuell, or VWR.





# How do you get information about hazardous chemicals?

You can get information two ways:

from the product label,

from the product material safety data sheet.





# What is on the product label?

• The manufacturer,

• The name of the product,

a hazard warning,

• a list of hazardous ingredients

# odorless paint thinner

For use with odorless paints & enamels.



DANGER! HARMFUL OR FATAL IF SWALLOWED. COMBUSTIBLE LIQUID & VAPOR. Carefully read all cautions elsewhere on this container. What is a material safety data sheet?

Material safety data sheets or "MSDSs" are information sheets on products that:

 tells what chemicals are in the product,

• what the hazards of the chemicals are,

• how to protect yourself from the hazards.



# Material Safety Data Sheet

#### MATERIAL SAFETY DATA SHEET

Trade Name: ACETONE

Chemical Family: Acetone

Formula: C3 H6 O

Manufacturer:

Supplier:

Emergency Phone #s

Transportation EMG. Phone #s CANUTEC

#### HAZARDOUS INGREDIENTS

ACETONE: 99% CAS # 67-64-1 Exposure limits, PPM : OSHA-PEL 750 , ACGIH - TLV 750 LD50 Orla rat 9750 MG/KG , Skin rabbit 20 G/KG, LC50 rat 16000 PPM

#### PHYSICAL DATA

Appearance & Odor: Clear colorless liquid, sweet odor Vapor pressure: MM HG/20 DEG. c : 184 Vapor density; (AIR 1) 2.0 Solubility in water: 100% Specific gravity: (Water = 1) 0.79

#### FIRE AND EXPLOSION DATA

Flashpoint & Method: 0% F (TCC) Flammable Limits: LFL 2.0, UFL 13.0 Extinguishing Media: water spray, dry chemical, CO<sub>2</sub>, alcohol foam Special equip, & procedures: Self contained breathing apparatus & complete protective clothing. Acetone is extremely flammable, any source of ignition will ignite it. Vapor is extremely explosive.

#### REACTIVITY DATA

Conditions Contributing to Instability: Heat, Sparks & Open Flame Incompatible Substances; Acids, Oxidizing materials, Alkalis, Amines, Potassium T-Butoxide, Alkanolamines, Ammonia, Aldehydes, Chlorinated compounds. Hazardous Decomposition Products; Carbon Monoxide, Carbon Dioxide Hazardous Polymerization: will not occur.

#### MATERIAL SAFETY DATA SHEET

#### HEALTH HAZARDS DATA

NOTE: Health studies have shown that exposure to chemicals pose potential risks which may vary from person to person. Exposure to liquids, vapors, mists or furnes should be minimized.

PRINCIPAL HEALTH HAZARDS

Skin contact: contact will dry skin, irritate skin , dermatitis Eve contact: irritation and may burn eye Incestion: large quantities causes headaches, nausea, vomiting. Can also cause liver and kidney damage.

Inhalation: may cause headaches, nausea, vomiting, dizziness, other central nervous system effects, (ie. convulsions)

#### FIRST AID PROCEDURES

Skin: Avoid direct contact with this chemical, wash with soap and water, seek medical attention if a rash persists. Eves: Flush with warm water for 20 minutes, obtain medical attention immediately.

Ingestion: If conscious, immediately induce vomiting by giving 2 glasses of water and sticking a finger down the throat. Get medical attention immediately. Inhalation: Remove to fresh air. Give A/R if not breathing, get immediate medical attention.

#### PREVENTATIVE MEASURES

<u>Skin</u>: Wear impervious gloves (butyl rubber), coveralls and safety footwear. <u>Eves</u>: Chemical proof goggles or full face respirator if vapors cause eye discomfort.

Incestion: Wash thoroughly before consuming food stuffs.

Inhalation: Use only in well ventilated areas or use NIOSH approved respiratory protection with organic vapor cartridges.

#### CONTROL MEASURES AND PRECAUTIONS

Keep container tightly closed, <u>DO NOT</u> consume food, drink or tobacco in work or material storage areas. Flame or any source of ignition is to be kept away from this product. Use caution and personal cleanliness to avoid skin and eye contact. Avoid breathing vapors.

#### SPILL, LEAK AND DISPOSAL METHODS

\*\* Review Fire and Explosion Hazards and Safety Precautions before proceeding with cleanup. Restrict access to area. Remove all sources of ignition and ventilate area. Absorb spill with an absorbent material such as vermiculite or

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# MSDSs – what information do they have?

Names of hazardous chemicals in a product,

Physical and chemical properties of the product,

Physical hazards of working with the product,

Health hazards of working with the product (including signs and symptoms of overexposures),

Headaches, eye irritation

Flammable & highly volatile

Acetone

Burns

Material safety data sheets (continued)

The main way the chemical enters Inhalation the body,

The legal limit allowed in the air 750 ppm

If the chemical is a carcinogen

No

Precautions for safe use of the hazardous chemical,

Use with adequate ventilation, keep away from open flame

# Material safety data sheets (continued)

Exposure control methods, including personal protective equipment,

Emergency and first aid procedures,

The date the MSDS was prepared or revised,

Name, address and phone number of the person responsible for the information in the MSDS. Wear respirator, rubber gloves

Eyes: flush with water for 15 minutes

1996

John Doe 1234 Maple St. Anywhere, USA



Kuwait University Health Sciences Center



#### INCIDENT REPORT

#### PART I: PERSON INVOLVED

Name:	Supervisor:
Faculty/Department:	Occupation:
	□ Visitor □ Other
Incident Location: (e.g. FOD 1-37)	Incident Date &Time: / /AM / PM (e.g. 20/09/2012) (e.g. 09:20 AM)

1. Describe what happened. In your description, include answers to the following:

- What were you doing before the incident occurred?
- ✓ What were the conditions of your work area?
- Was that a routine operation? (YES/NO)
- ✓ How did you respond?
- Describe any equipment, machinery, or instruments in use at the time of the incident and their potential contribution to the incident.

<ol><li>Were you adequately trained prior to engaging in</li></ol>	this	operation?		YES		NO		
<ol><li>Was the use of PPE necessary during the given of</li></ol>	opera	ation?		YES		NO		
<ol><li>Did you wear your PPE?</li></ol>				YES		NO		
5. Are there any specific safety rules which apply to	this	procedure?		YES		NO		
6. Were they followed?				YES		NO		
7 Are they adequate?				YES		NO		
8 What do you perceive to be the causal factors behind this incident?								
Insdeguste management oversight		Lack of appropri	iste e	afety noli	<b>NV</b>			
Proper equipment not used or not supplied	Ē.	Inadequate trai	nina	anety point	-,			
	Ē	Poor work envir	nonme	ent				
□ Other	_							
9 Was there any property loss or damage?				YES		NO		
If VES explain								
n reo, oxplan.								
10 Did you sustain any injuries?				YES		NO		
11 Were they treated? If VEC attach your medical re	nort		-	VEG		NO		
11. Were they treated? If TES, attach your medical re	sport	L.	-	160				

### KU HSC Incident Reports

9/2012 - 3/2013

#### **# =3**

- 1. Broken sewage drain in lab
- 2. AC Duct issue in 331 (2 reports)
- 3. Heating mantle short/fire

Page 1 of 2

http://www.hsc.edu.kw/vpo/Health Safety an d Environment/Incident%20Report%20V2.pdf

# **Containers of Hazardous Chemical Waste**

Label containers with the following info: Date you begin collection ■ Name of chemical waste when possible i.e., "Waste methanol, Waste acetone" Laboratory Location: 415/FOM



# Secondary containment


	Acids, inorganic	Acids, oxidizing	Acids, organic	Alkalis (bases)	Oxidizers	Poisons, inorganic	Poisons, organic	Water- reactives	Organic solvents
Acids, inorganic			X	X		X	X	X	X
Acids, oxidizing			X	x		X	X	X	x
Acids, organic	X	X		X	X	X	X	X	
Alkalis (bases) —	X	X	X				X	X	X
Oxidizers			X				X	X	X
Poisons, inorganic	x	x	X				X	x	x
Poisons, organic	X	X	X	X	X	X			
Water- reactives	X	X	X	X	X	X			
Organic solvents	X	X		X	X	X			

### Hazardous Healthcare / Medical Waste Flowchart



# **Chemical Waste Flowchart**





# **Pharmaceutical - Cyto Waste Flowchart**



# **Battery / Broken Glass Waste Flowchart**



#### **Final Observations**

Need for general and specific safety policies/ procedures in each area

Modify some of the waste management training posters (for more uniformity)

Complete use of legacy containers (additional confusion for waste management)

Chemical inventory list in each lab /located with MSDS

Remind staff of the importance of incident reporting





