



Section: Waste Pharmaceuticals

Self-Audit Tips, Action Steps & Resources

Types of pharmaceuticals

Pharmaceuticals include but are not limited to: non-prescription and prescription drugs/medications, drug samples, patients personal medications, drugs in an emergency kit or crash cart and over the counter medications.

Hazardous, infectious and dual waste pharmaceuticals

This section covers pharmaceuticals from your emergency kits, pharmacy, clinic(s) and/or over-the-counter drugs. If you have a clinic, please note that infectious waste (biohazardous, sharps, red bag or regulated medical waste) is not the same as hazardous waste. Each have separate waste disposal requirements. If your clinic generates hazardous waste pharmaceuticals, you will need to keep them in separate containers from your infectious wastes.

However, there are times when a waste can be both. In Minnesota this waste is called Dual Hazardous/Infectious Waste. Dual waste must be placed in a container designed for dual waste and not a red infectious waste container.

← Refer to the tips, action steps and resources to help you complete the audit.

1. Does your facility stock or keep pharmaceuticals?

- Yes. You are required to evaluate your pharmaceutical waste to determine if it is hazardous before you dispose of it.
- No, this facility does not stock or keep pharmaceuticals.

→ If you have pharmaceuticals that go to reverse distribution, download and complete the Section: Pharmaceuticals for Reverse Distribution at www.hennepin.us/selfaudit.

Evaluating pharmaceutical waste

You are required to evaluate your pharmaceutical waste to determine if it is hazardous before you dispose of it. Waste evaluation must be of the individual waste prior to any mingling or commingling with other wastes and/or prior to sewerage. Ensure waste is evaluated according to *Minn. R 7045.0214*.

The methods used to evaluate waste pharmaceuticals can be found in the following factsheets:

- *Step 1: Evaluate Waste* at www.pca.state.mn.us/w-hw1-01.pdf
- *Evaluating Pharmaceutical Waste* at www.pca.state.us/w-hw4-45a.pdf
- *Alternate Method to Evaluate Pharmaceutical Waste for the Lethality Characteristic*

Your hazardous waste disposal service company or consultant can also provide you with evaluation assistance, including testing your waste.

Once you have evaluated your pharmaceutical, update your formulary spreadsheet to include columns for:

- The four-digit hazardous waste codes associated with each pharmaceutical if it were to become a waste.
- The method used to evaluate each pharmaceutical.
- How it will be managed once it becomes a waste or is expired.

A facility may also choose not to evaluate their waste pharmaceuticals. In this case, the facility must assume that all waste pharmaceuticals are hazardous waste and they must be managed accordingly.

Section: Waste Pharmaceuticals (*continued*)

Self-Audit Tips, Action Steps & Resources

P-listed hazardous pharmaceutical waste

P-listed pharmaceutical wastes includes, but is not limited to:

- Nicotine (P075),
- Physostigmine (P204),
- Physostigmine salicylate (P188), warfarin >0.3% (P001),
- and their empty containers (i.e. empty bottle of warfarin, nicotine, etc.)

For more information

See *P List of Acute Hazardous Waste* at www.pca.state.mn.us/publications/w-hw2-02.pdf.

See *Managing Empty Containers* at www.pca.state.mn.us/publications/w-hw4-16.pdf.

Controlled substances

See a list of DEA controlled substances at www.dea.diversion.usdoj.gov/schedules

2. Are the pharmaceutical waste generated at your facility hazardous waste (select on)?

- This facility chooses to manage all waste pharmaceuticals as hazardous waste and/or dual waste. Fill out Management Plan Form 2 — Waste, Expired or Unused Pharmaceuticals on page 3. Do not include acute hazardous wastes (question 3) or waste controlled substances (question 4).
- This facility has evaluated each individual waste pharmaceutical and is managing the waste as appropriate. Fill out Management Plan Form 2 — Waste, Expired or Unused Pharmaceuticals on page 3. Do not include acute hazardous wastes (question 3) or waste controlled substances (question 4).
- This facility does not generate hazardous waste pharmaceuticals. Your facility may be asked to submit the formulary list that includes the method of evaluation for each waste pharmaceutical and the disposal method for each waste pharmaceutical.

3. Is any of the pharmaceutical waste generated at your facility classified as acute hazardous waste (P-listed)?

- Yes. Fill out the Management Plan Form 2 — Acute Hazardous Waste on page 4
- No, this facility does not generate pharmaceutical wastes that is classified as acute hazardous waste.

4. How will you manage containers that held acute hazardous waste (P-listed)?

Containers that held materials that are classified as acute hazardous waste when discarded are subject to the additional requirement of triple-rinsing before they are considered empty. Your facility may have difficulty ensuring they are triple-rinsed before disposal and may choose instead to manage them as hazardous wastes rather than attempt to triple-rinse them. Note that packaging, such as wrappers, adhesive backing and foil that encloses acutely toxic pharmaceuticals, are also considered acute hazardous wastes unless triple-rinsed. If you plan to triple-rinse containers, the rinsing solution (rinsate) must be managed as acute waste.

- This facility will managed containers that held acute hazardous waste as hazardous waste. Include this waste in Management Plan Form 2— Acute Hazardous Waste on page 4
- This facility will triple-rinse containers.
- This facility does not manage containers that held acute hazardous waste.

5. Do you generate any pharmaceutical wastes that are considered controlled substances by the U.S. Drug Enforcement Agency?

- Yes. Fill out the Management Plan Form 2 — Waste Controlled Substances on page 5
- No, this facility does not generate waste controlled substances.

Section: Waste Pharmaceuticals (continued)

Instructions for filling out the Management Plan Form 2

B. Four-digit hazardous waste code: Some common waste codes for pharmaceuticals include:

- D001: Aerosols, pharmaceutical containing more than 24 percent alcohol
- D009: Thimerosal preserved pharmaceuticals such as flu vaccines
- D011: Silver-containing creams
- D024: Creosol preserved pharmaceuticals such as insulin
- MN01: All unevaluated waste pharmaceuticals

C. Year waste first generated: Estimate if unknown.

D. Shipment or treatment frequency: For example: 2 times per 1 year. Write “to be determined” if you are unsure how often the waste will be disposed.

G. Type of waste storage container: Storage containers must be:

- Compatible with the waste (will not react with, be affected by, or absorb contents)
- Sturdy and leak-proof (will not leak when overturned or bumped)

I. Amount generated per year: Estimate the amount generated annually if unknown..

***L./M./N./O. Transporter/ Disposer:** See *Hazardous Waste Disposal Companies* factsheet to find a transporter and disposer. Downloaded at www.hennepin.us/hazwastedisposalcompanies.

Contact your hazardous waste transporter/disposer for their EPA ID number.

Management Plan Form 2 — Waste, Expired and Unused Pharmaceuticals

Report how you manage or will manage your wastes. Call 612-348-3777 for assistance.

← Refer to the instructions for more information.

A. Waste name: Waste, Expired or Unused Pharmaceuticals

B. Four-digit hazardous waste code: D001 D009 D011 D024 MN01

C. Year waste was first generated at the site under current ownership: _____

D. Frequency of shipment or treatment: _____ times per _____ year

E. Source or process of generation (check all that apply):

- Expired Partially used Unusable medications
 Other (specify): _____

F. On-site management of waste (select one):

- Stored for shipment (*You ship or will ship your waste to a disposal or recycling facility*)
 Other (specify) _____

G. Type of waste storage container(s):

- Drum Pail Original container
 Other (specify) _____

H. On-site storage location of the waste: Indoors Outdoors N/A

I. Amount generated per year: _____ gallons or _____ pounds

J. Check that you understand and follow the requirements for proper labeling and storage:

- Labeled with the words “Hazardous Waste”
 Labeled with a clear description of the waste (e.g., Waste Pharmaceuticals)
 Labeled with the accumulation start date
 Container is closed

K. Disposal facility management method (*contact your disposal company if unknown*)

- Incinerate
 Other (specify) _____
 Have not identified a disposal company

L. Transporter name*: _____

- or Self
 To be determined*

M. Transporter EPA ID number: _____

N. Disposer name*: _____

- or To be determined*

O. Disposer EPA ID number: _____

Office use only

Phys. state:

Storage container:

Billing code:

Inv. ID:

Disposal method:

Date entry & initials:

Waste inactive:

Section: Waste Pharmaceuticals (continued)

Instructions for filling out the Management Plan Form 2

B. Four-digit hazardous waste code: Some common waste codes for acute hazardous waste include:

- P001: Warfarin > 03.%
- P075: Nicotine
- P204: Physostigmine

C. Year waste first generated: Estimate if unknown.

D. Shipment or treatment frequency: For example: 2 times per 1 year. Write “to be determined” if you are unsure how often the waste will be disposed.

G. Type of waste storage container: Storage containers must be:

- Compatible with the waste (will not react with, be affected by, or absorb contents)
- Sturdy and leak-proof (will not leak when overturned or bumped)

I. Amount generated per year: Estimate the amount generated annually if unknown..

***L./M./N./O. Transporter/ Disposer:** See *Hazardous Waste Disposal Companies* factsheet to find a transporter and disposer. The factsheet may be included with the self audit or can be downloaded at www.hennepin.us/hazwastedisposalcompanies.

Contact your hazardous waste transporter/disposer for their EPA ID number.

Management Plan Form 2 — Acute Hazardous Waste

Report how you manage or will manage your wastes. Call 612-348-3777 for assistance.

← Refer to the instructions for more information.

A. Waste name: Acute hazardous waste

B. Four-digit hazardous waste code: P001 P075 P204 Other _____

C. Year waste was first generated at the site under current ownership: _____

D. Frequency of shipment or treatment: _____ times per _____ year

E. Source or process of generation (check all that apply):

- Expired Partially used Unusable medications
 Other (specify): _____

F. On-site management of waste (select one):

- Stored for shipment (*You ship or will ship your waste to a disposal or recycling facility*)
 Other (specify) _____

G. Type of waste storage container(s):

- Drum Pail Original container
 Other (specify) _____

H. On-site storage location of the waste: Indoors Outdoors N/A

I. Amount generated per year: _____ gallons or _____ pounds

J. Check that you understand and follow the requirements for proper labeling and storage:

- Labeled with the words “Hazardous Waste”
 Labeled with a clear description of the waste (e.g., Waste P-listed Pharmaceuticals)
 Labeled with the accumulation start date
 Container is closed

K. Disposal facility management method (*contact your disposal company if unknown*)

- Incinerate
 Other (specify) _____
 Have not identified a disposal company

L. Transporter name*: _____

- or Self
 To be determined*

M. Transporter EPA ID number: _____

N. Disposer name*: _____

- or To be determined*

O. Disposer EPA ID number: _____

Office use only

Phys. state:

Inv. ID:

Date entry & initials:

Storage container:

Billing code:

Disposal method:

Waste inactive:

Section: Waste Pharmaceuticals (continued)

Instructions for filling out the Management Plan Form 2

B. Four-digit hazardous waste code: Some common waste codes for controlled substances include:

- D001: Pharmaceutical with more than 24 percent alcohol
- D009: Testosterone injection with thimerosal as a preservative
- D024: Pharmaceuticals with creosol as a preservative

C. Year waste first generated: Estimate if unknown.

D. Shipment or treatment frequency: For example: 2 times per 1 year. Write “to be determined” if you are unsure how often the waste will be disposed.

G. Type of waste storage container: Storage containers must be:

- Compatible with the waste (will not react with, be affected by, or absorb contents)
- Sturdy and leak-proof (will not leak when overturned or bumped)

I. Amount generated per year: Estimate the amount generated annually if unknown..

***L./M./N./O. Transporter/ Disposer:** See *Hazardous Waste Disposal Companies* factsheet to find a transporter and disposer. The factsheet may be included with the self audit or can be downloaded at www.hennepin.us/hazwastedisposalcompanies.

Contact your hazardous waste transporter/disposer for their EPA ID number.

Management Plan Form 2 — Waste Controlled Substances

Report how you manage or will manage your wastes. Call 612-348-3777 for assistance.

← Refer to the instructions for more information.

A. Waste name: Controlled substances

B. Four-digit hazardous waste code: D001 D009 D024

C. Year waste was first generated at the site under current ownership: _____

D. Frequency of shipment or treatment: _____ times per _____ year

E. Source or process of generation (check all that apply):

Expired Partially used Unusable medications

Other (specify): _____

F. On-site management of waste (select one):

Stored for shipment (*You ship or will ship your waste to a disposal or recycling facility*)

Sewer Other (specify) _____

G. Type of waste storage container(s):

Drum Pail Original container

Other (specify) _____

H. On-site storage location of the waste: Indoors Outdoors N/A

I. Amount generated per year: _____ gallons or _____ pounds

J. Check that you understand and follow the requirements for proper labeling and storage:

Labeled with the words “Hazardous Waste”

Labeled with a clear description of the waste (e.g., Waste Pharmaceuticals)

Labeled with the accumulation start date

Container is closed

K. Disposal facility management method (*contact your disposal company if unknown*)

Incinerate Reverse distributor (specify) _____

Sewer Other (specify) _____

Have not identified a disposal company

L. Transporter name*: _____

or Self

To be determined*

M. Transporter EPA ID number: _____

N. Disposer name*: _____

or To be determined*

O. Disposer EPA ID number: _____

Office use only

Phys. state:

Inv. ID:

Date entry & initials:

Storage container:

Billing code:

Disposal method:

Waste inactive: