RCRA Compliance Inspection Report

IHS Nespelem Clinic

Nespelem, Washington

November 17, 2022

JENNIFER PARKER

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Supervisor Signature

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Disclaimer

This report is a summary of observations and information gathered from the facility at the time of the inspection. The information provided does not constitute a final decision on compliance with RCRA regulations, nor is it meant to be a comprehensive summary of all activities and processes conducted at the facility.

Section A: Basic Facility and Inspection Information

Facility Information

Handler Name: Indian Health Service (IHS) Nespelem Clinic

Handler ID Number: Non-Notifier

Facility Contact/Title: Dennis Whiteman, Facilities Director

Facility Location Address: 19 Lakes Street, Nespelem, Washington 99155

Facility Mailing Address: P.O. Box 71, Nespelem, Washington 99155

Contact Email Address: denwhite@ihs.gov

Inspection Information

Inspection Type: RCRA Compliance Evaluation Inspection (CEI)

Inspection Date: November 17, 2022
Arrival Time: 9:48 a.m.
Departure Time: 11:22 a.m.

Inspection Team:

EPA: Jennifer Parker, RCRA Inspector
Jon Jones, RCRA Inspector

Colville Tribes Environmental Trust Department: Amelia Stanger, Hazardous Waste Response Program Manager

Section B: General Facility Information

Owner/Operator Information and Site Location

The IHS Nespelem Clinic is located on the Colville Reservation. Mr. Whiteman told us this IHS Nespelem Clinic was constructed in 2007 and replaced the former IHS Nespelem Clinic, which is on a different site and is going to be demolished. He also told us the current IHS Nespelem Clinic is owned by the Colville Tribes and operated by IHS.

Background and Activities

Information about the services provided by the clinic and the hours of operation are summarized on the IHS website at: https://www.ihs.gov/portland/healthcarefacilities/colville/.

Mr. Whiteman told us the facility is approximately 27,000 square feet in size. Facility representatives also told us that no chemotherapy or radiation services are provided at this facility and patients are referred to other medical facilities when specialized health services are

needed. Additionally, the facility CEO, Ms. Colleen Cawston, told us that the facility is currently understaffed, and Ms. Darlene Clinton, who works in the dental clinic, told us that the facility has not had a dentist to provide dental services for the last three years.

Section C: Regulatory Information

Compliance History

At the time of the inspection, there was no compliance history recorded in RCRAInfo for the current IHS Nespelem Clinic.

Regulatory Status

At the time of the inspection, Mr. Whiteman told me that the facility does not generate more than 220 pounds (100 kg) of hazardous waste per month. Based on our observations of waste generation and the amount of waste on site during the inspection, the facility appeared to be a very small quantity generator that was generating less than 220 pounds of hazardous waste during the month of the inspection.

Site Hazardous Waste Information

Wastes generated at the IHS Nespelem Clinic include waste pharmaceuticals, batteries and fluorescent lamps, and medical waste.

Mr. Whiteman told us that lighting changes are handled by onsite personnel and all new lamps used in the facility are required to be low mercury lamps. He estimated that the facility normally generates about two waste lamps per month and the waste lamps are taken off-site to a facility in Okanagan, Washington. He further told us that the facility generates waste lead-acid batteries and alkaline batteries, but no other types of waste batteries, such as nickel-cadmium are generated at the facility. IHS takes the lead-acid batteries to a facility in Spokane, while the waste alkaline batteries are taken off-site to the same facility in Okanagan that receives the waste lamps.

Facility representatives told us a facility in Spokane recycles silver from x-rays, and the facility's dental clinic currently only utilizes digital x-rays. Additionally, the IHS clinic no longer uses mercury-containing dental amalgam, but when any is removed from teeth, it is separated and collected to be shipped to Stericycle for management. We also learned from laboratory personnel that the facility laboratory conducts biosampling but does not perform fixation or staining of slides and does not utilize ethanol or other chemicals that would become hazardous waste when they become waste.

Mr. Whiteman told us that all of the facility vehicles are taken off the property for maintenance, so no motor oil or other vehicle maintenance waste is generated at the IHS clinic. We asked if the facility generates waste aerosol cans and Mr. Whiteman told us that the facility occasionally utilizes an aerosol can of wasp spray or some other aerosol spray, but it does not consistently generate waste aerosol cans. He also told us that any old paints are recycled at the town recycling events.

We learned from Mr. Whiteman that Stericycle picks up all medical waste every eight weeks and provides reports to the facility when the waste has been incinerated. He provided printed copies of recent hazardous materials shipping documentation for regulated medical waste generated at this facility and the IHS Health Clinic in Omak, Washington.

Section D: Description of Inspection

Purpose of Inspection

This was a Resource Conservation and Recovery Act (RCRA) inspection. The facility was inspected to ensure compliance with standards for hazardous waste generators (40 C.F.R. Parts 262 through 273), including the standards for management of hazardous waste pharmaceuticals (40 C.F.R. Part 266 subpart P). The inspection was conducted as part of a Core Program requirement for Fiscal Year 2023.

Inspection Entry and Opening Discussion

This was an unannounced inspection. The weather did not affect our ability to conduct the inspection.

We arrived at the facility and contacted Ms. Amelia Stanger, Hazardous Waste Response Program Manager in the Environmental Trust Department of the Confederated Tribes of the Colville Reservation. Ms. Stanger joined us, and we entered the facility to begin the inspection. I informed the person at the reception/check-in window that we were there to conduct a hazardous waste inspection. Mr. Whiteman arrived within a couple of minutes, and we began the inspection at 9:48 a.m.

Jon Jones and I introduced ourselves and explained that we were there to conduct a RCRA hazardous waste inspection, and we presented our inspector credentials to Mr. Whiteman. Ms. Stanger also introduced herself. Mr. Whiteman introduced himself as the Facilities Director and told us that he has been in the position since 2001. He provided a brief summary of the wastes generated at the facility and offered to walk us through the facility. We discussed the wastes generated at the facility in more detail as we walked around and observed the waste generation locations.

Inspection Summary

During the inspection we looked at the facility's processes, in addition to hazardous and universal waste management practices, generation points, and accumulation areas. We looked for wastes that facility representatives had not yet identified or designated as hazardous. Specifically, we inspected the following areas of the facility:

- Pharmacy
- Dental Clinic
- Immunization Room
- Laboratory
- Equipment Room in which the dental amalgam mercury separator system is located.

Only those areas in which we observed potential compliance concerns or noted other pertinent issues are discussed in this inspection report.

We began the inspection in the pharmacy. Pharmacist Alejandro Bolinaga Toledo showed us containers in which expired, damaged, or recalled medicines are accumulated prior to being sent to a reverse distributor (See photos PB170001-PB170004). I then spoke with the Head Pharmacist, Tom Sticht, by telephone, since he was working at a different IHS clinic for the day. Pharmacist Sticht explained that all expired pharmaceuticals are sent to the reverse distributor, Pharmalogistics, for credit. I asked if the clinic has sent any waste pharmaceuticals

to the reverse distributor for which it previously did not receive credit. Pharmacist Sticht told me that the Nespelem Clinic has not been experiencing no credit returns and he was not aware of instances in which waste pharmaceuticals did not receive credit and then were sent again to the reverse distributor.

I asked Pharmacist Sticht about waste pharmaceuticals that are not sent to the reverse distributor. Pharmacist Sticht first told me that dispensed pharmaceuticals that become waste after having been issued to patients are brought back to the clinic by the patients, who deposit them in the MedSafe collection box in the clinic waiting room. The clinic ships the contents of the collection box to MedSafe. I asked further about pharmaceuticals that become waste in the pharmacy, rather than those that become waste after having been issued to patients. Pharmacist Sticht told me that there is a bottle in the pharmacy in which spilled or damaged pills and other pharmaceuticals are collected. I asked Pharmacist Sticht if the pharmacy separates the spilled or damaged pharmaceuticals that are hazardous waste from non-hazardous waste pharmaceuticals, and he told me the pharmacy does not distinguish or otherwise identify hazardous waste pharmaceuticals as different from the other waste pharmaceuticals that are spilled or damaged and collected in the waste bottle in the pharmacy. He offered clarification that DEA controlled substances are separated from the other waste pharmaceuticals, and they are inventoried and stored in the pharmacy safe. He told me to ask the Pharmacy Technician to show us the bottle of the waste pharmaceuticals. He also told me that all the waste pills collected in the pharmacy bottle will be deposited into the MedSafe collection box in the lobby and will be shipped to MedSafe for management. Following the telephone discussion, pharmacy personnel showed us the pill container in which waste spilled or damaged pills were being accumulated (See photos PB170005 and PB170006).

After we finished at the pharmacy, we walked to the dental clinic, where we met Ms. Darlene Clinton. Ms. Clinton told us that when mercury-containing amalgam is removed from mouths, the clinic uses a water separation system that collects the amalgam in chunks, and it is placed in a dental amalgam container that is shipped off for management. Ms. Clinton also told us the facility has not completely filled a dental amalgam container in at least a couple of years, but when it is full, she will ship it to Stericycle. She showed us the container in which dental amalgam is accumulated. (See photos PB170007 - PB170009). She removed the container from its storage location under a counter so we could look in it (See photos PB170010 and PB170011). Ms. Clinton told us that the container contents consisted of the empty capsules that previously contained dental amalgam, not dental amalgam removed from patients' mouths. She explained that the empty capsules need to be collected rather than disposed of in the trash because they may have residual mercury and they need to go to Stericycle for proper management.

Closing Discussion

Following the facility walk-through, we thanked Mr. Whiteman and explained that we will complete an inspection report that will be shared it with the facility. Mr. Whiteman offered to answer any additional questions that come up as we work on the report and provided his email address for use in contacting him with questions.

The inspection ended at 11:22 a.m.

ATTACHMENT A

IHS Nespelem Clinic Photo Log

All photographs were taken by Jennifer Parker during the inspection on November 17, 2022, using an Olympus Tough TG-6 digital camera, and are listed in the Photo Log below. None of the photographs have been manipulated in any way.

- PB170001.JPG - Containers in which expired, damaged, or recalled medicines are accumulated prior to being sent to a reverse distributor.
- PB170002.JPG - Same containers shown in photo PB170001, in which expired, damaged, or recalled medicines are accumulated prior to being sent to a reverse distributor.
- PB170003.JPG - Blurry photo of same containers shown in photo PB170001, in which expired, damaged, or recalled medicines are accumulated prior to being sent to a reverse distributor.
- PB170004.JPG - Labels on the same containers shown in photo PB170001, in which expired, damaged, or recalled medicines are accumulated prior to being sent to a reverse distributor.
- PB170005.JPG - Container of waste pharmaceuticals that became waste because they were spilled or damaged.
- PB170006.JPG - Same container of waste pharmaceuticals shown in photo PB170005.
- PB170007.JPG - Dental amalgam container.
- PB170008.JPG - Same dental amalgam container shown in photo PB170007.
- PB170009.JPG - Same dental amalgam container shown in photo PB170007, after facility personnel removed it from its storage location under the counter.
- PB170010.JPG - Looking into the dental amalgam container.
- PB170011.JPG - Looking into the dental amalgam container.
- PB170012.JPG - Waste fluorescent lamp.
- PB170013.JPG - Same waste fluorescent lamp shown in photo PB170012.
- PB170014.JPG - Same waste fluorescent lamp shown in photo PB170012.
- PB170015.JPG - Same waste fluorescent lamp shown in photo PB170012.
- PB170016.JPG - Dental amalgam mercury separation system.
- PB170017.JPG - Same dental mercury separation system shown in photo PB170016.
- PB170018.JPG - Same dental mercury separation system shown in photo PB170016.
- PB170019.JPG - Rx Destroyer container for non-hazardous waste medications in immunization room.
- PB170020.JPG - Same Rx Destroyer container shown in photo PB170019.

PB170001.JPG

PB170002.JPG

PB170003.JPG

PB170004.JPG

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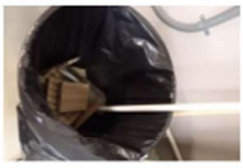

PB170014.JPG

PB170015.JPG

PB170016.JPG

PB170017.JPG

PB170018.JPG

PB170019.JPG

PB170020.JPG

ATTACHMENT B

IHS Nespelem Clinic Document Log

Mr. Whiteman provided two hard copy documents during the inspection:

1. Hazardous Material Shipping Document for regulated medical waste shipped from the IHS Nespelem Clinic on 11/7/22.
2. Hazardous Material Shipping Document for regulated medical waste shipped from the IHS Omak Clinic on 10/13/22.