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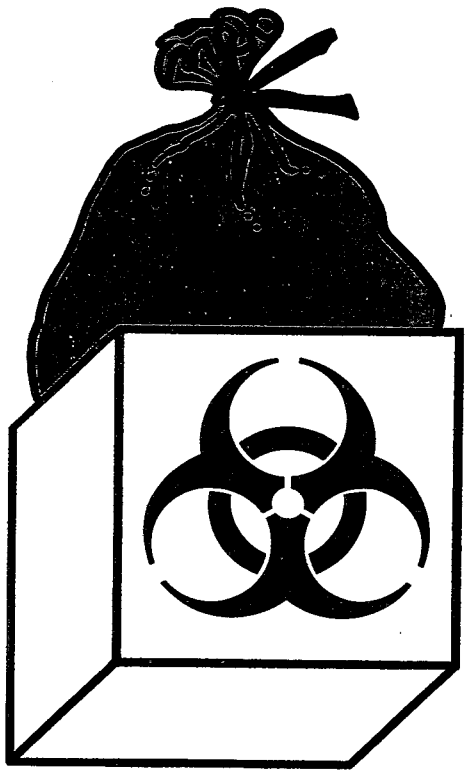
EPA

Managing and Tracking Medical Wastes

A Guide to the Federal Program for Treatment, Destruction, and Disposal Facilities



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Introduction

In response to the growing public concern over mismanagement of medical wastes, Congress enacted the *Medical Waste Tracking Act*.

The Act charges the Environmental Protection Agency with responsibility for implementing a two-year demonstration medical waste tracking program that will help determine the best medical waste management procedures for the future. The program's goal is to find an effective means to ensure that regulated medical wastes get from their point of generation to their point of disposal.

Generators of regulated medical wastes will be part of the new demonstration tracking program in the States of Connecticut, New Jersey, New York, and Rhode Island, and the Commonwealth of Puerto Rico. Transporters and facilities that store, treat, destroy, and dispose of these wastes will also be part of the program.

This guide offers general information about the tracking program (Section 1) and specific instructions for facilities that treat, destroy, or dispose of regulated medical waste (Section 2). Section 2 includes requirements for facilities that dispose of these wastes—destination facilities—and slightly different requirements for facilities that treat *or* destroy wastes—intermediate handlers. Separate guides in this series are provided for generators and transporters of regulated medical wastes.

This guide describes the federal program only. It is designed to help facilities that treat, destroy, or dispose of wastes generated in participating states comply with the program. For more complete information, facility owners and operators should refer to "Standards for the Tracking and Management of Medical Waste," interim final rule (40 CFR Part 259). In addition, states participating in the program have their own rules for managing medical waste. For further assistance, addresses and phone numbers of EPA Regional Offices are listed in Appendix A.

For additional copies of *Managing and Tracking Medical Wastes* or a copy of 40 CFR Part 259, call the RCRA Hotline at (800) 424-9346 or, in Washington, D.C., 382-3000.

The cooperation of all participants in the management of regulated medical waste will assure the success of this important demonstration program and reduce public exposure to the waste.

Contents

SECTION 1: The Medical Waste Tracking Program 1

Waste Managers Participation 1
Regulated Medical Waste 2
Pre-Transporting Procedures 2
Tracking Regulated Medical Wastes 2
The Waste Management System 4
- Generators 4
- Transporters 5
- Treatment, Destruction, and Disposal Facilities 5

SECTION 2: A Detailed Guide for Regulated Medical Waste Treatment, Destruction, and Disposal Facilities 6

Profile of a Destination Facility or Final Disposer 6
Profile of an Intermediate Handler 6
Facilities Subject to All Requirements 6
Exceptions to the Full Tracking Program 6
Tracking Medical Wastes 8
- Intermediate Handler Special Rules 8
- Tracking Form Discrepancies 10

Keeping Records 10
Other Reports 10
Medical Waste Facility Checklist 11

Glossary 12

List of Figures

Figure 1 Tracking Form 3
Figure 2 Medical Waste Tracking System 4
Figure 3 Tracking for Destination Facility 8
Figure 4 Tracking for Intermediate Handler 9
Figure 5 Receiving Wastes by Rail 10

Appendix EPA Regional Offices 14

Section 1: The Medical Waste Tracking Program

In response to public concern over the mismanagement of medical wastes, the *Medical Waste Tracking Act* was enacted in the fall of 1988. The law directs the Environmental Protection Agency (EPA) to establish a two-year demonstration program for tracking medical wastes.

Under this law, EPA has issued regulations entitled "Standards for the Tracking and Management of Medical Waste" (40 CFR Part 259). The regulations list the medical wastes to be tracked and cover standards for separating, packaging, and labeling medical wastes before sending them for treatment or disposal. The results of the demonstration program are intended to help determine whether such a program should be extended nationwide.

> The *Medical Waste Tracking Act* amends the *Resource Conservation and Recovery Act* (RCRA) by adding Subtitle J. It defines medical waste as " . . . any solid waste which is generated in the diagnosis, treatment, or immunization of human beings or animals, in research pertaining thereto, or in the production or testing of biologicals. . . . "

Participating in the demonstration program are the States of Connecticut, New Jersey, New York, and Rhode Island, and the Commonwealth of Puerto Rico. The regulation is an interim final rule. It will be in effect for two years, until June 22, 1991. In Connecticut, New Jersey, and New York, the program is effective beginning June 22, 1989; in Rhode Island and the Commonwealth of Puerto Rico, the program is effective beginning July 24, 1989.

The demonstration program involves **only** regulated medical wastes **generated in one of the states** participating in the program, even when these wastes leave the state. The program sets up a system for tracking the waste from the generator to the disposal site. A tracking form that accompanies this waste is signed and a copy is retained by a representative of the waste generator and each transporter, transfer station, and treatment, destruction, and disposal facility handling it. When the final disposer—the destination facility—accepts the waste, a copy of the signed tracking form is returned to the generator. In this way the generator is assured that the waste was received for disposal. The tracking system includes "exception" and "discrepancy" reporting to alert EPA and the states if wastes are not being handled properly.

To minimize contact with regulated medical wastes by workers, handlers, and the public, the program includes specific requirements for segregating, packaging, labeling, marking, and storing medical wastes before they are shipped to another site for treatment, destruction, or disposal. Other requirements include recordkeeping, reporting, and enforcement. EPA will evaluate the success of the program and report the results to Congress.

Waste Managers Participation

This booklet is intended to help facilities that treat, destroy, or dispose of regulated medical wastes generated in the participating states comply with the federal rules. Facilities in these states must also follow rules required by the individual states. Owners and operators of facilities should check with their state officials for clarification of state rules. While participating states use the same basic tracking form as EPA's, some states might regulate more wastes or require special permits or licenses. Participating states are authorized to enforce this program.

The demonstration program includes medical waste generators in participating states; transporters of those wastes; and owners and operators of treatment, destruction, and disposal facilities that manage waste generated in participating states, even if their facilities are located in nonparticipating states. Similarly, the program includes transporters carrying regulated medical wastes from participating states, even if the wastes are then taken to nonparticipating states. The program includes vessels and transporters that take medical wastes to shore from ships docked in participating states. Federal facilities generating regulated medical wastes in participating states are also covered under this program.

Regulated Medical Wastes

Medical wastes affected by the pilot program include

- cultures and stocks of infectious agents.
- human blood and blood products.
- human pathological wastes, including those from surgery and autopsy.
- contaminated animal carcasses from medical research.
- wastes from patients isolated with highly communicable diseases.
- all used sharp implements, such as needles and scalpels, and certain unused sharps.

These regulated medical wastes fall into two categories: untreated or treated. The Glossary provides detailed descriptions of these medical wastes.

The demonstration program focuses on wastes that historically have been improperly managed and are most likely to pose a substantial threat to human health and the environment. However, any additional waste that a health care professional believes may pose a risk should be handled as a regulated medical waste.

Mixtures of regulated medical waste and general trash are regulated as medical waste. Mixtures of regulated medical waste and hazardous waste are usually regulated as hazardous waste. However, if medical waste is mixed with hazardous waste, which falls under the small quantity hazardous waste exemption, then the waste mixture must be tracked as medical waste under this program.

Pre-transporting Procedures

Regulated medical wastes that are to be transported to an off-site facility for treatment or disposal must be properly prepared for shipping. First, the wastes must be separated from general trash, and then sharp items, fluids, and other medical wastes must be separated from each other. They are then packaged to prevent tearing, breaking, or leaking during shipping and handling.

Packages are to be labeled and marked to identify the contents of the package and generator and transporter of the waste. In addition, stored wastes must be maintained to prevent them from coming into contact with workers or the public.

Tracking Regulated Medical Wastes

At the core of the medical waste demonstration tracking system is a MEDICAL WASTE TRACKING FORM (see Figure 1). This form must accompany each off-site shipment that weighs 50 pounds or more. Shipments from generators of less than 50 pounds a month may be combined onto one tracking form by the transporter. Generators, transporters, and treatment, destruction, and disposal facilities are responsible for filling in, forwarding, and retaining a copy of this form for their records. Figure 2 illustrates how the medical waste tracking system works.

MEDICAL WASTE TRACKING FORM

GENERATOR

1. **Generator's Name and Mailing Address**

2. **Tracking Form Number**

3. **Telephone Number** ( )

4. **State Permit or ID No.**

5. **Transporter's Name and Mailing Address**

6. **Telephone Number** ( )

7. **State Transporter Permit or ID No.**

EPA Med. Waste ID No.

8. **Destination Facility Name and Address**

9. **Telephone Number** ( )

10. **State Permit or ID No.**

11. **US EPA Waste Description**	12. **Total No. Containers**	13. **Total Weight or Volume**
a. Regulated Medical Waste (Untreated)		
b. Regulated Medical Waste (Treated)		
c. State Regulated Medical Waste		

14. **Special Handling Instructions and Additional Information**

15. **Generator's Certification:**

Under penalty of criminal and civil prosecution for the making or submission of false statements, representations, or omissions, I declare, on behalf of the generator _____, that the contents of this consignment are fully and accurately described above and are classified, packaged, marked, and labeled in accordance with all applicable State and Federal laws and regulations. and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

Printed/Typed Name Signature Date

INSTRUCTIONS

INSTRUCTIONS FOR COMPLETING MEDICAL WASTE TRACKING FORM

Copy 1 — GENERATOR COPY: Mailed by Destination Facility to Generator
Copy 2 — DESTINATION FACILITY COPY: Retained by Destination Facility
Copy 3 — TRANSPORTER COPY: Retained by Transporter
Copy 4 — GENERATOR COPY: Retained by Generator

As required under 40 CFR Part 259:

1. This multicopy (4-page) shipping document must accompany each shipment of regulated medical waste generated in a Covered State.
2. Items numbered 1-14 must be completed before the generator can sign the certification. Items 4, 7, 10, 11c, & 19 are optional unless required by the State. Item 22 must be completed by the destination facility.

For assistance in completing this form, contact your nearest State office or Regional EPA office, or call (800) 424-9346.

TRANSPORTER

16. **Transporter 1** (Certification of Receipt of Medical Waste as described in items 11, 12, & 13)

Printed/Typed Name Signature Date

17. **Transporter 2 or Intermediate Handler** (name and address)

18. **Telephone Number** ( )

19. **State Transporter Permit or ID No.**

EPA Med. Waste ID No.

20. **Transporter 2 or Intermediate Handler** (Certification of Receipt of Medical Waste as described in items 11, 12, & 13)

Printed/Typed Name Signature Date

21. **New Tracking Form Number** (for consolidated or remanifested waste)

DESTINATION

22. **Destination Facility** (Certification of Receipt of Medical Waste as described in items 11, 12, & 13)

☐ Received in accordance with items 11, 12, & 13

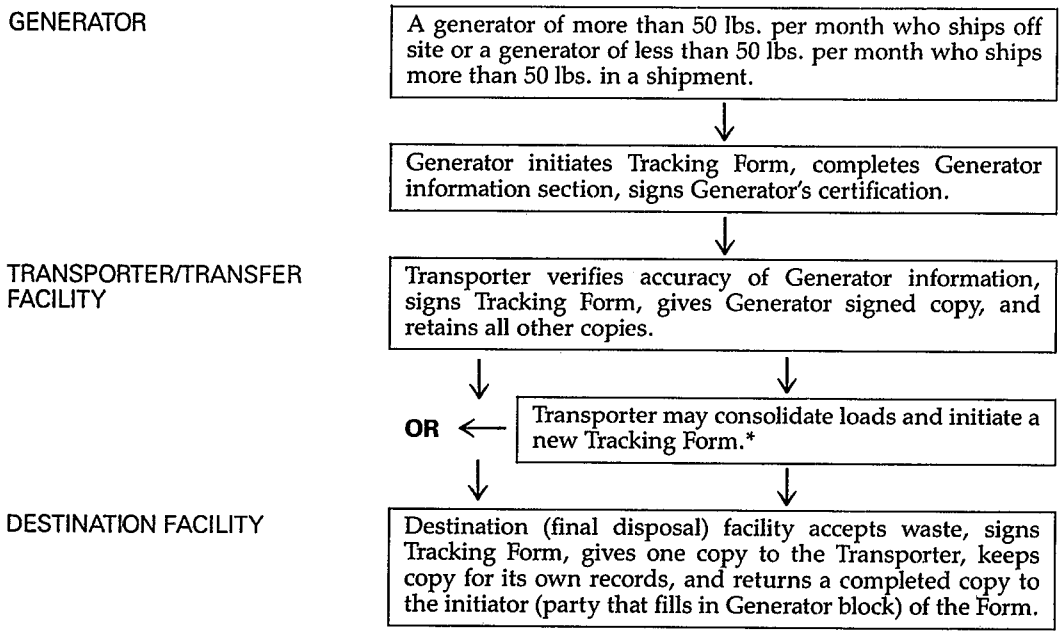
Printed/Typed Name Signature Date

(If other than destination facility, indicate address, phone, and permit or ID no. in box 14.)

23. **Discrepancy Box** (Any discrepancies should be noted by item number and initials)

FIGURE 1. Medical waste tracking form.

FIGURE 2. Medical waste tracking system. All medical waste shipments required to be accompanied by a tracking form are tracked from generator to final disposal, or destination facility.



*Initiators of Tracking Forms become Generators in effect under this Tracking System.

The Waste Management System

There are special requirements for generators, transporters, and facilities to help ensure that regulated wastes are handled safely and received by the appropriate destination facility.

Generators

A person or institution located in a participating state, generating 50 pounds or more of regulated medical waste monthly and shipping it off site, is fully covered by the demonstration program. These generators must separate, package, label, mark, and track medical wastes according to the regulation.

Generators producing and shipping less than 50 pounds a month must also prepare their wastes properly for shipment. They may use a log to account for wastes, however, instead of a tracking form.

On the other hand, generators that dispose of waste on site or in the sewer system are not covered by the requirements of this program. Generators that treat and destroy waste on site, such as by incineration, are subject to certain reporting and recordkeeping requirements. Wastes that are treated and destroyed or disposed of on site or into sewers are not counted toward the 50 pound monthly limit. All medical wastes—even those treated, destroyed, and disposed on site—must be stored properly.

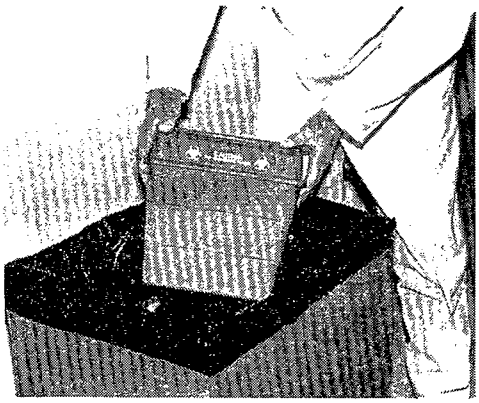
Transporters

Transporters must notify EPA of their intention to comply with the program to be allowed to accept regulated medical wastes for transport. EPA maintains a list of transporters who have notified EPA of their intent to transport regulated medical wastes generated in each participating state. This list is available to generators. Transporters must follow rules governing their vehicles and addressing tracking, recordkeeping, and reporting of waste shipments. They must also make sure that wastes they pick up have been properly prepared for shipping and that the tracking form is accurate.

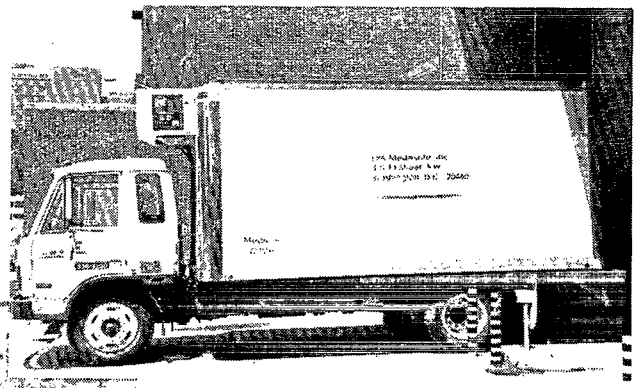
Treatment, Destruction, and Disposal Facilities

The demonstration tracking program rules apply to owners and operators of treatment, destruction, and disposal facilities receiving regulated medical wastes. These facilities include incinerators, landfills, and treatment operations that grind, steam sterilize, or treat wastes with disinfectants, heat, or radiation.

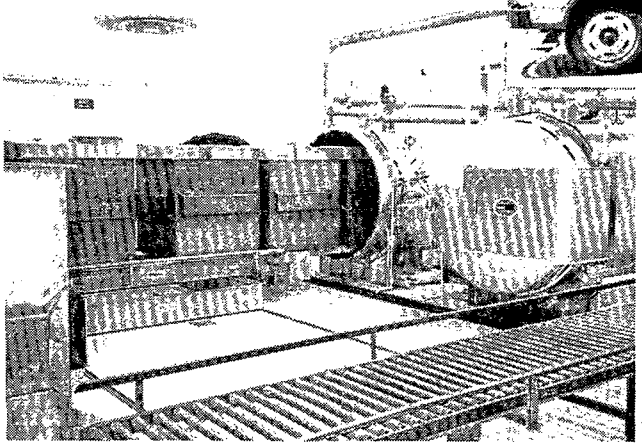
Like generators and transporters, treatment, destruction, and disposal facilities must keep track of medical wastes and maintain records. Facilities must send a signed copy of the tracking form back to the generator or initiator of the tracking form when the wastes have been accepted for disposal. The facility owners or operators must investigate any discrepancies between the accompanying papers and the shipments they receive; if, after investigation, there is still a discrepancy, they must report it to EPA and the generator state agency.



Generator packaging medical waste



Transporter vehicle



Steam sterilizing, or autoclaving, before disposal

A Detailed Guide for Regulated Medical Waste Treatment, Destruction, and Disposal Facilities

This section includes instructions for facilities that treat, destroy, or dispose of regulated medical wastes to help them comply with federal regulations. It outlines separate requirements for "destination" facilities and "intermediate handlers." Checklists are included.

This program does not address the actual treatment, destruction, or disposal processes for the waste; these processes may be covered by state or local laws and regulations.

Profile of a Destination Facility, or Final Disposer

Destination facilities treat and destroy or dispose of regulated medical wastes. These facilities include landfills, incinerators, and operations that treat and destroy wastes using techniques such as steam sterilizing combined with grinding. Facilities that treat and destroy or landfill regulated medical wastes are end points for the tracking system. Moreover, a facility that accepts treated waste by a process such as steam sterilization and then destroys it by grinding or shredding is also a destination facility, thus an end point for tracking. Under this program, tracking is not required after the waste has been both treated and destroyed or received at a landfill or incinerator.

Profile of an Intermediate Handler

Facilities that treat but do not destroy medical wastes or destroy but do not treat them are not end points for regulated medical wastes. They are referred to as intermediate handlers. Intermediate handlers include facilities that just shred or grind untreated wastes or that just steam sterilize medical wastes that are not yet destroyed.

Facilities Subject to All Requirements

Fully covered by the tracking program are facilities—final destination and intermediate handlers—accepting regulated medical waste generated in a participating state and required to be accompanied by a tracking form. (Each shipment of 50 pounds or more must have a tracking form.) Facilities located in nonparticipating states accepting waste from a participating state are also regulated under the program. As explained in the following pages, covered facilities must inspect packages, noting any discrepancies between the tracking form and the shipment received; sign and return tracking forms; file discrepancy reports, as necessary; and keep records.

Exceptions to the Full Tracking Program

Generally, transporters consolidate smaller shipments and prepare tracking forms to accompany them. However, in some cases facilities may accept shipments of less than 50 pounds not accompanied by a tracking form from small generators producing 50 pounds or less in a month. These shipments may be recorded in a log if

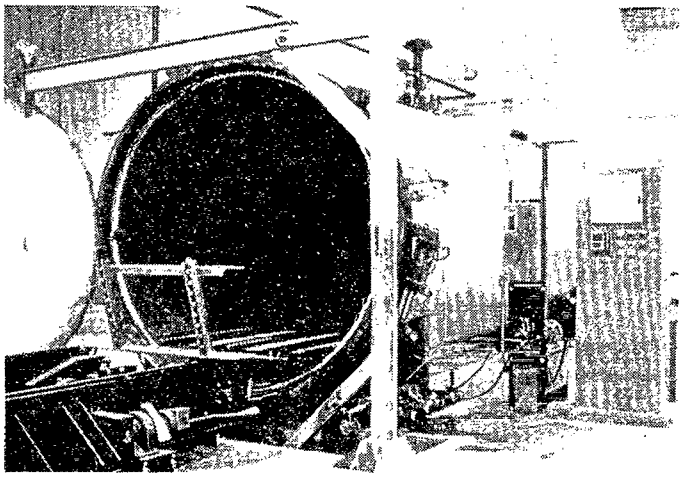
- the facility has a written agreement with the generator to accept the waste and
- the generator transports the waste in the generator's or an employee's vehicle.

For each small shipment accepted, the facility must keep records, such as a log, that include the

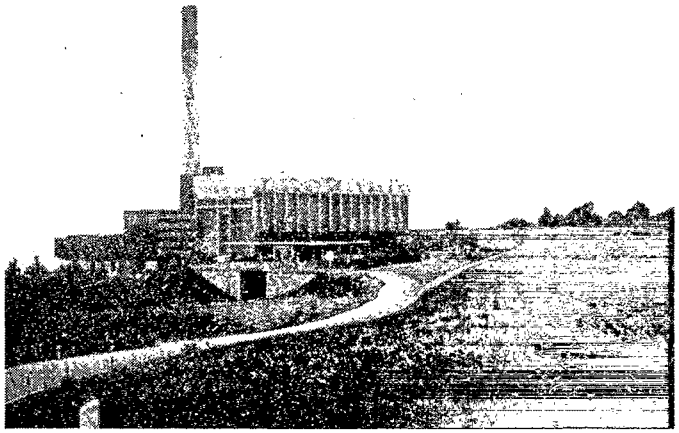
- date the waste was accepted.
- name and state permit or identification number of the generator that initiated the shipment, or the generator's address if the state does not issue numbers.
- total weight of the waste.
- signature of the person accepting the waste.

Facilities may also accept sharps sent through the U.S. Postal Service registered mail, return receipt requested.

Facilities incinerating regulated medical waste generated on site are not required to track wastes under this program. There are special requirements for on-site incinerators, however. These can be found in 40 CFR Part 259, Subpart G.



Steam autoclave

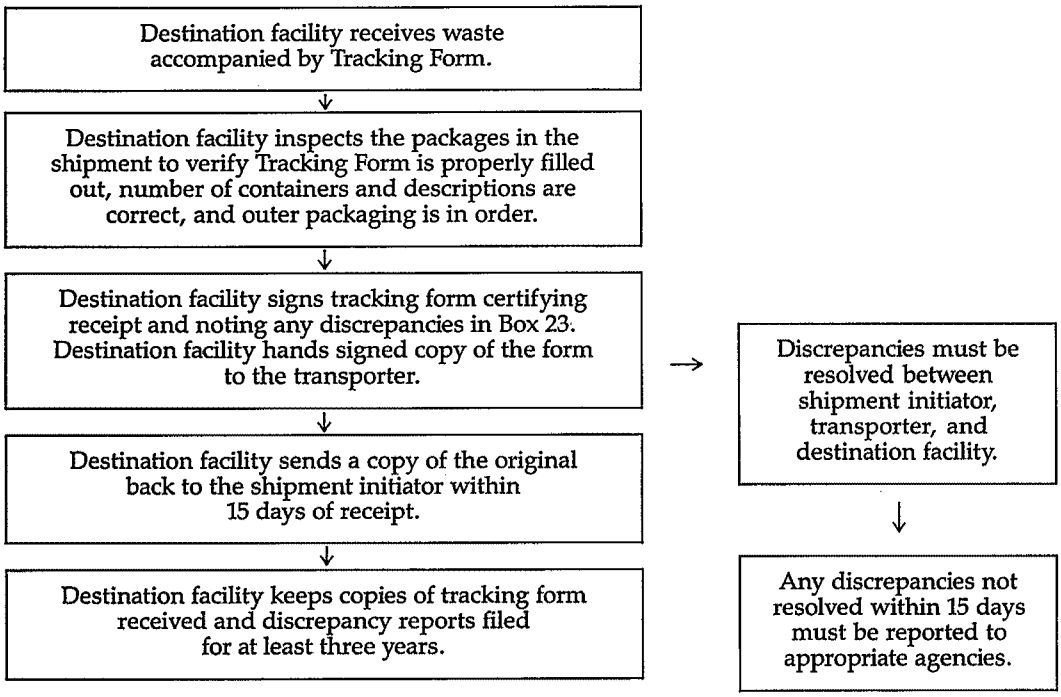


Incinerator

Landfill

The tracking form ensures that each shipment of waste reaches its destination. Therefore, it is crucial for a destination facility or an intermediate handler receiving a shipment of waste to sign a copy of this form, give a copy to the transporter upon accepting the waste, and follow the correct procedure for returning a copy to the generator or initiator of the tracking form. Figure 3 shows the medical waste tracking process for destination facilities; Figure 4, for intermediate handlers. Facilities receiving wastes by rail should refer to Figure 5.

FIGURE 3. Tracking Process for Destination Facility.



Intermediate Handler Special Rules

When an intermediate handler accepts regulated medical waste with a tracking form, the handler must first check the shipment, note any discrepancies, sign, and give a signed copy of the form to the transporter. Since the intermediate handler does not both treat and destroy or dispose of waste, the handler is required to continue tracking the waste to a destination facility for final disposal.

After treating or destroying the waste, the intermediate handler must initiate a new tracking form to indicate any changes in the number, weight, or contents of the processed waste, and the handler must enter a new tracking form number in Box 21 of the original form (see Figure 1) as a link between the new waste shipment and the one received for processing. In addition, the handler must assume the role of a generator, meeting all the pre-transporting and generator rules (refer to *Managing and Tracking Medical Wastes: A Guide to the Federal Program for Generators*).

Furthermore, the intermediate handler must maintain a log that further links the information on the new tracking form with that on the original tracking form. The log must include the

- name of generator.
- generator's state permit or identification number, or address if the state does not issue a permit or identification number.
- date of the original shipment or generator's tracking form number.
- new tracking form number.

When the intermediate handler receives the signed and returned new tracking form from the destination facility acknowledging receipt of the waste for disposal, the handler attaches this new form to a copy of the original form and sends both to the original generator. These forms are to be sent within 15 days to assure the original generator that the waste was received at the destination facility and that no exception reporting is needed. (The generator is required to file an exception report if the original form is not returned within 45 days.)

FIGURE 4. Tracking Process for Intermediate Handler.

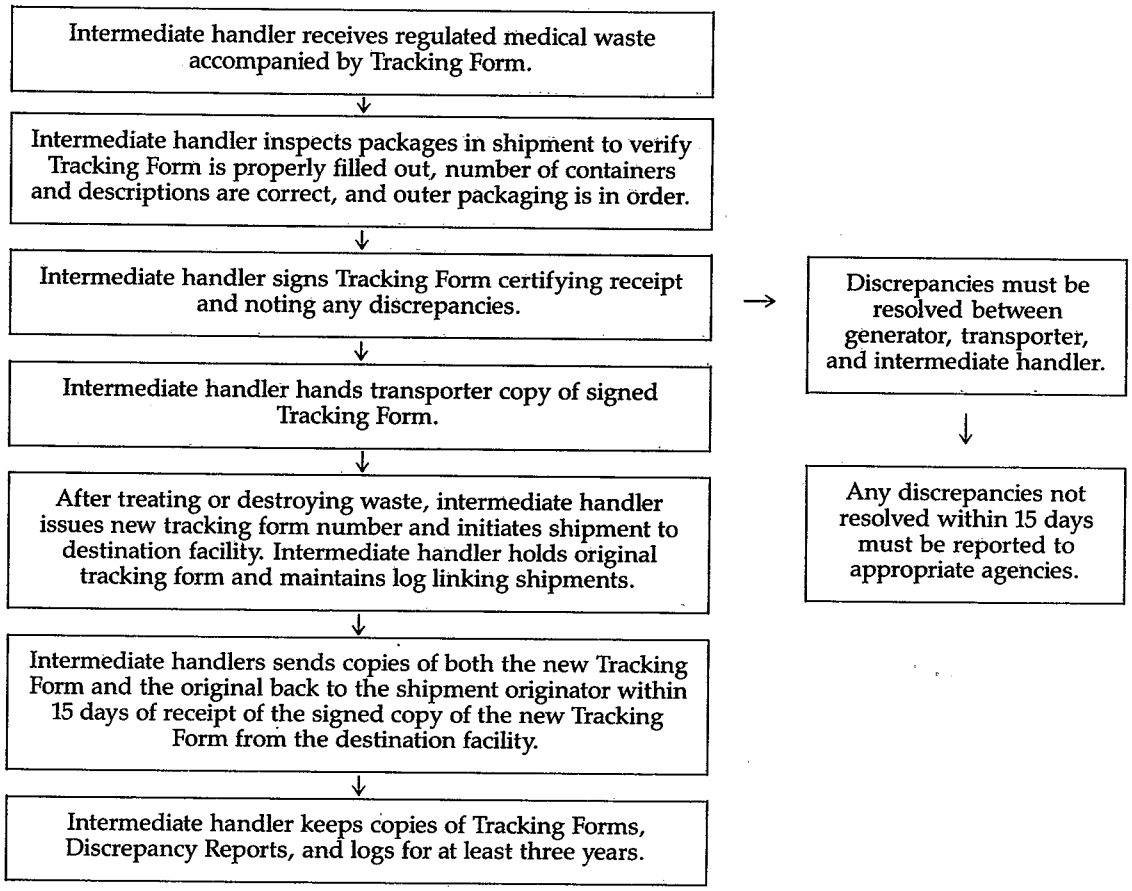


Figure 5. Receiving Medical Wastes by Rail

A destination facility or an intermediate handler may accept medical wastes shipped by rail. These wastes are to be accompanied by a tracking form or, in some cases, by shipping papers containing all information required on the tracking form, except signatures. If no tracking form comes with the waste, the facility owner or operator should expect to receive it by mail or other means from the last non-rail transporter. In any case, the owner or operator upon receipt of the rail shipment

- checks the shipment and notes discrepancies, if any.
- signs and dates each copy of the tracking form or, if no tracking form has been received, shipping papers.
- gives a copy of the signed tracking form, or shipping papers, immediately to the rail transporter.
- sends (if a destination facility) a copy of the signed and dated form within 15 days to the generator or the initiator of the tracking form. If the tracking form has not been received within 15 days, the destination facility sends a signed and dated copy of the shipping papers to the shipment initiator.
- holds (if an intermediate handler) a copy of the tracking form or shipping papers. When the handler receives a signed new tracking form from the destination facility indicating that the waste was received, the handler sends copies of both the new and original tracking forms to the generator or initiator of the original form (or shipping papers).

Tracking Form Discrepancies

In some cases, a tracking form may indicate differences between what is received and what is noted on the form or shipping papers. For example, the actual number of containers or the categories of waste may not be consistent with the information on the form, the packaging may be leaking, or the tracking form may be missing or incomplete. If such significant discrepancies occur, the owner or operator of a destination facility or an intermediate handler must try to resolve the problem. If the discrepancy cannot be resolved, it must be reported in writing within 15 days to the EPA Regional Administrator for both the generator and the facility states, and to the generator state agency. The letter is to describe the problem and any attempts to solve it; a legible copy of the tracking form or shipping papers is to be attached. If a tracking form is required to accompany the waste but is missing or incomplete, the report is to specify the quantity of waste received and identify the generator and transporter.

Keeping Records

Facility owners or operators receiving regulated medical waste are to maintain records for three years after accepting the waste. The following information must be on file:

- copies of all tracking and shipping forms and logs.
- name and state identification or permit number of each generator that delivered waste directly to the facility, or the generator's address if the state does not issue numbers; the total weight accepted; and the date the waste was accepted.
- copies of all discrepancy reports.

Other Reports

Owners and operators may be required to provide reports to EPA concerning how much medical waste was received and what treatment and disposal methods were applied.

Medical Waste Facility Checklist

If you represent a facility receiving medical waste regulated under this program, the following list is designed to help you comply with the program requirements.

_____ Facility (owner or operator) is located in a participating or nonparticipating state and receives regulated medical waste generated in a participating state. (If yes, continue.)

_____ Facility accepts shipment of 50 pounds or less of sharps through U.S. Postal Service. (If yes, sign mail receipt.)

_____ Facility accepts shipments of 50 pounds or less from generator that has a contract and delivers waste in generator vehicle. (If yes, maintain facility log for three years.)

_____ Facility accepts regulated medical waste accompanied by a tracking form or shipping papers. (If yes, continue.)

_____ Facility owner or operator examines tracking form to see that it is filled out and signed by both the generator (Box 15) and transporter (Box 16), and if applicable, the intermediate handler (Box 20). (Continue.)

_____ Facility owner or operator examines the shipment and notes any discrepancies (Box 23) between the tracking form and the shipment, such as piece count. (Continue.)

_____ Facility owner or operator signs tracking form or shipping papers.

_____ Facility owner/operator hands copy to transporter.

_____ Discrepancies are investigated and, if not resolved within 15 days, letter sent to EPA Regional Administrator(s) for generator and facility state(s), and generator state agencies.

If Facility is a Destination Facility

_____ Destination facility sends copy of tracking form or shipping papers back to tracking form initiator.

_____ Copies of tracking forms, receipts, shipping papers, logs, and discrepancy reports are retained in facility records for three years.

Or If Facility is an Intermediate Handler

_____ Intermediate handler issues a new tracking form number in Box 21, initiates a new tracking form to accompany waste to destination facility, and maintains log.

_____ Intermediate handler, within 15 days of receipt of signed and returned form from destination facility, attaches original form to new tracking form and sends both copies to generator or initiator of original form.

_____ Copies of tracking forms, receipts, shipping papers, logs, and discrepancy reports are retained in facility records for three years.

Glossary

Following are the classes of regulated medical wastes and a description of each.

Cultures and Stocks
Cultures and stocks of infectious agents and associated biologicals including: cultures from medical and pathological laboratories; cultures and stocks of infectious agents from research and industrial laboratories; wastes from the production of biologicals; discarded live and attenuated vaccines; and culture dishes and devices used to transfer, inoculate, and mix cultures.

Pathological Wastes
Human pathological wastes, including tissues, organs, and body parts and body fluids that are removed during surgery or autopsy or other medical procedures, and specimens of body fluids and their containers.

Human Blood and Blood Products
Liquid waste human blood; products of blood; items saturated and/or dripping with human blood; or items that were saturated and/or dripping with human blood that are now caked with dried human blood including serum, plasma, and other blood components, and their containers, which were used or intended for use in either patient care, testing and laboratory analysis, or the development of pharmaceuticals. Intravenous bags are also included in this category.

Sharps
Sharps that have been used in animal or human patient care or treatment or in medical, research, or industrial laboratories. These include hypodermic needles, syringes (with or without the attached needle), pasteur pipettes, scalpel blades, blood vials, needles with attached tubing, and culture dishes (regardless of presence of infectious agents). Also included are other types of broken or unbroken glassware that were in contact with infectious agents, such as used slides and cover slips.

Animal Waste
Contaminated animal carcasses, body parts, and bedding of animals that were known to have been exposed to infectious agents during research (including research in veterinary hospitals), production of biologicals, or testing of pharmaceuticals.

Isolation Wastes
Biological waste and discarded materials contaminated with blood, excretion, exudates, or secretions from humans who are isolated to protect others from certain highly communicable diseases, or isolated animals known to be infected with highly communicable diseases.

Unused Sharps
The following unused, discarded sharps: hypodermic needles, suture needles, syringes, and scalpel blades.

The following terms are defined here to address the management of medical wastes. They may be different from those federal definitions used for solid or hazardous waste.

Biologicals
Preparations made from living organisms and their products, including vaccines, cultures, etc. intended for use in diagnosing, immunizing, or treating humans or animals, or in related research.

Blood Products
Any product derived from human blood, including but not limited to blood plasma, platelets, red or white blood corpuscles, and other derived licensed products, such as interferon.

Body Fluids
Liquid emanating or derived from humans and limited to blood; cerebrospinal, synovial, pleural, peritoneal, and pericardial fluids; and semen and vaginal secretions.

Central Collection Point
A location where a generator consolidates regulated medical waste brought together from original generation points prior to its transport off-site or its treatment on-site.

Container
Any portable device in which a material is stored, transported, disposed of, or otherwise handled. The term container, when describing the packaging requirements, does not include items that are regulated medical waste.

Decontamination
The process of reducing or eliminating the presence of harmful substances, such as infectious agents, so as to reduce the likelihood of disease transmission from those substances.

Destination Facility
The disposal facility, the incineration facility, or the facility that both treats and destroys regulated medical waste to which medical wastes are shipped.

Destroyed Regulated Medical Waste
Regulated medical waste that has been ruined, torn apart, or mutilated through processes such as thermal treatment, melting, shredding, grinding, tearing, or breaking, so that it is no longer generally recognizable as medical waste, but has not yet been treated. It does not mean compacted regulated medical waste.

Destruction Facility	A facility that destroys regulated medical waste by ruining or mutilating it, or tearing it apart.
Facility	All contiguous land and structures, other appurtenances, and improvements on the land used for treating, destroying, storing, or disposing of regulated medical waste. A facility may consist of several treatment, destruction, storage, or disposal operational units.
Generator	Any person, by site, whose act or process produces regulated medical waste or whose act first causes a regulated medical waste to become subject to regulation. In the case where more than one person (e.g., doctors with separate medical practices) is located in the same building, each individual business entity is a separate generator. [Note: see definition of "person."]
Infectious Agent	Any organism (such as a virus or a bacteria) that is capable of being communicated by invasion and multiplication in body tissues and capable of causing disease or adverse health impacts in humans.
Intermediate Handler	A facility that either treats regulated medical waste or destroys regulated medical waste but does not do both. The term does not include transporters.
Laboratory	Any research, analytical, or clinical facility that performs health care-related analysis or service. This includes medical, pathological, pharmaceutical, and other research, commercial, or industrial laboratories.
Landfill	A disposal facility or part of a facility where regulated medical waste is placed in or on the land and which is not a land treatment facility, a surface impoundment, or an injection well.
Medical Waste	Any solid waste which is generated in the diagnosis, treatment (e.g., provision of medical services), or immunization of human beings or animals, in research pertaining thereto, or in the production or testing of biologicals. The term does not include any hazardous waste identified or listed under 40 CFR Part 261 or any household waste as defined in 40 CFR §261.4(b)(1).
On-site	The same or geographically contiguous property which may be divided by public or private right of way, provided the entrance and exit between the properties is at a crossroads intersection, and access is by crossing as opposed to going along the right of way. Non-contiguous properties owned by the same person but connected by a right of way which he controls and to which the public does not have access is also considered on-site property.
Original Generation Point	Location where regulated medical waste first becomes waste (is "generated").
Oversized Regulated Medical Waste	Medical waste that is too large to be placed in plastic bags or standard containers.
Package or Outside Package	The packaging/container and its contents.
Packaging	The assembly of one or more containers and any other components necessary to assure minimum compliance with the program's packaging requirements.
Person	An individual, trust, firm, joint stock company, corporation (including a government corporation), partnership, association, state, municipality, commission, political subdivision of a state, any interstate body, or any department, agency or instrumentality of the United States.
Storage	The temporary holding of regulated medical wastes at a designated accumulation area before treatment, disposal, or transport to another location.
Transfer Facility	Any transportation-related facility including loading docks, parking areas, storage areas and other similar areas where shipments of regulated medical waste are held during the course of transportation. Also, a location in which medical waste is transferred between two vehicles.
Treated Regulated Medical Waste	Regulated medical waste that has been treated to substantially reduce or eliminate its potential for causing disease, but that has not yet been destroyed.
Treatment	When used to refer to waste handling, it means any method, technique, or process designed to change the biological character or composition of any regulated medical waste so as to substantially reduce or eliminate its potential for causing disease.

Appendix

EPA Regional Offices

Region I
State Waste Programs Branch
JFK Federal Building
Boston, MA 02203
(617) 573-5758

Region II
Air and Waste Management Division
26 Federal Plaza
New York, NY 10278
(212) 264-5166

Caribbean Field Office
(809) 729-6920

Region III
Waste Management Branch
841 Chestnut Building
Philadelphia, PA 19107
(215) 597-2842

Region IV
Hazardous Waste Management Division
345 Courtland Street, N.E.
Atlanta, GA 30365
(404) 347-3016

Region V
RCRA Activities
23O S. Dearborn Street
Chicago, IL 60604
(312) 353-9510

Region VI
Air and Hazardous Materials Division
1445 Ross Avenue
Suite 1200
Dallas, TX 75270
(214) 655-6652

Region VII
RCRA Branch
726 Minnesota Avenue
Kansas City, KS 66101
(913) 236-2856

Region VIII
Waste Management Division
999 18th Street, Suite 500
Denver, CO 80202
(303) 293-1496

Region IX
Toxics and Waste Management
215 Fremont Street
San Francisco, CA 941O5
(415) 974-8388

Region X
Waste Management Branch
1200 Sixth Avenue
Seattle, WA 98101
(206) 442-6501