United States
Environmental Protection
Agency

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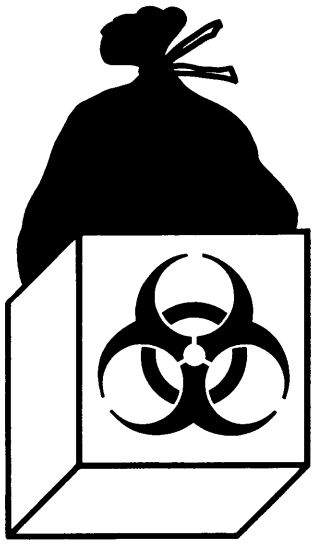
Office of Solid Waste

EPA

Tracking Medical Wastes



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The summer of 1988 will be remembered for the closing of East Coast beaches after the discovery of medical wastes along the shore. In other places, syringes and needles have been discovered in and around dumpsters, gutters, and other public areas. Such alarming incidents are a reminder that medical wastes have too often been mismanaged. The public has expressed concern over the aesthetic blight and the potential threat these wastes pose to their health and the environment. In response to public concerns, the Environmental Protection Agency (EPA) and many states are developing programs to control the disposal of medical wastes.

Congress Acts

In the fall of 1988, Congress passed *The Medical Waste Tracking Act.* The law calls for a two-year demonstration tracking program for medical wastes. The program is to serve as a first step in controlling the irresponsible disposal of medical wastes. In enacting the law, Congress recognized that medical wastes require special handling and disposal and that experience gained from a pilot program would serve as a guide to their proper management. Moreover, Congress anticipated that a regionwide demonstration program would provide a realistic test for determining the need for a national program to track medical wastes.

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. . . . "**

The Medical Waste Tracking Act requires EPA to establish a two-year demonstration program in New York, New Jersey, Connecticut, and the states bordering the Great Lakes. The program is to provide generators of medical wastes with a uniform method of tracking these wastes to help ensure that the wastes are disposed of properly. EPA is also directed to set standards for safely separating, packaging, and labeling these wastes before they are shipped to authorized treatment or disposal facilities.

Under the legislation, the States of New York, New Jersey, and Connecticut could choose to either participate in the demonstration program or implement their own no-less-stringent medical waste tracking programs. The Great Lakes States could choose not to participate at all. Any other state wishing to participate could petition EPA to do so. A state governor could elect to participate or not, but had to notify EPA within 30 days after EPA set up the demonstration program.

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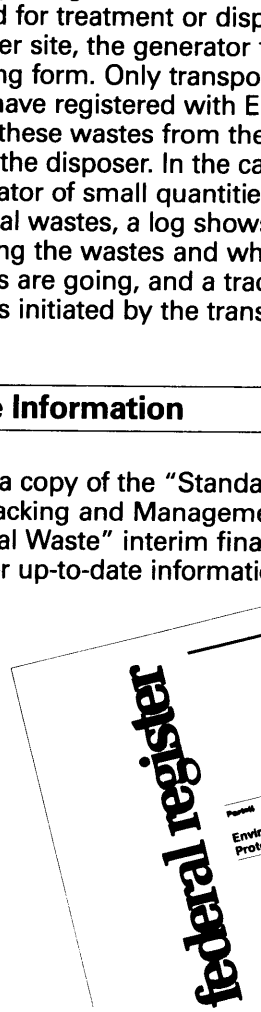


EPA Sets Up A Demonstration Program

EPA is required, as part of the law, to publish a regulation establishing the medical waste demonstration program by May 1989. EPA issued the rule in March 1989 to give states enough time to ensure that a demonstration program would be in place by summer. New York, New Jersey, and Connecticut have been joined by Rhode Island and Puerto Rico as participants in the two-year federal demonstration program.

In developing the regulation, EPA worked cooperatively with a variety of interested parties such as affected states, other federal agencies, the health care community, the waste management industry, and environmental groups. EPA considered the concerns of these groups as it developed the regulation.

In addition, EPA created an in-house task force to guide activities related to medical waste management. To help ensure the safe disposal of these wastes, EPA will continue to work with states, Congress, industry and environmental groups, and the medical community, including physicians, hospitals, nursing and funeral homes, and veterinarians. Other communication with the public is being planned as well.

The regulation establishing the pilot program is an interim final rule, which takes effect in early summer of 1989. EPA will consider public comments that were received during the public comment period, as well as lessons learned from actual program operations, as the Agency refines the medical waste tracking program.

What This Demonstration Program Will Accomplish

For the first time, certain medical wastes will be regulated by federal law and tracked in a special way—not as hazardous waste or general trash. The program is an important step in preventing public exposure to medical wastes. It will assure that regulated medical wastes are properly packaged and separated from general refuse to protect workers, the public, and the environment from possible risk. Since many of these wastes no longer will be thrown into the trash, EPA expects that less medical waste will wash up on beaches and float on waterways. The new program will also set up a tracking system to identify and increase the accountability of those who generate, transport, and dispose of these wastes.

EPA, in cooperation with participating states, will review and evaluate the demonstration program. As required by the law, the Agency will report to Congress on program accomplishments, limitations, and any problems that occur during the two years. In this way, everyone can learn what works and what does not work to control this difficult problem.

What The Program Does Not Address

The demonstration program will control institutional and commercial sources of medical waste in the participating states. But some sources, such as diabetics in private households, cannot be controlled by this program. However, these and other individuals can take responsibility for protecting their families and neighbors by safely disposing of their used needles and other medical wastes. For example, sharp implements can be put into boxes especially designed for the disposal of sharps or sealed in a rigid container, such as a coffee can. Other medical wastes can be securely tied in a heavy plastic bag. The wastes can then be taken to a medical facility for disposal. If this is not possible, the wastes can be placed in a garbage can with a tightly fitting lid. Nurses and other home health care professionals can also handle home wastes in this way and inform their patients about these safe methods for disposing of medical wastes. EPA will soon provide more specific guidance on proper home medical waste disposal.

Also not addressed by the law are people who litter or who use illegal drugs. Medical wastes carelessly tossed into streets or open trash cans can land in city storm sewers and eventually find their way to rivers and streams. Drug enforcement and *Clean Water Act* programs usually address such problems. Citizen cleanup and litter control projects also work to eliminate the flagrant dumping of waste.

Wastes Covered By The EPA Rule

The EPA rule concerns only regulated medical wastes generated in participating states. Specifically, the following medical wastes—and other wastes that have been mixed with them—are regulated:

- **Cultures and stocks of infectious agents**
- **Pathological wastes**
- **Human blood and blood products**
- **Sharp implements—used and unused**
- **Contaminated animal waste**
- **Isolation waste from patients with highly communicable diseases**

Pre-transporting Requirements

Before medical wastes leave the site where they are produced, generators must take certain precautions to protect workers, handlers, and the public from exposure to these materials. First, generators must separate them from general trash. Then, to ensure that wastes are packed securely and will not leak, the regulation specifies that medical wastes are to be packaged in rigid, leak-resistant containers. Sharps, such as needles and scalpels with their residual fluids, are separated from other medical wastes and packed in puncture-resistant containers. Uncontained fluids are poured into tightly-stoppered and break-resistant containers. Other medical wastes may be placed together in a package that is rigid and resistant to leaks.

The regulation is designed to prevent packages from being damaged during shipping and handling, thus preventing accidental contact with workers or the public. Therefore, a rigid outer container, or secondary packaging, is generally required during shipping. Specific standards also apply to regulated wastes that are stored during preparation for shipping and disposal.

When secondary packages, such as bins, buckets, and boxes, are reused, they must be cleaned thoroughly. Primary packages—inner containers—are not reusable and are handled as medical wastes.

Finally, generators must label and mark packages clearly, identifying the content, the generator, and the transporter. As these wastes move through the disposal process, they are carefully tracked.

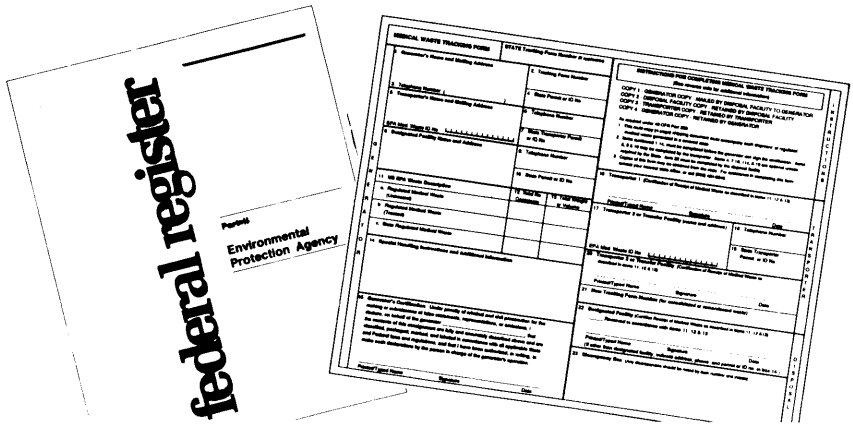
Tracking Medical Wastes

When a generator finishes preparing a package of medical wastes bound for treatment or disposal at another site, the generator fills out a tracking form. Only transporters who have registered with EPA may carry these wastes from the generator to the disposer. In the case of a generator of small quantities of medical wastes, a log shows who is carrying the wastes and where the wastes are going, and a tracking form is initiated by the transporter.

As the wastes travel to their final disposal, the tracking form goes with them. Each transporter and owner or operator of a treatment or disposal facility signs and keeps one copy of the tracking form. The generator receives the final copy, indicating that the wastes were received at an authorized disposal facility. The operations at the facility may be controlled by other federal, state, and local laws and regulations.

More Information

For a copy of the "Standards for the Tracking and Management of Medical Waste" interim final rule and for up-to-date information concerning states' participation and contacts, call the RCRA Hotline at (800) 424-9346 or 382-3000 in Washington, D.C.



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