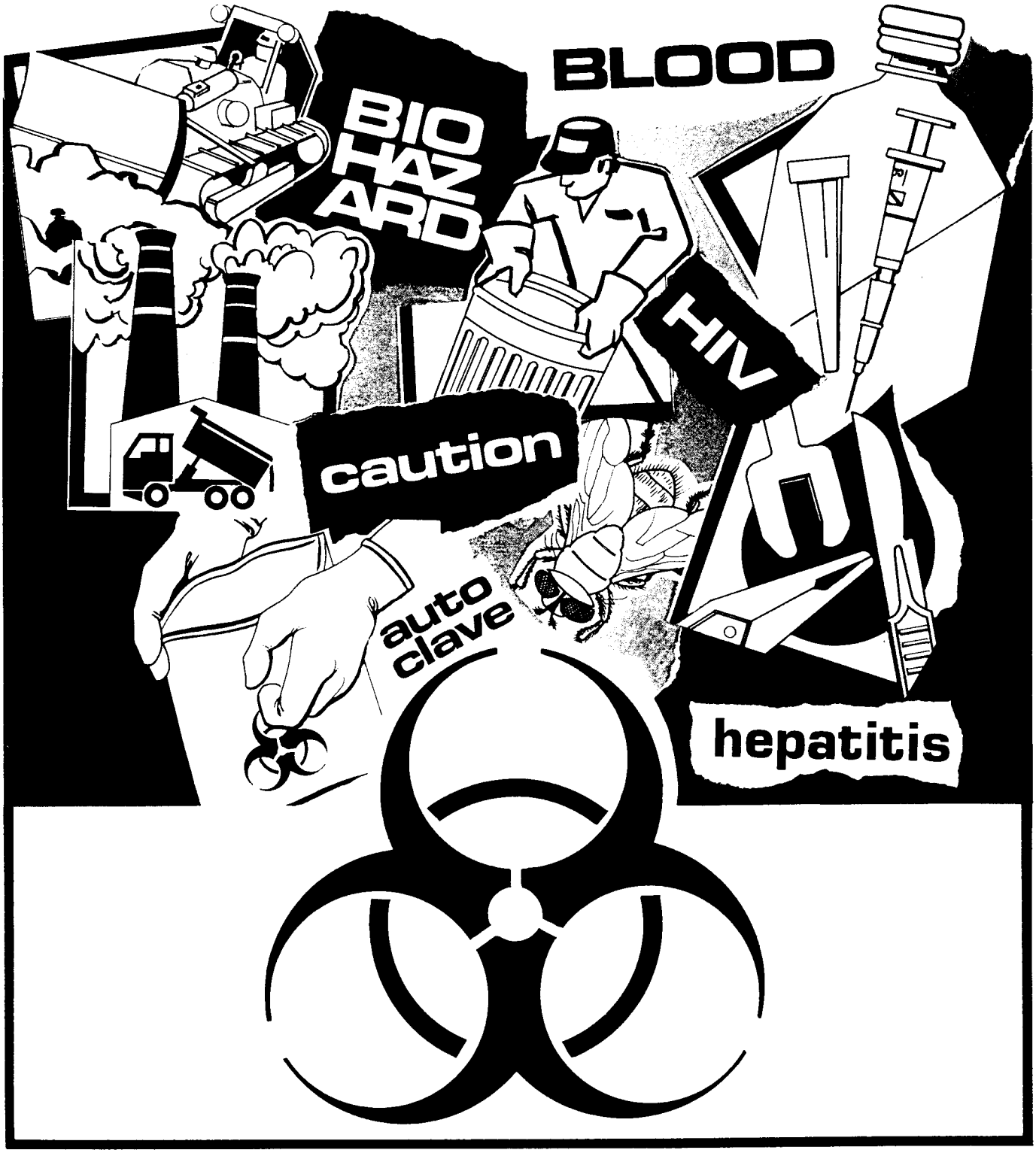
# Model Guidelines for State Medical Waste Management

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# MEDICAL WASTE GUIDELINES

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# FOREWORD

The public continues to view medical waste problems as a prime example of our deteriorating environment. Federal and state governments have passed and promulgated laws and regulations to help address these public concerns, but problems persist. Alternative public policy mechanisms, such as the guidelines in this document, are seen as one way to control sources of medical waste (such as self-administered health care) which are not easily addressed by law. They are also seen as a way to address medical waste concerns (such as source reduction) which were not originally dealt with in most of the early state medical waste laws.

This document presents a set of voluntary guidelines for the management of medical wastes. This approach — voluntary guidelines in lieu of statutory law — makes this an unusual document for our organization to produce, having published *Suggested State Legislation* — a compilation of state statutes — annually for over 50 years.

States and others wishing to study how non-regulatory guidelines might supplant or add to existing medical waste management law should find this study most useful.

Dan Sprague

Daniel M. Sprague
Executive Director

# MODEL GUIDELINES FOR STATE MEDICAL WASTE MANAGEMENT

**Background.** Beach wash-ups of medical waste on the shores of five east coast states in the summer of 1988, children playing with vials of blood found in a dumpster and the illegal dumping of bags of medical waste brought forth a public outcry for more stringent management of medical wastes after they have left the site of generation. Since that time, almost every state has enacted regulations addressing some aspect of the medical waste management process. There are many areas, however, that have not been adequately addressed by most states, such as public education and facility operator training.

The Medical Waste Tracking Act of 1988 required the U.S. Environmental Protection Agency to identify alternative (i.e., non-regulatory) approaches to medical waste management. These *Guidelines* are in response to this requirement.

**Introduction.** The management of medical waste begins at the time or place at which an item ceases to be useful for its intended purpose and enters the waste stream. Medical waste is generated by large and small medical facilities, households and home healthcare and by illicit drug users. Operations that generate waste include research, medical, veterinary, anatomical pathological services and diagnostic, research and industrial operations.

The waste management process begins before wastes are produced with source reduction, reuse and recycling techniques. Management continues through segregation, packaging, transportation, treatment/destruction and disposal phases. Optimal management of medical wastes at every point in the process can insure minimal volume; protection of personnel, the public and the environment; the alleviation of public concern over the threat of infection or injury from these wastes; and efficient and cost effective programs for their disposal.

The Council of State Governments entered into a grant agreement with the U.S. Environmental Protection Agency's Office of Solid Waste in 1990-91 to develop guidelines for use by states and other entities that generate and/or manage medical waste. This publication is the result of that effort. The *Guidelines* are compiled on the basis of survey responses from state agencies and national associations (see Appendix B, page 32) that provided examples of existing guidelines and regulations, from independent research and from contributions and review by an advisory committee consisting of representatives of the regulated community, state regulatory agencies, public interest and academic institutions (see Appendix C, page 34).

**Purpose.** This document details the components of a medical waste management plan or program for consideration by the states and others who are primarily interested in the use of voluntary guidelines in lieu of mandatory statutes and/or regulations. The document also seeks to provide guidance for medical waste generators currently exempt from federal and state regulation, such as home users of medical products and areas such as personnel training.

**Support.** Funding for this effort was provided by the U.S. Environmental Protection Agency, Office of Solid Waste and Emergency Response, project control number C-817784-01-0. This report is part of EPA's *Medical Waste Management in the United States: Final Report to Congress.* For further information about this report contact Michaelle Wilson, Chief (OS-332), Special Programs Section, Office of Solid Waste, U.S. Environmental Protection Agency, 401 M Street, S.W., Washington, D.C., 20460, (202/ 260-8551).

**Authors.** Research for this project was conducted by The Council of State Governments' Centers for Health and Environment, R. Steven Brown, Director. The primary author of this report is Karen Marshall, a Research Associate with the Center for Environment. Karen Armstrong-Cummings, John M. Johnson and Doris Ball assisted on this project. The cover and illustrations were produced by Elisa Pruden. The document was typeset by Connie LaVake.

**What Is a Guideline?** Documents entitled "Guidelines" vary widely in their intent. There are "how to" publications such as instructions for self-treating diabetics on the disposal of sharps, "Guides" to state regulations, or guidance as to what a hospital must do in order to meet certain provisions of its licensing requirements.

These guidelines are intended to serve as a ready-reference tool for all aspects of medical waste management. By virtue of its definition, guidelines are not mandatory and are therefore not enforceable through civil charges or fines. Part of their purpose is to reach sectors of the public that are not traditionally or practically governable by law.

A state can make these guidelines available to both the regulated and the non-regulated community for instruction in any aspect of waste handling that is not currently addressed by that state's statutes or regulations. For this reason, the document covers virtually all medical waste management issues. The *Guidelines* attempt to be specific enough to answer the practical day-to-day questions for the management of medical waste that, if carried out, will protect both the public and the environment from injury, the spread of infection and aesthetically offensive encounters with medical waste.

**Scope of this Document.** The *Guidelines* do not address areas such as incinerator standards that are already extensively regulated at the state and/or federal level. (Chapter 8 of the U.S. EPA's *Final Report to Congress* will cover the current status of state regulations of medical waste.) The Council is not expressing a preference for guidelines over a more formal regulatory program, but we do attempt to identify issue areas for which guidelines may prove adequate. States and industries can choose which of the guidelines to implement.

**Terminology**. Earlier statutes and regulations tend to refer to all medical waste by the term "infectious," even though the definition makes no reference to its capability for transmitting disease. Later terminology uses the word "medical," reserving "infectious" for waste known to be capable of transmitting disease. In this report, except for direct quotes, the term "medical waste" will be used throughout to refer to wastes that are potentially infectious or that pose a potential threat to the public health and safety.

**A Note about Format**. This document is laid out in a format that presents the actual guidelines always on the right-hand column of each page. Supporting text that provides explanation, rationale and state examples appears on the left-hand side of each page. This parallel format provides an uncluttered presentation of the actual guidelines while permitting easy reference to accompanying materials. All tables, charts, and illustrations are part of the supporting documentation.

**Audience**. This document is intended for use by federal agencies, the states, the private sector and other entities concerned with medical waste management. The views herein are not necessarily those of The Council of State Governments or the U.S. Environmental Protection Agency.