EPA Tracking Program for Medical Waste Starts Today

[EPA press release - March 13, 1989]

The U.S. Environmental Protection Agency’s two-year pilot tracking program to ensure that medical waste is sent to proper disposal authorities goes into effect today in the states of Connecticut, Louisiana, New Jersey, New York and Rhode Island, as well as in the District of Columbia and Puerto Rico.

Most medical experts and public health officials, including those from the federal Centers for Disease Control, believe that medical waste does not present a public health threat, especially after it has been exposed to air and water and washed ashore.

Many suspected sources of last summer’s beach wash-up problem, will not be affected by the new tracking system. Preliminary analyses of last summer’s beach wash-ups and additional EPA studies underway indicate that likely sources of the wash-ups included improper handling of ordinary trash and sewer overflows which contain wastes from home health care and illegal drug use. To the extent that all of these sources contribute to environmental degradation, the problems will persist despite the new regulations.

The pilot program was authorized by Congress last year in the Medical Waste Tracking Act of 1988. The tracking system will be jointly implemented and enforced by EPA and the participating states.

EPA Administrator William K. Reilly said, "The solution to beach wash-ups requires the concerted efforts of all of us to dispose of our trash properly and to reduce the amount of solid waste we generate."

Nearly 3.2 million tons of medical waste is generated by hospitals alone each year. EPA estimates that 10 to 15 percent of all medical waste is potentially infectious. Large health-care facilities already follow very strict procedures in handling medical waste. Most medical waste generated by these facilities is incinerated on-site; only 15 percent is transported off site; and 10 percent of that transported off site is incinerated.

The tracking system will apply to a wide range of medical waste generators, including small generators such as physicians, dentists, veterinarians and small clinics, as well as to large health-care facilities, such as hospitals. Congress specifically exempted medical waste generated by individuals or families, most of which is thrown away in ordinary trash.

EPA's regulations establishing the tracking system define affected medical waste and establish uniform standards for segregation, packaging, labeling and reporting. 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 sharps (needles, scalpels, etc.) and certain unused sharps.

Violators in states implementing the tracking system can be assessed civil penalties of up to $25,000 per day for each violation and criminal penalties of up to $50,000 per day per violation. They can also receive jail terms of up to five years.

EPA must report to Congress at the end of the project on whether changes are needed, whether such a system should be applied nationwide and on data-collection efforts.

Since 1982, EPA has provided technical assistance to the health-care community and to states on the proper handling and disposal of medical wastes. The agency also has provided technical materials and met regularly with health-care professionals and state representatives.

The new tracking system requires the use of a tracking form by those facilities that generate over 50 pounds a month of medical waste and for all medical waste shipments over 50 pounds. The generator must put the facility name and address on the form and identify the transporter, intended destination facility and waste category. The transporter must sign the form when the wastes are received. The operator of the destination facility also must sign the form upon receipt of the waste and return a copy of the form to the generator. If the generator does not received the copy within 45 days, EPA and the state must be notified.

Small generators that produce less than 50 pounds per month are subject to all of the requirements, except that they must maintain a log instead of using a tracking form. For all shipments, including those of less than 50 pounds, transporters must use the tracking form and keep records, and disposal facility operators must sign upon receipt of the wastes and keep records of the amounts they receive.

Each package must be marked with the generator's and transporter's names and addresses. The packaging standards also require rigid, leak-resistant containers. For sharps (needles, scalpels, other sharp objects), the packaging must also be puncture-resistant. For fluids, the packaging must be break-resistant.

Average annual compliance costs per facility range from about $3,750 for hospitals to about $70 for dentists. The average incremental cost increase per pound of medical waste is estimated to be approximately eight cents.

The tracking system rules were published in the Federal Register on March 24.