

# Regulated Medical Waste Management

## Stakeholder Public Meeting

October 2, 2014

Meeting Notes

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**Location:** DEQ - Piedmont Regional Office  
4949-A Cox Road  
Glen Allen, VA 23060

**Start:** 1:01 pm

**End:** 3:03 pm

### Public Attendees:

Jason Collins, Bon Secours  
Buz Stancil, VCUHS  
Ruth Farmer, VCUHS  
Ed Redden, VCUHS  
Bob Carlson, VCUHS

Melina Hernandez, VCUHS  
Don Nuss, Stericycle  
Herbert Henk, SCI-MED  
Crystal St. Clair Cannai, Navy  
Steve Hilliker, Sanipak

Ruth Lovelace, UMW  
Bernadette Reese, Navy  
Katharine M. Webb, VHHA

### Staff Attendees:

Justin Williams  
Milton Johnston

Don Brunson  
Debra Harris

Kathryn Perszyk

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### Agenda Item: Welcome

**Discussion:** Justin Williams, DEQ, welcomed everyone to the meeting.

### Agenda Item: Introduction

**Discussion:** Mr. Williams presented a brief introduction to the *Regulated Medical Waste Management Regulations* (RMWR) under 9VAC20-120 and reviewed the purpose of these regulations.

### Agenda Item: Background/History

**Discussion:** Mr. Williams reviewed the background and history of regulated medical waste (RMW) management including the regulatory history and the recent periodic review which resulted in comments on these regulations. This review included a historical look at permitting for RMW facilities.

### Agenda Item: General Questions/Broad Items for Discussion

**Discussion:** Mr. Williams queried the group to ask for their input on general questions regarding the RMWR. The group provided their comments on the topics/questions presented.

*Should the RMWR be incorporated into the Solid Waste Management Regulations, 9VAC20-81?*

Comments:

- No, most states keep the RMW regulations separate from the solid waste regulations.
- No, it is clearer if the RMWR are maintained as a separate regulation as this is a subset of solid waste and if incorporated it would be difficult to find the requirements for RMW management within the much larger Solid Waste Management Regulations. It was noted that clarity is one of DEQ's primary goals.

*Can the RMWR be clarified? Are there provisions that are confusing? Are they generally easy to follow?*

*Example: In 9VAC20-120-170, exemptions from permitting include: (i) if use of less than 100 gallon, exempt from permitting; (ii) between 100 to 200 gallons, conditional exemptions are provided for storage; and (iii) Over 200 gallon have to follow all the requirements for storage. Is that clear?*

Comments:

- It would be helpful if the headings for the sections could be more explanatory and be provided in a larger font.
- This section on which facilities are exempt and which ones are not exempt is confusing and should be clarified.
- It is confusing but it may be as little confusing as possible to say what needs to be said in the regulation. Overall these regulations are as clear as they can be and if changes are to be made, they should only be for major changes and not for clarity only as those that have used these regulations know what is required.
- Further clarification of the exemption requirements would be good.
- Overall, the regulations are good but clarifying what is and what is not exempt would be helpful.

*Is Redundancy Better? Should Similar Requirements Be Put Together Same Section?*

*Example 1: Access heading for both 9 VAC 20-120-350 (applies to areas where RMW is stored) and 9 VAC 20-120-420 (applies to transporters).*

Both address access as they require “regulated medical waste must have access control that limits access to those persons specifically designated to manage regulated medical waste.”

Comments:

- Yes, keep the redundancy as the more comprehensive the requirements for each topic the better it is. Having to continually cross reference to different sections is confusing. For instance, keep the requirements for transport all together and keep all the requirements for storage together even if some of those requirements are the same for both.
- Yes, keeping the issue separate is better. Perhaps it would be better to clarify the section headings to specify what “Access” applies to instead of just using “Access” as the heading so under the transport part, the heading would be “Access for RMW Transport.”

*Example 2: Part III – Identification and Listing of RMW (9VAC 20-120-80 et seq.)*

*This part contains general provisions in 9VAC20-120-80 and 9VAC20-120-90, provisions for recycling of regulated medical wastes in 9VAC20-120-100, provisions for conditional exemption from regulation in 9VAC20-120-110, a description of persons exempt in all or in part from the regulations in 9VAC20-120-120, a description of waste and materials excluded from consideration in these regulations in 9VAC20-120-130, and the definition of regulated medical waste in 9VAC20-120-140 and 9VAC20-120-150.*

*Is this an issue for everyone?*

Comments:

- First, I have to say that the annual fee of \$2800 per autoclave is outrageous. DEQ needs to figure out what these less invasive treatments really require and not use a one size fits all mentality. Identifying what is RMW is not an issue; the issue is having a one size fits all permit by rule for anyone that treats even if the treatment is a less invasive option such as autoclaves.
- Perhaps there could be a small-size treatment exemption? Or an episodic treatment exemption option in the regulations?
- Have we met the original intent of the regulation? Have we balanced it well?
  - Mr. Williams responded that the historical problems with management of RMW are what led to the initial adoption of the RMWR. Currently, and because of the RMWR, those large scale problems do not exist anymore. However, these regulations have been in place for twelve years and the DEQ wants to insure that they are still current considering new methods or technologies for RMW.

*Overlap with other requirements reduced? Should other regulations be incorporated by reference? Are there updates needed to reflect changes?*

*Examples: See section 9VAC20-120-210 and 220 which cites to other regulations and sections. Additionally, there are other regulations which address RMW such as the hazardous waste regulations and those regulations under DOT, OSHA/DOLI, CDC, and USDA. How to incorporate those requirements?*

Comments:

- It would be nice if there was more consistency between all of the regulations.
- The regulations regarding the waste side are easy. OSHA is not.
- The RMWR are good and they reference the other regulations when needed, such as packaging requirements under DOT.
- DEQ does not want to create a conflict with the other agencies that have requirements for RMW such as CDC, USDA, DOT or OSHA/DOLI. For instance, the transportation notification requirements have been removed due to redundancy with the DOT regulations.
- Maybe clarify the overlap between the RWMR and the VHWMR for P-listed/chemo drugs that are hazardous waste but may also be RMW. It gets difficult, because few waste management facilities exist that will accept waste that is classified as hazardous waste and RMW as they do not hold permits for hazardous waste treatment and regulated medical waste treatment. Can the regulations be clarified to address that issue?

### **Agenda Item: Specific Provisions for Discussion**

**Discussion:** Mr. Williams queried the group to ask for their input on specific provisions in the RMWR. The group provided their comments on the questions presented.

**Provisions for on-site storage.** *Are the exemptions working? Are the exemptions clear?*

*Example: Permitting provisions for storage.*

Comments:

- The RMWR's for on-site storage provisions are pretty clear. The only possible issue of note is if there is never going to be a use for the full permit-by-rule provisions; do we need to keep them in the regulation?

**Temperature requirements for storage.** *Is this requirement working? Are the timeframes manageable?*

*Example (see 9VAC20-120-360): Any regulated medical waste that is stored for more than seven days must be refrigerated, stored in an ambient temperature between 35° and 45°F (2° and 7°C). If the material is stored away from the site of generation and the time in storage is unknown, the regulated medical waste must be refrigerated. No regulated medical waste shall be stored for more than 15 days at the site of generation. Procedures shall be provided to ensure that the above storage timeframes are met. The date that the waste is first placed in storage will be provided on any outer packaging while the waste is in storage.*

Comments:

- Yes, it is working. The requirements are clear and compared to other states this language works fine.
- Smaller hospitals may store for less than seven days but occasionally that timeframe will be exceeded by conditions out of their control (inclement weather prevents pick-up). Will DEQ understand these issues with the timeframe?
  - Yes, DEQ does take contingencies into consideration. The key is to let DEQ know when an issue arises.

- We would like to see the timeframe for storage to be more than seven days. In many cases, seven days is not enough time to fill-up a roll-off/trailer prior to sending it for management. This is an issue as hospitals are now doing a much better with waste segregation.
- Yes, maybe DEQ could talk to VDH and determine the reason for seven days and see if extending would be an issue or if there is a health consideration after seven days?
- It may be better for the RMW generators to consider more appropriate bulk storage options with their RMW hauler/treater.

**On-site treatment.** *Are the permitting requirements appropriate? Should the regulations account for possibility of mobile treatment?*

*Example: Permitting for on-site treatment includes: (i) a limited permit by rule (PBR) where the facility submits local government certification, disclosure statement, financial assurance, and has certified personnel; and, (ii) a full PBR which requires all elements of typical solid waste permit by rule such as the notice of intent, design and operation plans, closure plans, financial assurance and certified personnel. There are no provisions for mobile treaters of RMW.*

Comments:

- Texas has a specific regulation for mobile RMW treaters.
- On-site treatment PBR could be a consideration for mobile units as treatment requires a lot more than storage.
- Virginia is the only state that I know of which requires a certified operator. Why is that?
  - Staff noted that the certified operator is a statutory requirement as all solid waste management facilities, including RMW treatment facilities, which have a permit or PBR. The operator certification process is administered by DPOR not DEQ.
- Mobile treatment may sound good but you may get into a storage problem (seven day timeframe) as it seems like it would be costly to have a mobile unit come out every seven days.
- Facilities will not allow mobile treatment on-site because it requires operator certification.
- Mobile treatment could be an issue especially with public perception.
- Can these mobile units and other small units not be covered under a “permit” so that they would not have to have the operator certification? Is there any thought to an exemption for certain types of treatment?
- The emergence of many of these critical access care facilities is part of the reasons that providing an option for mobile RMW treatment may be something to pursue. Hospitals have their RMW practices in place and not sure they would utilize a mobile treater.

**Treatment requirements.** *Are the standards current? Are the technologies current? What has changed since last amendment?*

*Examples: Steam sterilization, alternate treatment, innovative technology review.*

Comment:

- For alternate treatment, it seems that the frequency of verification testing is missing from the provisions. Most other states require verification testing for every 40 hours of operation. Maybe review and see if that needs to be updated as I believe Virginia requires once a month.

**Shredding.** *Should the requirement to shred remain?*

*Example: See 9VAC20-120-590. DEQ has processed and approved numerous variance requirements from shredding.*

Comments:

- No, shredding is not necessary.
- No, it should not remain especially for sharps. You shred a sharp and create more sharps.
- What do other states require? The current trend seems to be away from shredding; however, have in place some sort of a mechanism to identify if the RMW has been appropriately treated.

**Agenda Item: Open Discussion**

**Discussion:** Mr. Williams opened up the discussion to include any other issues to be noted regarding the regarding the RMWR.

Comments:

- If these regulations are revised, we recommend that DEQ and Stakeholder group go through the regulation line by line to get it all right and to have buy-in from the stakeholders.
- Clarify the issues of pharmaceutical waste for the hospitals - what is black box, blue box, red box?
- Chemo is a big issue for hospitals. The Oncology Nursing Society guidelines are used for chemo and many times these conflict with the waste rules. ONS says to deal with waste from the patient as hazardous waste? Is there a way to carve out chemo from the RMW regulations or clarify if it is hazardous or RMW? Some other states do manage chemo RMW differently than other RMW.

**Agenda Item: Conclusion/Next Steps**

**Discussion:** Staff requested that the group consider other issues and to provide their input to the DEQ. The DEQ will consider all comments provided and if a regulatory amendment is pursued, staff provided the group with the possible next steps.