

FISH AND WILDLIFE SERVICE
POLLUTION CONTROL

Pollution Control

Part 561 Compliance Requirements

Chapter 13 Medical Waste

561 FW 13

13.1 What is the purpose of this chapter? This chapter provides guidance on managing medical waste.

13.2 What is the authority for managing medical waste? There is currently no Federal authority; local and State laws will serve as the applicable authorities.

13.3 Who is responsible for the program?

A. The Chief, Division of Engineering is responsible for providing guidance regarding the storage, handling, and disposal of medical waste.

B. The Chief, Office of Safety, Health, and Aviation is responsible for providing assistance to the Regions in managing the health aspects of medical waste, including any medical surveillance requirements.

C. Regional Compliance Coordinators are responsible for assisting project leaders/facility managers in complying with medical waste requirements.

D. Project Leaders/Facility Managers that regularly handle medical waste must comply with the requirements of paragraph 13.5.

13.4 What are the definitions for some terms applicable to this chapter?

A. 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 research pertaining thereto.

B. 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.

C. Infectious Agent. Any organism (such as a virus or a bacterium) that is capable of being communicated by invasion and multiplication in body tissues and capable of causing disease or adverse health impacts in humans or animals.

D. Isolation Waste. 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.

E. Landfill. A disposal facility or part of a facility where medical waste is placed in or on the land and which is not a land treatment facility, a surface impoundment, or an injection well.

F. Medical Waste. Any solid waste that is generated in the diagnosis, treatment (e.g., provision of medical services), or immunization of human beings or animals (including wild species), in research pertaining thereto, or in the production or testing of biologicals.

G. Treatment. Any method, technique, or process designed to change the biological character or composition of any medical waste so as to reduce or eliminate its potential for causing disease.

H. Universal Biohazard Symbol. The symbol design that conforms to the design shown in 29 CFR 1910.145 (f)(8)(ii) (see Exhibit 1).

13.5 How is medical waste managed? Each manager at a Service facility that regularly handles, stores, or disposes of medical waste must comply with the following requirements:

A. Designation. Categorize medical waste as isolation waste, cultures and stocks of infectious agents and associated biologicals (example: specimens from medical and pathology laboratories), animal blood and blood products, pathological waste (example: tissues, organs, blood and body fluids), contaminated sharps (example: contaminated hypodermic needles, syringes and scalpel blades), contaminated animal carcasses, body parts and bedding, and miscellaneous laboratory waste (example: specimen containers, slides, disposable gloves, lab coats and aprons).

B. Segregation. Segregate medical waste at the point of origin. Use distinctive, clearly marked containers or plastic bags for medical waste, and place universal biological hazard symbol on medical waste containers, as appropriate.

C. Packaging. We recommend plastic bags for solid or semisolid infectious waste, puncture resistant containers for sharps and bottles, and flasks or tanks for liquids. The package should maintain its integrity during storage and transport. Plastic bags used for medical waste should be impervious, tear resistant, and distinctive in color or markings. Place liquid waste in capped or tightly stoppered bottles or flasks.

D. Storage. Properly pack stored medical waste to ensure containment of infectious waste and the exclusion of rodents and vermin. Limit access to the storage area and minimize storage time.

E. Transport. Place all medical waste in rigid or semi-rigid containers and transport in closed leak-proof trucks or dumpsters. Take care during loading and unloading so as not to rupture the packages.

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F. Treatment. Monitor all treatment processes to assure efficient and effective treatment. Treat most medical wastes by incineration or steam sterilization. It is the responsibility of the facility generating the medical waste to ensure proper disposal.

G. Disposal of Treated Medical Waste. Contact State and local governments to identify approved disposal options and/or facilities. Do not bury medical wastes or place in a dumpster.