Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6050.01
July 22, 2021

DAD-MEDLOG

SUBJECT: Medical Logistics (MEDLOG) Regulated Medical Waste (RMW) Management

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Procedures Manual (DHA-PM), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (r), establishes the Defense Health Agency's (DHA) procedures to provide guidance and regulatory requirements to DHA Military Medical Treatment Facilities (MTFs) or DHA Dental Treatment Facilities (DTFs) on the management of RMW in a manner which minimizes occupational exposure, protects both the environment and the public, and ensures compliance with appropriate Federal, State, local, tribal, and/or territorial (SLTT) regulations.

2. APPLICABILITY. This DHA-PM applies to the DHA; Military Departments (MILDEPS), and MTFs or DTFs located within the continental United States, Alaska, Hawaii, and U.S. territories. Facilities not described above will adhere to this PM except where host nation standards are more stringent and then will take precedence, in accordance with Reference (j).

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (a) through (i), that MEDLOG RMW will include the management, collection, and disposition of all RMW within MTFs or DTFs.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. PROPONENT AND WAIVERS. The proponent of this publication is Deputy Assistant Director (DAD), MEDLOG. When Activities are unable to comply with this publication the activity may request a waiver that must include a justification, to include an analysis of the risk

associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the DAD-MEDLOG to determine if the waiver may be granted by the Director, DHA or their designee.

7. RELEASABILITY. **Cleared for public release**. This DHA-PM is available on the Internet from the Health.mil site at: https://health.mil/Reference-Center/Policies and is also available to authorized users from the DHA SharePoint site at: https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx.

8. EFFECTIVE DATE. This DHA-PM:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

9. FORMS

a. DD Form 2890, DoD Multimodal Dangerous Goods Declaration is available at: https://www.esd.whs.mil/Directives/forms/dd2500_2999/

b. DHA Form 147, Regulated Medical Waste Inspection Checklist is available at: https://info.health.mil/cos/admin/DHA_Forms_Management/DHA_Forms1/DHA%20147.pdf

/S/
RONALD J. PLACE
LTG, MC, USA
Director

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ENCLOSURE 1

REFERENCES

(a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," September 30, 2013, as amended
(b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013
(c) DHA-Procedural Instruction 5025.01, "Publication System," August 24, 2018
(d) National Defense Authorization Act for Fiscal Year 2017, Section 702
(e) National Defense Authorization Act for Fiscal Year 2018, Section 711, 712
(f) National Defense Authorization Act for Fiscal Year 2019, Section 711, 712
(g) National Defense Authorization Act for Fiscal Year 2020, Section DoD Instruction 6050.05, "DoD Hazard Communication (HAZCOM) Program," June 10, 2019, as amended
(k) Code of Federal Regulations, Title 29, Subpart 1910.1030
(l) American Society for Testing and Materials (ASTM) D1709-01, "Standard Test Methods for Impact Resistance of Plastic Film by the Free-Falling Dart Method"[1]
(m) American Society for Testing and Materials (ASTM) D1922-00a, "Standard Test Method for Propagation Tear Resistance of Plastic Film and Thin Sheeting by Pendulum Method"[2]
(n) Code of Federal Regulations, Title 49, Parts 100-185
(o) Defense Transportation Regulation (DTR) 4500.9-R Part II, Chapter 204, "Hazardous Material," November 8, 2018
(p) American National Standards Institute (ANSI)/International Safety Equipment Association (ISEA) Z358.1-2014, "American National Standard for Emergency Eyewash and Shower Equipment"[3]
(q) The Joint Commission Hospital Accreditation Standards, Infection Prevention and Control Standards for Ambulatory Care[4]
(r) Code of Federal Regulations, Title 40, Parts 260-279

[1] This reference can be found at: https://www.astm.org/Standards/D1709.htm
[2] This reference can be found at: https://www.astm.org/Standards/D1922.htm
[3] This reference can be found at: https://webstore.ansi.org/Standards/ISEA/ANSIISEAZ3582014
[4] The current editions of this reference may be obtained from The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA will assign the DAD-MEDLOG to implement this DHA-PM in accordance with Reference (b).

2. DAD-MEDLOG. The DAD-MEDLOG will support oversight of the delivery of all MEDLOG services at MTFs or DTFs in accordance with References (h) and (i) and will designate the Chief, DHA Environmental Services Division to RMW.

3. CHIEF, DHA ENVIRONMENTAL SERVICES DIVISION. The Chief, DHA Environmental Services must provide the guidance, policy, and oversight for MTF environmental service operations and will nominate the Chief, DHA RMW and Linen Services as the Contracting Officer's Representative for the basic RMW contract.

4. CHIEF, DHA RMW AND LINEN SERVICES. The Chief, DHA RMW and Linen Services must:

a. Provide guidance and direction for managing all RMW regulatory requirements to include the collection, storage, transportation, and disposal of RMW.

b. Consult DHA Public Health Services to ensure protection of public health and compliance with environmental requirements, to include evaluation of services extended to non-medical entities.

5. MTF or DTF DIRECTOR. The MTF or DTF Director will have overall responsibility for the management of RMW in accordance with Federal and applicable SLTT regulations. The MTF or DTF Director must also:

a. Ensure RMW is identified and managed according to policies and procedures; and ensure personnel follow the most stringent regulation(s).

b. Appoint the Chief, MEDLOG Officer.

c. Appoint trained and certified individuals to sign RMW manifests/shipping documents.

6. MTF CHIEF FACILITY MANAGEMENT OR MTF CHIEF MEDLOG OFFICER. The MTF Chief, Facility Management or MTF Chief MEDLOG Officer (whichever is applicable at the location) must.

a. Designate an RMW Control Officer.

b. Contact the Chief, DHA RMW and Linen Services Program Manager if there are substantial discrepancies or changes required in the RMW disposal contract.

c. Arrange for and supervise the collection, storage, transportation, and disposal of RMW from DHA MTF or DTFs.

d. Coordinate with the local (MTF, DTF or installation) environmental point of contact (POC) for training and compliance requirements or any issues which may arise during the management, collection, and disposition of RMW.

e. Review RMW documentation every 12 months for completeness and accuracy to include contingency plans, emergency preparedness plans, manifests, and shipping documents.

7. MTF OR DTF RMW CONTROL OFFICER. The MTF or DTF RMW Control Officer is functionally responsible for the daily management of RMW, including providing local policies and procedures complying with Reference (k). The MTF or DTF RMW Control Officer must:

a. Be nominated as the Task Order Contracting Officer's Representative.

b. Supervise MEDLOG government personnel assigned to RMW disposal.

c. Maintain accurate records and accounting for all RMW disposed and report key performance data to DHA for appropriate action.

d. Report, monthly, the following key performance data to the Chief, DHA RMW and Linen Services for appropriate action:

(1) Invoiced Cost, Containers Processed, Pounds Processed

(2) Quality Assurance Inspections Programmed (100 percent inspection)

(3) Quality Assurance Inspections Actually Performed

e. Develop local RMW management implementing policies and guidance.

f. Submit funding requirements for RMW management and disposal.

g. Provide technical advice in identifying and characterizing RMW.

h. Participate in the planning and provision of training.

i. Inspect MTF or DTF RMW management, collection, disposition, and perform documented inspections of RMW "final/interim" storage and generation areas monthly.

j. Develop and maintain contingency plans and report any mismanagement to the Chief, DHA RMW and Linen Services.

k. Ensure personnel who package RMW for shipment and/or sign RMW shipping papers receive initial and refresher training and proper duty appointments.

l. Ensure RMW bags and sharps containers are always available to facility staff.

m. Coordinate with the infection control authority, safety officer, local (MTF, DTF or installation) environmental point of contact, and facility manager to establish designated routes and times that RMW should be moved within the facility to minimize patient exposure from potential spills.

n. Complete all training and certifications required in accordance with Federal and applicable SLTT regulations.

o. Work with department supervisors to:

(1) Establish and use management controls and conduct periodic inspections to ensure compliance with policies and procedures.

(2) Plan, conduct, and document training of their personnel to ensure that RMW management is conducted safely and in compliance with established policies and procedures.

ENCLOSURE 3

PROCEDURES

1. GENERAL

a. Non-RMW items containing Health Insurance Portability and Accountability Act or Privacy Act (HIPAA) information must be appropriately de-identified prior to disposal as non-infectious waste (general trash). Contact the HIPAA privacy officer for assistance on the proper management of protected patient information.

b. Generators of infectious waste laboratory reagents must coordinate with the RMW Control Officer and local (MTF, DTF or installation) environmental POC to ensure proper disposal.

c. MTF or DTF personnel will minimize the use of disposable medical items, encourage the use of durable materials, and recycle to the maximum extent practicable.

d. MTF or DTF RMW management includes the segregation of waste at the point of origin and the appropriate packaging, labeling, storage, transporting, and treatment/disposal.

e. Do not place wastes associated with chemotherapy/antineoplastic agents and radioactive substances into MTF or DTF trash. These have their own separate, distinct waste collection containers.

f. Do not mix RMW and hazardous waste (HW). If these wastes are mixed, seek guidance for management and disposal from the local (MTF, DTF or installation) environmental POC.

g. For radioactive RMW, contact the health physics officer and the local (MTF, DTF or installation) environmental POC for management procedures and decay periods. If meeting radioactive decay period requirements is possible on-site, manage as RMW once the waste is no longer radioactive.

2. COLLECTING AND HANDLING

a. Generators must segregate the following from each other at the waste point of origin: non-chemotherapy RMW, general waste, chemotherapy waste, HW, pharmaceuticals, and single-use devices. Place appropriate waste and recycling containers in designated locations in the workplace to make segregation convenient and to minimize improper segregation.

b. Based on applicable regulatory requirements for managing chemical agent related waste streams, MTFs or DTFs will develop a procedure outlining the process to be followed to identify, segregate, and manage chemical-agent-contaminated RMW from non-contaminated

RMW. In the absence of SLTT requirements, RMW contaminated with chemical agents will be classified as a mixed waste and treated by incineration at a facility permitted to treat chemical-agent- contaminated waste.

c. Non-RMW requires no further treatment and is disposed of as general waste and trash. Manage and dispose of general waste and trash according to existing Federal and applicable SLTT regulations.

d. RMW is organized into the following groups that are managed based on associated risks (see Glossary Part II. Definitions for further description). These groups are not all inclusive. Contact the RMW Control Officer or local (MTF, DTF or installation) environmental POC for more information regarding applicable SLTT regulations on medical waste.

(1) Group 1: Cultures, Stocks, and Vaccines

(a) Separate microbiologic waste such as cultures and stocks of etiologic agents from general waste for decontamination. Liquid wastes in this group (e.g., liquid culture media) may be rendered noninfectious and disposed in the sanitary sewer system (pending approval from the local jurisdiction) or collected in a closed container and placed in RMW for treatment/disposal.

(b) Return unused vaccines or nasal mist vaccine dispensers through the reverse distribution program managed by the pharmacy, as allowed.

(c) Vaccines containing Thimerosal may be a HW due to high mercury content. Unless the vaccine requires management as HW, place full vials and dispensers ineligible for reverse distribution and all partially used vaccine vials and dispensers in a sharps container. Nasal mist vaccine dispensers may be disposed in red bags. If the vaccine requires management as HW, contact the local (MTF or installation) environmental POC for proper waste characterization.

(d) Allergen extracts (i.e., allergy shots) do not contain live or attenuated viruses and, therefore, do not meet the definition of a vaccine. Manage unused allergen extracts under the pharmaceutical reverse distribution program; manage empty glass vials as solid waste or recyclable glass.

(2) Group 2: Pathological Waste

(a) Dispose of pathological waste in a RMW container lined with a red RMW bag, double bagging may be necessary. Mark the outside of the shipping container to indicate incineration is required.

(b) Specimen preservatives such as formaldehyde or formalin are not RMW and must be decanted and collected separately for turn-in to the Defense Logistics Agency as a chemical waste. Pathological waste must be placed in a rigid RMW container lined with a

compliant RMW bag and labelled appropriately. Alternatively, the pathological waste may be double-bagged in compliant RMW bags. Ethical considerations may dictate using alternate means of disposal such as cremation or burial by a licensed mortician.

(c) Pathological waste should be refrigerated as soon as possible upon placement into the RMW container. At a minimum, store pathological waste in a temperature-controlled area cool enough to keep the waste from becoming putrescent.

(d) Extracted teeth are not considered pathological waste; they are considered RMW. Discard extracted teeth into red bags or sharps containers. Amalgam containing teeth may also be sent to a mercury recycler. Contact the recycling company to determine whether amalgam containing teeth are accepted and for specific collection and shipping requirements.

(e) Placentas are pathological waste. On occasion, a patient may request the MTF return the pathological material to them. Those MTFs offering labor and delivery and/or emergency department services must create a local policy for storage, transfer, and release of placentas to patients requesting return of their own placentas. At a minimum, the policy must address:

1. Compliance with applicable Federal and applicable SLTT regulations.

2. Risk assessment, to include communicable diseases/infections (e.g., HIV, hepatitis) or other hazards that would preclude the safe return of the placenta to the patient.

3. Appropriate screening of the patient and/or placenta for those risks identified include: a release/request for placenta form that provides for the release's purpose; the potential patient risks involved; and signature lines for the patient, the attending provider, and the head of clinical services. Some states (e.g., Hawaii) have a prescribed release/request for placenta form published by the Department of Health. Place the signed release/request for placenta form in the patient's medical record.

(f) If a patient requests return of a human body part other than placenta, the MTF will follow its local policy. If a local policy does not exist (or if the MTF has further questions or concerns), contact the legal personnel supporting the MTF/DTF and the DHA Public Health Service (https://info.health.mil/hco/phealth/SitePages/Home.aspx) for guidance.

(3) Group 3: Blood and Blood Products

(a) Breakable containers of bulk blood and blood products are to be disposed in rigid, puncture-proof, and leak-proof RMW containers. Unless prohibited by applicable local regulations, bulk blood may be discharged to the sanitary sewer.

(b) Blood products (e.g., empty, or partially empty blood bags; blood filter tubing; and items saturated, dripping, or caked with blood) are to be disposed into compliant RMW bags. For tubing with needles attached, if safe to do so, needles should be removed and placed in

sharps containers for disposal when possible; otherwise, place the tubing and the attached needle into the sharps container.

(4) Groups 4 and 7: Sharps and Syringes

(a) Discard all sharps (used and unused) and syringes (used only) directly into sharps containers immediately after use. Do not cut, break, bend by hand, or recap using a two-handed technique. Unused syringes (with or without needles) should be returned through supply channels if in their original packaging or put in a rigid puncture-resistant container and disposed of through RMW channels.

(b) Sharps containers must be tamper resistant and either secured to the wall, under continuous supervision by a healthcare professional, or maintained in a structure preventing the container from being knocked over or otherwise spilled. To protect them from inadvertently tipping over, ensure staff properly position all large standing containers (e.g., 8 or 10-gallon (gal) sharps containers), including those that cannot be secured. .

(c) Wall mounted sharps containers will be at a height promoting safe usage by staff.

(d) Remove and secure sharps containers when at the designated fill line, when they are 75 percent full, or when the container generates odors or exhibits other evidence of putrefaction.

(e) Dental procedure carpules that are broken or contain visible blood must be discarded in sharps containers. Unused carpules still containing the anesthetic should be returned through reverse distribution, if eligible, or disposed of as pharmaceutical waste, unless a site-specific requirement regulates the anesthetic under a more stringent standard. Used, unbroken carpules empty of anesthetic and not containing visible blood may be disposed in the general trash.

(f) Engineered plastics designed to withstand breakage and without sharp edges (e.g., some plastic test tubes, vials, and petri dishes) may be classified as non-sharps RMW and disposed into compliant RMW bags.

(g) Used slides, cover slips, and other items rendered non-infectious by sufficient contact with disinfectants, alcohol, or methanol based solutions are not RMW and must be managed as solid waste or through a glass recycling program.

(5) Group 5: Animal Waste

(a) Infectious animals and their wastes (bedding, urine, and feces) must be managed as RMW. Mark the outer shipping container to indicate the waste requires incineration.

(b) Waste from treatment of non-infectious animals is not classified as Group 5 Animal Waste but is classified as RMW and must be managed per the requirements of the applicable RMW group (e.g., sharps or pathological waste).

(c) Carcasses from non-infectious animals that died from causes including vehicular impact and euthanasia are not considered RMW. On occasion, the animal owner may request the return the remains to them. Facilities that handle animal waste must create a local policy for release of remains to owners. Wastes resulting from such causes must be disposed of per local requirements, with special consideration given to euthanized animals to avoid potential ground water contamination or secondary poisoning of scavengers and migratory birds. Consult the local (MTF or installation) environmental POC for disposal determinations, as needed. The use of veterinary crematorium services may be required.

(6) Group 6: Isolation Wastes

(a) Consult the infection control authority on handling isolation waste, especially waste containing BioSafety Level (BSL) 3 and BSL 4 agents.

(b) If the waste from this group will be disposed through the standard RMW disposal contract, ensure that the transporter and receiving facility are authorized to accept such waste. Certain waste streams may require the generator to package waste in accordance with special permits issued by the Department of Transportation (DOT) (i.e., Ebola Virus Disease related waste streams).

(7) Group 8: Other. Consult the infection control authority directives on special handling of RMW fluids (such as semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid). At a minimum, these items are to be placed in compliant RMW containers and properly managed.

(8) Group 9: Trace Chemotherapy/Trace National Institute for Occupational Safety and Health (NIOSH) Hazardous Drug (HD) Waste

(a) Do not mix chemotherapy/HD trace wastes with non-chemotherapy waste.

(b) Place chemotherapy/HD trace waste in yellow sharps-like containers. Mark the outer shipping container to indicate the waste requires incineration.

(c) Consult the local (MTF or installation) environmental POC for additional guidance on the management of these wastes. Unless more stringent requirements apply, chemotherapy/HD trace waste is managed as part of the RMW program for disposal. Mark the outside of the shipping container to indicate incineration is required.

(d) Trace waste regulated as an acute HW (P-listed) under the Resource Conservation and Recovery Act must be managed and disposed as a HW in accordance with Reference (r).

(9) Group 10: State-Specific RMW Not Associated with The Above Groups (1-9) Will Be Managed According to Applicable State Regulations and Requirements.

e. Employees handling RMW must attend initial MTF environmental training upon arriving at the duty station and maintain appropriate training thereafter (e.g., annual refresher) including management of RMW. Staff will maintain documentation of the training in their training records.

f. Employees handling RMW must report any spillages or leakages of RMW (e.g., while transferring RMW or leakage from storage) to the supervisor and RMW Control Officer. Ensure spills or leaks are contained and follow proper procedures to cleanup including the use of personal protective equipment (PPE) (e.g., gloves, masks).

3. HANDLING RMW BAGS

a. Securely tie/gooseneck and seal RMW bags. Do not shake or squeeze the bags to reduce volume and never compact or crush the waste to make room for more. Remember, the bags serve as the primary barrier between the RMW and the worker. Coordinate with the RMW Control Officer, infection control authority, and safety offices for additional instructions on safely sealing and labeling containers to meet your local requirements.

b. Carry sealed bags by their necks to the transportation cart. Do not lift or hold bags by the bottom or sides. Carry bags away from the body. Ensure bags are not ripped, opened, or dropped; never throw the bags into carts.

c. Wear gloves and PPE appropriate for the task when handling bagged RMW. Obtain specific guidance from the infection control authority on required PPE to wear for the various tasks to prevent occupational exposures.

4. CONTAINERS

a. Within the facility, all non-sharps RMW must be placed in containers appropriate for the waste that are clearly marked with the universal biohazard symbol and labeled with the word "BIOHAZARD." The only exception must be for trace chemotherapy/HD wastes, which must be placed in rigid yellow sharps-like containers or yellow bags. RMW containers must not be used to collect anything other than RMW within a facility.

b. Containers used for the collection of non-sharp RMW must be lined with red plastic RMW bags that are marked and certified by the manufacturer to meet the American Society for Testing and Materials standards in accordance with References (l) and (m).

c. Sharps must be collected in rigid containers that are puncture-resistant and manufactured specifically for the collection of sharps. These containers and the exterior container (e.g., wall-mount) must be marked with the international biohazard symbol.

d. Reusable outer containers must be constructed of smooth, easily cleaned materials, and must be decontaminated after each use.

e. All RMW containers must remain closed when not in use to prevent access and spills.

f. All RMW generators must ensure that containers are properly filled, following container maximum weights, fill lines, and local procedures for safe transportation. Containers must always remain upright.

g. Outer shipping containers must meet certain requirements. See paragraph 7 of this enclosure for specifics.

5. STORAGE

a. Minimize human exposure to RMW during transport to interim and final RMW storage areas. Keep containers upright. Do not transport RMW in chutes or dumbwaiters. If possible, avoid busy patient areas and use freight elevators. Employees handling RMW must wear appropriate PPE, including gloves, when handling and transporting the RMW containers.

b. Pathological waste must be refrigerated if it will remain onsite longer than 24 hours. If frozen, pathological waste may remain in storage on-site up to 30 calendar days if permissible by applicable SLTT regulation.

c. Non-pathological RMW, including sharps and non-sharps, collected in workspaces or interim storage areas must be removed from these areas before it becomes putrescent or unsightly, if it impairs adequate housekeeping, or safe passage of personnel or equipment. RMW may not be transferred from one interim storage area to another.

d. Non-pathological RMW may be placed unrefrigerated in final storage (i.e., the location where RMW is held to await off-site transport or disposal) for up to 7 calendar days unless the waste becomes putrescent within a shorter storage duration. If applicable local regulations or RMW disposal contracts allow for longer storage duration when refrigerated or frozen, a site may elect to store their RMW in such dedicated equipment and dispose of it per applicable local regulations. In absence of applicable local regulation, the site must adhere to the requirements of this section for storage time limitations. When conflicts exist, the most stringent time limits will be followed.

e. Each exterior container of RMW transferred for RMW storage must be labeled with the date that the container is closed and transferred to the storage area. Exterior containers remaining in the RMW storage area and into which multiple RMW bags or containers are placed for storage must be labeled with the date the first RMW bag or container was placed inside.

f. All RMW storage areas must be constructed to prevent pest access and to allow for easy cleaning, especially of spills. The entrance(s) to the storage areas must be labeled as "REGULATED MEDICAL WASTE" and marked with the universal biohazard symbol, unless otherwise required by applicable State regulations. If the signage cannot be placed on the door, it must be placed on the wall directly adjacent to the entry. The signage must be fluorescent

orange or orange-red with lettering and symbols in a contrasting color such as black. The signage must be legible from a distance of at least 5 feet.

g. Entrances to interim RMW storage areas must remain closed. If they are in areas in which unauthorized personnel may have access (i.e., anyone other than workspace employees), they must be locked to prevent unauthorized access.

h. Entrances to final RMW storage areas must remain closed and locked with a procedure implemented to restrict access to authorized employees only.

i. The RMW "final/interim" storage areas must be inspected monthly (at a minimum) by the RMW Control Officer to ensure containers are not leaking, are in good condition, are closed and labeled. Inspections must include checking that the main holding area is secure, free from pests (for example, insects, and rodents), and in a clean, putrid-free state. Use DHA Form 147, Regulated Medical Waste Inspection Checklist.

6. ON-SITE TRANSPORT

a. If carts are used to transport RMW within the facility, these carts should be dedicated to the transport of RMW and not used for any other purpose. These carts must be constructed of readily cleanable material, such a plastic or stainless steel, and must be in good working order (i.e., no broken or loose wheel casters). If carts are equipped with lids, the lids must be closed when transporting the waste.

b. Carts must be periodically cleaned both inside and outside using an Environmental Protection Agency registered hospital grade detergent or disinfectant or other facility-approved antimicrobial disinfectant. Personnel cleaning carts must wear PPE (e.g., splash resistant goggles, face shield or mask, impervious apron, and impervious gloves). If a spill occurs, the cart must be cleaned immediately. Consult the infection control authority to determine frequency and methods for cleaning such equipment. The local (MTF, DTF or installation) environmental POC must be consulted regarding waste material disposal created during equipment cleaning.

c. In cases where there are multiple facilities generating RMW that will be consolidated at a single, final RMW storage location (e.g., MTF, DTF with associated clinics) properly trained facility personnel, in coordination with the facility RMW POC, may transport this waste to the final storage location within the installation fence line. Personnel must not transport the waste over public roadways unless transportation complies with Federal and applicable SLTT requirements.

d. Designated shipping papers/manifests such as the documents indicated in paragraph 7 of this enclosure are normally not required for on-post transport of RMW. In all cases, MTFs or DTFs should check with the installation transportation office for installation-specific transport requirements (handling, spill response equipment, and documentation).

e. At a minimum, the RMW must be contained in leak-proof red bags or sharps containers that are enclosed in rigid outer packaging and protected from shifting while being transported. Only designated government-owned or contractor-owned vehicles that are easily cleaned and disinfected may be used to transport RMW between locations on the installation. The use of privately owned vehicles for transporting RMW is strictly prohibited.

f. A spill kit with appropriate PPE and cleanup materials must be maintained in the vehicle. The kit will include appropriate PPE, a disinfectant approved by the facility, appropriately absorbent housekeeping equipment for cleaning up a spill, hand sanitizer for hand hygiene after glove removal, and appropriate RMW containers for collecting spilled material. The kit may either be developed and assembled locally or commercially procured.

7. OFF-SITE TRANSPORT

a. Logistics personnel must weigh and record each RMW container prior to off-site transport. Each shipment will be documented on RMW shipping documents and manifests in accordance with Reference (n). Some states may require the use of a State-mandated manifest. Shipping papers must accompany the RMW in accordance with Reference (n). These documents are typically prepared by the disposal contractor and signed by an authorized agent of the generating facility in accordance with Reference (o). A copy of the paperwork must be retained by the generating facility. Facilities must maintain RMW shipping documents and manifests for at least 3 years after the waste was accepted by the transporter per Reference (n). Shipping papers must be readily available for inspectors to review.

b. Only a certified official may sign shipping papers in accordance with Reference (o). A DoD-certified official is a person who has successfully completed an approved DoD hazardous materials certification course. Refresher training is required per this DHA PI every 2 years. See Reference (o) for a list of DoD-approved courses.

c. Outer shipping containers must meet United Nations and DOT packaging and specification marking requirements as stated in Reference (n) unless they are being shipped by a private or contract carrier in a motor vehicle. Contract carriers are those which are contracted with the MTF or DTF to transport and dispose of RMW. Outer shipping containers containing pathological waste or chemotherapy/HD waste must be marked to indicate that incineration is required. This may be done by affixing a label on the container, or writing on it, or by checking the appropriate treatment option if pre-printed on the container.

d. Persons who transport RMW over public roads must receive driver's training as specified in Reference (n) and applicable State requirements. A commercial driver's license is not required provided the gross weight of the vehicle used is less than 26,001 pounds. All military and civilian drivers of U.S. Government-owned vehicles must have a valid State driver's license or a military driver's license.

e. RMW being transported over public roadways to an off-site treatment and disposal facility is typically removed by an RMW disposal contractor. The transporter must comply with transportation requirements, licensing, and placarding.

(1) RMW disposal contracts will require the RMW contractor to track each container of RMW removed from a facility through final disposal to ensure proper treatment and disposal. Documentation indicating a unique tracking number for each RMW container will be provided to the facility at the time of pick-up. After the waste has been treated, a treatment record (e.g., certification of destruction) must be provided back to the facility indicating the unique tracking number of each container, the method of treatment (i.e., incineration, sterilization), and the treatment facility.

(2) The RMW Control Officer must ensure all RMW containers have been accounted for and properly treated by comparing the initial pick-up documents to the final treatment records. The receiving facility must provide written documentation certifying proper treatment and disposal to the generating facility. If this documentation is not received within 60 calendar days, the RMW Control Officer must notify the Chief, DHA RMW and Linen Services for the RMW disposal contract to determine appropriate means of contacting the transporter and receiving facility to trace the disposal. These records must be maintained with the original shipping documents and manifests by the facility for at least 3 years after the waste was accepted by the transporter.

(3) If the amount of RMW sent for treatment varies by more than 10 percent from the amount billed for disposal (or documented as having been disposed), the discrepancy must be brought to the attention of the facility's Chief, MEDLOG Officer; Chief, DHA RMW and Linen Services; and the local task order contracting officer. The weight of reusable RMW containers must be subtracted from the disposal weight the facility is billed for by the contractor.

f. There are a limited number of situations where an applicable SLTT regulation may permit a Government employee driving a Government vehicle to use the DOT Materials of Trade exception which provides some relief from many of the DOT requirements for transporting RMW (see Reference (n)).

(1) If RMW is transported by a “private motor carrier” for noncommercial purposes, then the Materials of Trade exception applies and reduces the regulatory requirements that must be met (see Reference (n)). This exception is limited to utilization of a Government vehicle, Government driver (i.e., DoD civilian or active duty and reserve members; driver cannot be a contractor), and transport from one Government location (e.g., off-site clinic) to another Government location (usually the main MTF, DTF on the installation) for the sole purpose of consolidation or accumulation of RMW. When using the Materials of Trade exception, certain requirements of above will also apply because part of the transportation will take place on the installation. The applicable requirements to follow for both the off-site and on-site transportation process include: bloodborne pathogen training for personnel moving RMW, cleaning, and disinfecting the government vehicle if a leak or spill occurs during transportation, maintaining a spill containment and clean-up kit in the government vehicle, etc.

(2) The RMW must be contained in combination packaging. Combination packaging has an outer packaging that is strong, securely closed, secured against movement, and can hold one or more inner packaging, either "red bags" or sharps containers without breaking, leaking, or losing the contents while being transported. The outer packaging may be plastic reusable "tubs" or fiberboard boxes normally used to transport RMW.

(3) Each inner packaging may contain no more than 4 kilograms (kg) (8.8 pounds (lbs)) or 4 liters (L) (1 gal) of waste. Each outer packaging may contain no more than 16 kg (35.2 lbs) or 16 L (4.2 gal) of waste. The aggregate gross weight of the waste may not exceed 200 kg (440 lbs) per vehicle.

(4) Each outer packaging must be marked with a common name for the waste (e.g., "Used Sharps" or "Regulated Medical Waste") or with the proper shipping name (e.g., "Regulated Medical Waste, n.o.s."). (Note: n.o.s. (not otherwise specified)).

(5) The operator of the motor vehicle must be informed of the presence of the hazardous material that is being transported and the specific requirements of Reference (n) as outlined above (i.e., material packaging, material amount, marking).

(6) Shipping papers are not required under this exemption.

g. When shipping RMW that is not exempt by the Materials of Trade exception described above, a DD Form 2890, DoD Multimodal Dangerous Goods Declaration, or State-required shipping paper will be used for transporting hazardous materials on Government vehicles.

8. TREATMENT AND DISPOSAL. Any used vials of vaccines or other biologics are considered RMW and must be disposed of as set forth in this section. Treatment of RMW is achieved through destruction, such as by incineration or through inactivation by heat, chemicals, or radiation prior to disposal. Appropriate treatment and disposal methods must be achieved regardless of whether the treatment and disposal are occurring on-site or off-site.

a. Each facility must verify the appropriate treatment and disposal method; however, the following are typical guidelines for each group of RMW. Check applicable SLTT regulations for specific requirements and if end product must be unrecognizable.

(1) Group 1: Cultures, stocks, and vaccine. Wastes from this group may be either incinerated, chemically disinfected, or treated by steam sterilization, followed by incineration, or grinding.

(2) Group 2: Pathological waste. Wastes from this group may be either incinerated or treated by steam sterilization, followed by incineration, or grinding. Ethical considerations may dictate using alternate means of disposal such as cremation or burial by a licensed mortician.

(3) Group 3: Blood and blood products. Some locations allow liquid wastes in this group to be discharged via the sanitary sewer. Non-liquid wastes from this group or those not allowed to be discharged to the sewer may be either steam or chemically sterilized or incinerated. Many states permit chemical treatment such as adding a bleach product to a blood solidifier or adding bleach to blood and blood products collected in autopsy prior to discharge into the sanitary sewer. Follow applicable State regulations for chemical disinfection.

(4) Groups 4 and 7: Sharps and syringes. Wastes from these groups may either be incinerated, or steam sterilized, followed by incineration, or grinding.

(5) Group 5: Animal Waste. Wastes from animals exposed to infectious agents during research, production of biologicals, or testing of pharmaceuticals, must be incinerated.

(6) Group 6: Isolation Wastes. Isolation wastes including bedding from patients or animals from BSL 3 and BSL 4 areas. The treatment of wastes from this group should be coordinated with the infection control authority but are typically incinerated.

(7) Group 8: Other. Other wastes including fluids designated by the local infection control authority. The treatment of wastes from this group should be coordinated with the infection control authority but are typically either steam sterilized or incinerated.

(8) Group 9: Trace chemotherapy/trace NIOSH HD waste. The treatment of wastes from this group must be incinerated.

(9) Group 10: State-specific RMW not associated with the above Groups (1-9) will be treated and disposed according to applicable State regulations and requirements.

b. Steam sterilization must be achieved per equipment manufacturer recommendations, including equipment maintenance and testing. In the absence of manufacturer recommendations, steam sterilization requires temperatures of at least 121° C (250° F) for at least 90 minutes at 15 pounds per square inch of gauge pressure and Geobacillus stearothermophilus spore strips must be used weekly to test the sterilization process.

9. TRAINING

a. Employees (i.e., military, civilians, and contractors) preparing or certifying RMW for shipment by any mode of transportation must meet the training and certification requirements in accordance with References (n) and (o).

b. Employees who come in direct contact with patients, or who generate, segregate, package, store, transport, treat, or dispose of RMW must be trained in the safe handling and management of RMW.

(1) Personnel having, or potentially having, occupational exposure to RMW will be evaluated under the facility's exposure control plan and will receive annual training in accordance with Reference (k).

(2) Initial MTF or DTF training is required within 90 calendar days of assuming duties and will include an orientation of local RMW worksite policies and procedures before the employee begins work. While awaiting initial training, personnel may perform duties under the supervision of another staff member with appropriate and current training. Recurrent training is required annually and will include a discussion of worksite policies, procedures, and new technologies. Employees must receive supplemental training whenever new processes, procedures, or equipment are incorporated into the RMW process.

(3) The training must cover topics pertinent to the employee's primary job and be documented in the employee's competency assessment folder. Consult the infection control officer, patient safety officer, safety manager, or local (MTF, DTF or installation) environmental POC at the activity for technical assistance in determining pertinent information to be included in the training. Topics must include, at a minimum: descriptions of what qualifies as RMW; potential health and safety hazards; proper collection, handling, storing, transporting, and disposal methods; internal management processes; appropriate PPE; spill cleanup procedures, including reporting; and POC for the RMW program.

c. Department supervisors must maintain written documentation of all training for 3 years and staff will maintain documentation of the training in their training records. Training records must be readily available for inspectors to review. Documentation will include topic(s), content summary, dates, length of training, and printed name and signatures of all attendees.

d. Department supervisors must monitor and evaluate the training. Training topics will reflect assessment of the needs of the work center. For example, an increase in needle sticks may indicate a need to increase training in use of sharps disposal systems.

10. MANAGEMENT PLAN. Each facility must develop a site-specific RMW Management Plan. This document outlines the cradle-to-grave management of RMW specific to the generating processes at the facility and must include a contingency plan (see paragraph 11 of this enclosure). Modifications to the plan must be made within 90 calendar days of the annual review or following a significant process change. Minor changes without a significant impact to the requirements of the plan or the medical waste management process (e.g., a change in POC or a change in telephone number) may be made by the RMW Control Officer separate from the annual review, provided these changes are documented in a record of revision and communicated to the facility employees generating or handling RMW.

11. CONTINGENCY PLANNING

a. Logistics personnel will maintain detailed written, site specific, contingency plans for RMW disposal when primary means of disposal are unavailable (e.g., on-site treatment fails).

Contingency plans must include procedures for alternative RMW disposal when the existing RMW contractor is unable to render expected services or when environmental conditions (e.g., inclement weather, natural disaster) temporarily prevent the pick-up and removal of RMW from the facility.

b. Contingency disposal actions for permanent or extended interruption of primary RMW disposal mechanisms may consist of separate agreements with other RMW service providers, reciprocal agreements with other RMW generators, or some other mechanism ensuring RMW is managed in a legal and environmentally sound manner. It is the RMW Control Officer's responsibility to find and contact an alternate service provider; however, do not enter a monetary "stand-by" agreement with a commercial contractor. Contingency plans for permanent or extended interruption of primary RMW disposal mechanisms must, as a minimum, contain the following information:

(1) Name, address, and phone number of contingency RMW disposal facility.

(2) Documentation of prior coordination (letter, fax, memorandum for record).

(3) How much waste will be accepted per pick-up and for the life of the contingency?

(4) Waste treatment methods.

(5) Transportation and removal mechanisms.

(6) Frequency of waste pick-up/acceptance.

(7) Length of service for contingency disposal.

(8) Costs to RMW generating activity.

(9) Acceptance or non-acceptance of BSL 3 and BSL 4 agents.

c. Contingency plans for the temporary interruption of RMW disposal may consist of securing additional storage space at the facility or at another location on the installation. Such contingency plans must, at a minimum, include the following information:

(1) Capacity of current on-site RMW storage facility and estimated timeframe for how long this storage location can be used before reaching its maximum capacity.

(2) Facility design specifications (i.e., facility containing floor drains, cleanable floor and wall surfaces, lighting, exhaust ventilation, weatherproof and animal proof storage, protection from unauthorized entry, refrigeration, sinks for hand hygiene, and emergency eyewash devices in accordance with Reference (p)).

(3) Identity of additional on-site contingency storage location(s), capacity, and storage timeframes for contingency storage location(s).

(4) Personnel responsible for managing and securing the contingency storage location(s).

(5) Mechanisms for transportation of RMW to the contingency storage location(s).

(6) Identification, by position/job function, of those who will have access to the contingency storage locations and responsibility for handling RMW at this location.

(7) Climate control requirements for contingency storage locations or the decision not to utilize climate controls due to the emergency situation.

(8) Details on whether the RMW will be transported back to the primary storage facility once the emergency event has ended or if the RMW will be picked up at the contingency storage location.

(9) Details on training and/or credentials required for personnel working at the contingency location.

(10) Equipment to be available for use at contingency storage locations (i.e., PPE, spill equipment, emergency eyewash device, and so forth) and the location of that equipment.

d. Contingency plans will meet applicable regulatory requirements and must be reviewed annually by the Chief, MEDLOG Officer, local (MTF, DTF or installation) environmental POC, safety officer, and infection control authority.

e. Activities will notify the MTF or DTF Director and Chief, Facility Management or MEDLOG Officer prior to implementing any contingency plan actions resulting in additional RMW disposal costs or modification to contracted services.

f. MTFs or DTFs responding to an influx of potentially infectious patients will develop plans for managing the risk resulting from the increased amounts of RMW generated during such an emergency. These plans will be included in the emergency preparedness plan and include considerations such as identification of additional space for storing RMW awaiting disposal; pre-negotiated contracts to schedule more frequent RMW pick-up by the waste contractor; cleaning and decontamination of the temporary storage site following the event; and replenishment of supplies, such as red bags and sharps containers in accordance with Reference (q).

g. RMW that has BSL 3 or BSL 4 agents will pose problems for transportation, treatment, and disposal. Companies holding contracts for routine RMW removal and disposal are likely to refuse accepting RMW containing BSL 3 and BSL 4 agents. Additional safety and personal protection measures are required when handling BSL 3 and BSL 4 agents; contact the infection control authority for specific requirements. For additional guidance contact the CDC.

12. CLEANUP OF SPILLS

a. Clean up RMW spills immediately in accordance with Reference (k). Use an Environmental Protection Agency registered hospital-grade detergent/disinfectant or other facility-approved disinfectant. Use higher-level disinfection when advised by the local infection control authority and local (MTF, DTF or installation) environmental POC. Carefully follow the manufacturer's instructions regarding the dilution of the detergent/disinfectant and contact time for disinfection. For additional guidance, consult the infection control authority and the local (MTF, DTF or installation) environmental POC for policies and procedures governing the management of RMW spills and disposal of cleanup materials.

b. Post notices to staff members to prevent personnel from entering the area and potentially spreading infectious material while responders gather materials and any assistance for cleanup.

c. Trained response personnel must wear appropriate PPE to minimize exposure to RMW during clean up per guidance by OSHA and organizational safety officers.

(1) Wear disposable waterproof gloves as a minimum.

(2) Wear fluid-impervious gowns or other protective clothing when there is danger of soiling clothes.

(3) Wear a mask and protective eyewear when there is danger of splashes or aerosols contacting the face and eyes.

(4) Use engineering controls (e.g., scoop, dustpan, tongs) to pick up and dispose of any broken glass and larger volumes of RMW.

(5) Follow local procedures and report all spills.

d. Place leaking or broken containers in a new, double-lined RMW compliant container.

13. SAFETY AND OCCUPATIONAL HEALTH. Consult your facility's Safety Department, Occupational Health Department, and Reference (k) for any additional safety and occupational health requirements for personnel with potential occupational exposure to RMW.

14. CASUALTY AND TRAUMA SCENE DECONTAMINATION. Trauma scenes (see glossary) may involve contamination of bodily fluids on a variety of surfaces.

a. The installation is responsible for trauma scene cleanup and protection of all personnel exposed to bodily fluids when such a scene occurs outside of the footprint of the MTF or DTF.

b. Upon request, the local (MTF, DTF or installation) environmental POC will advise and consult to ensure proper procedures are implemented on the installation to protect the health of exposed personnel to include providing: information/consultation on cleanup procedures and

disinfection, PPE assessments, and reviews and consultations of crime scene/trauma scene response procedures.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

BSL	BioSafety Level
DHA	Defense Health Agency
DHA-PM	Defense Health Agency-Procedures Manual
DOT	Department of Transportation
DTF	Dental Treatment Facility
gal	gallon
HD	hazardous drug
HIPAA	Health Insurance Portability and Accountability Act
HW	hazardous waste
kg	kilograms
lbs	pounds
L	liters
MEDLOG	Medical Logistics
MTF	Military Medical Treatment Facility
NIOSH	National Institute for Occupational Safety and Health
OSHA	Occupational Safety and Health Standards
PPE	personal protective equipment
POC	point of contact
RMW	regulated medical waste
SLTT	State, local, tribal, and/or territorial

PART II. DEFINITIONS

BSL. There are four levels (1-4) with specific combination of work practices, safety equipment, and facilities, which are designed to minimize the exposure of workers and the environmental to infectious agents. Level 4 is the most stringent and applies for work with dangerous and exotic agents that pose a high individual risk of life threatening disease, which may be transmitted via the aerosol route and for which there is no available vaccine or therapy.

dual waste. Waste that qualifies as both a RMW and HW. Examples may include a syringe used to administer a medication that classifies as a pharmaceutical HW.

HD. HDs include those used for cancer chemotherapy, antiviral drugs, hormones, some bioengineered drugs, and other miscellaneous drugs. NIOSH maintains a list of HDs that healthcare facilities must use as a starting point when developing their respective HD lists. The most recent NIOSH list is available at: http://www.cdc.gov/niosh/topics/hazdrug/. Drugs considered hazardous include those that exhibit one or more of the following six characteristics in humans or animals: carcinogenicity, teratogenicity or other developmental toxicity, reproductive toxicity, organ toxicity at low doses, genotoxicity, structure, and toxicity profiles of new drugs that mimic existing drugs determined hazardous by the previously mentioned criteria. The NIOSH groups its list of HDs into three categories:

Group 1: Antineoplastic drugs. Note that many of these drugs may also pose a reproductive risk for susceptible populations.

Group 2: Non-antineoplastic drugs that meet one or more of the NIOSH criteria for a hazardous drug. Note that some of these drugs may also pose a reproductive risk for susceptible populations.

Group 3: Drugs that primarily pose a reproductive risk to men and women who are actively trying to conceive and women who are pregnant or breast feeding, because some of these drugs may be present in breast milk.

HIPAA information. Patient information that is protected under the Health Insurance Portability and Accountability Act of 1996.

HW. Wastes that because of quantity, concentration, or physical or chemical characteristics, are regulated under the Federal Resource Conservation and Recovery Act and HW regulations. HW poses a substantial present or potential hazard to human health or the environment when improperly treated, stored, transported, disposed of, or otherwise managed.

Non-RMW. Waste generated in the health care setting which is non-infectious and requires no additional treatment before disposal. Examples include used personal hygiene products (e.g., diapers, facial tissues, and sanitary napkins not originating from post-partum suites or gynecological surgical wards), non-infectious animals and animal waste, soiled dressings, bandages, disposable catheters, swabs, used disposable drapes, gowns, masks, gloves, non-infectious glassware, dental anesthetic carpules without visible blood, empty vials of allergy medication, empty used specimen containers and urine cups, trauma scene wastes, blood stained body armor and other equipment, and absorbent materials containing very small amounts of blood or other body fluids (e.g., Band-Aids) that are not dripping, saturated, or caked on the item.

PPE. A device or item to be worn, used, or put in place for the safety or protection of an individual or the public at large, when performing work assignments in or entering hazardous areas or under hazardous conditions. Equipment includes an article of clothing, hearing and eye protection, respirators, etc.

RMW. Waste generated in the diagnosis, treatment, research, or immunization of human beings or animals, which can cause disease or which, if not handled properly, poses a risk to individuals or a community. These wastes are also called "infectious waste," "biohazardous waste," "clinical waste," "biomedical waste," or simply "medical waste." Terms will vary based upon locality. Applicable SLTT laws may have additional wastes classified as RMW not identified here. Regulated medical wastes are grouped by waste source:

Group 1. Cultures, Stocks, and Vaccines. Examples include cultures and stocks of infectious agents and associated biologicals, including cultures from medical and pathological laboratories; all discarded human and animal vaccines (empty and partially full); and used culture dishes and devices used to transfer, inoculate, and mix cultures.

Group 2. Pathological Waste. Examples are human pathological wastes and wastes from infectious animals, tissue specimens, organs, body parts, extracted human teeth, and body fluids that are removed during surgery, autopsy, or other medical procedures. Exception: Release of human body parts (e.g., placentas) to the mother or an authorized designee.

Group 3. Blood and Blood Products. Examples include: free flowing liquid human blood, plasma, serum, and other blood derivatives that are waste (e.g., blood in blood bags, blood and/or bloody drainage in suction containers); items such as gauze or bandages saturated or dripping with human blood, including items produced in dental procedures such as gauze or cotton rolls saturated or dripping with saliva and/or blood; contaminated items that could release blood or related fluids if compressed; items caked with dried blood and capable of releasing blood during normal handling procedures; infectious animal blood, serum, etc.; and items saturated or dripping with infectious animal blood, serum, etc. Exceptions include products used for personal hygiene (e.g., diapers, facial tissues, and feminine hygiene products/sanitary napkins/tampons) that are saturated or dripping with blood.

Group 4 and Group 7. All Used (Group 4) and Unused (Group 7) Sharps and Syringes. Examples include sharps used in animal or human patient care or treatment; in medical, research, or support laboratories; or when used for live training purposes. This includes: used and unused hypodermic needles and used syringes (with or without attached needle); needles attached to tubing and used culture/petri dishes; contaminated items such as Pasteur pipettes, scalpel blades (including unused scalpel blades), blood collection tubes and vials, test tubes; broken or unbroken glassware that was in contact with infectious agents such as used slides, cover slips, and dental carpules with visible blood. Engineered plastics designed to withstand breakage and without sharp edges (e.g., some plastic test tubes, vials, and culture/petri dishes) may be classified as non-sharps RMW. Exceptions include used slides, cover slips, and other items rendered non-infectious by sufficient contact with disinfectants, alcohol, or methanol based solutions; scissors; and hemostats not in contact with infectious agents; and household generated sharps.

Group 5. Animal Waste. Waste from animals known to have been exposed to infectious agents during research, production of biologicals, or testing of pharmaceuticals. Examples include the following: animal carcasses, blood and blood derivatives, pathological waste, body parts, and bedding. Bedding and carcasses of the following non-infectious animals are not considered Group 5 Animal Waste/RMW unless defined in host nation or applicable SLTT regulations: road kills, euthanized animals, animals dying of natural causes. Other waste produced by general veterinary practices from treatment of non-infectious animals is not classified as Group 5 Animal Waste but may be classified as RMW if it meets the definition of one of the other applicable groups (e.g., sharps or pathological waste).

Group 6. Isolation Wastes. Examples include bedding and waste materials contaminated with blood, excretion exudates, or secretions from humans and animals that are isolated to protect others from highly communicable diseases.

Group 8. Other. Fluids that are infectious or potentially infectious and free flowing, dripping, or saturated on substrates may be designated RMW. They may include but are not limited to semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid.

Group 9. Chemotherapy/NIOSH HD waste. Items such as needles, containers, loose pills, syringes, gowns, gloves, IV bags, and tubing that are empty, contain non-hazardous waste measureable amounts of chemotherapeutic/NIOSH HD waste pharmaceuticals, or were exposed to chemotherapeutic/NIOSH HD pharmaceuticals. Chemotherapy/NIOSH HD pharmaceuticals eligible for the pharmaceutical returns program must be managed accordingly and are not included in this category.

Group 10. State-specific RMW not associated with the above Groups (1-9).

RMW container. A container designed to contain solid or liquid RMW and protect human health from exposure during handling, storage, and shipment.

Trauma scene. A trauma scene, as referenced in this DHA-PM, is any area where a trauma occurred outside of a medical, dental, or veterinary treatment or research setting, that has been contaminated by human blood or body fluids as a result of such trauma (e.g., workplace/home deaths, crime scenes, and vehicular accidents).