

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

OCTOBER 20, 1989

Ms. Susan Waltman
Greater New York Hospital Association
555 W. 57th Street
New York, NY 10019

Dear Ms. Waltman:

Thank you for your letters of August 3 and September 12. I enjoyed meeting with you and your staff in Congressman Bill Green's office on July 26 to discuss some of the concerns that the Greater New York Hospital Association has about the Medical Waste Demonstration Tracking Program (MWDTP). Your letter of September 12 has been forwarded to the Medical Waste staff so that the information regarding costs of the program can be further evaluated in our second Interim Report to Congress. Should they have any comments or concerns I've asked them to contact you directly. The following paragraphs respond to the concerns that you raised in your August 3, 1989 letter.

The Federal medical waste regulations at 40 CFR Part 259 require that New York hospitals handle items saturated and/or dripping with human blood (or that are caked with dried human blood that was saturated or dripping) as regulated medical waste. In addition, the regulations require that intravenous bags be managed as regulated medical wastes.

To clarify the regulation's applicability, we can state that, generally, patient room waste in hospitals is not regulated medical waste unless the patients are isolated to protect others from certain highly communicable diseases. There are exceptions to this general statement, for example, the Waste cited in Part 259.30 (a) (2-4 and 6) would be regulated. Therefore, dressings that become saturated with blood, intravenous tubing with attached needles that may be discarded in the patient's room, and intravenous bags are regulated medical wastes. The sterility of the solution inside the bag is not a factor when considering whether the bags are regulated, because intravenous bags were included in the regulation due to concerns over environmental degradation when they are mismanaged (54 FR 123141).

In your letter you explained that the Federal requirements are causing New York hospitals to handle a much larger proportion of their wastestreams as "regulated waste". You also had enclosed a variety of articles describing the fiscal problems New York hospitals are suffering because of the labor-intensive and costly process of sorting regulated medical waste. It is not the intent of the MWDTP to regulate all waste generated by a medical facility, but only those previously noted. It is therefore imperative that these facilities have adequate waste segregation procedures in place, especially in patient

rooms, to prevent the disposal of wastes not classified as medical waste. It may be advisable for the GNYHA to implement a special training protocol for your member facilities. Should the GNYHA decide to develop training programs which address the segregation issue we would be glad to discuss how we might be able to help.

Although we are sensitive to the concerns that you have raised, the Agency believes that the regulations, as written, accurately reflect Congress' concern over mismanaged medical wastes. Thus, when Congressional hearings for RCRA reauthorization are held, you may be interested in expressing your views in that forum. Also, EPA is engaged in an ongoing assessment of the MWDTP, and we are required to report periodically to Congress. As part of the report to Congress required by Section 11008 of RCRA, EPA and ATSDR are evaluating the potential threat to human health posed by medical waste. If the results of the evaluation show that there are differences in the health risks posed by bulk blood, items saturated with blood, and items caked with dried blood, then EPA may consider modifying the regulation to reflect the differences in health risks.

Thank you again for your comments on the medical waste regulations. If you need further information, please contact Michael Petruska of my staff at (202) 475-9888.

Sincerely,

Jeffery Denit, Deputy Director
Office of Solid Waste