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**Notes from 5/8/07 NEWMOA Hospital Conference Call – “State and EPA Hospital HW/Multi-Media Compliance & Enforcement Programs”
EPA R1 & New England States**

Brief summary of current EPA Regional and state programs and/or experiences including compliance assistance/enforcement activities concerning health care facilities, followed by discussion, questions and answers (Addressed by Bill Cass (NEWMOA)).

CT: -CT Hospital Environmental Roundtable (“CHER”) derived from EPA hospital survey to share BMPs.
-Meeting frequency: 2x/year. For more information see http://www.ct.gov/dep/cwp/view.asp?a=2708&q=323980&depNav_GID=1763
-Contacts are Connie Mendolia or Nan Peckham of CT’s Office of Pollution Prevention.
-CT recently developed a fact sheet for consumer disposal of pharmaceutical drugs: <http://www.ct.gov/dep/cwp/view.asp?Q=335480&A=2708>
-CT no formal inspection initiative, although we recognize the recent increase in LQG universe.
-CT inspected 1 LQG and found general LQG, used oil and UW violations.
-In 2004, CT recommended self-disclosures/self audits resulting from R2 Enf. Initiative/ area attorney and consultant inquiry. Current results of self-disclosures include:
-Of 11 hospitals that notified under EPAs and/or DEP’s self-audit policies, 6 changed to LQG status (primarily based on quantity of epinephrine discarded).
-4 maintained existing generator status and 1 maintained LQG status following audit.
-*2 hospitals changed to LQG status voluntarily/ without audit performed in last year.
-CT is planning to pick up changes to the derived-from and mixture rules, which would exempt formulations of nitroglycerin in hospitals from RCRA. The rationale is that formulations of nitro. in hospitals do not exhibit the characteristic of reactivity for which it is listed as a P081 waste.
-CT realized the programmatic benefits for inclusion of pharmaceuticals as a universal waste following Florida, which has just recently picked up a similar provision.
-CT is following any decisions made by EPA on the non-syringe epinephrine issue given Colorado’s interpretation that epinephrine should not be a p-listed waste.

ME:

-ME reviewed medical waste treatment technologies including 2 hydroclave units for the sterilization of hospital-derived wastes.
-ME provides outreach via hazardous waste education
-ME has no formal enf. initiative.
-ME has entered into a Pollution Prevention Agreement with Maine Hosp. Association, see link below <http://www.maine.gov/dep/ppagree.htm>

MA:

-MA has inspected veterinary hospitals for pharmaceutical wastes.
-MA trying to grapple with epinephrine waste issue; currently hospitals send waste as non-hazardous, medical waste or through reverse distribution/reseller.
-With generation rate of epinephrine waste, hospitals are automatically LQGs, effects generator fees.

NH:

-NH’s P2 Team very active with healthcare facilities on outreach esp. management of waste pharmaceuticals and dioxins and mercury reduction efforts.
-NH’s P2 web site is http://www.des.state.nh.us/nhphp/Healthcare_P2/default.asp
-Biggest problem: Education: difficult to perform hazardous waste determinations esp. with epinephrine as sole active ingredient verses mixtures. NH working on additional outreach.
-Hospitals view epinephrine waste as medical waste, but should be hazardous.
-90% of wastes sent to reverse distribution are disposed (as hazardous).

Comment by Janet Bowen (EPA R1):

-NH has great web site with Q&A and presentations (see above); overall great group to work with.

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NJ:

- EPA R2 performed inspections of major hospitals with commitment to training and inventory control.
- (NEED) Link to MOU with EPA and hospitals.
- No real issues with routine inspections of hospitals.
- Regulated medical waste mixed with hazardous is treated as hazardous waste. NJ looked at pharmaceutical waste when considering medical waste.
- NJ will formally recognize reverse distribution facilities as RCRA generators in next rule adoption.
- (NEED) Link to rule adoption proposal.

NY:

- Defers to EPA R2 enf. initiative.
- NY focused on epinephrine and reverse distribution.
- EPA announces efforts/ proposal to make pharmaceutical wastes a universal waste.
- NY raises Colorado position on epinephrine and requests EPA's determination.
- NY position: waste epinephrine should not be hazardous waste.
- NY raises Dec 1994 EPA interpretation that residual epinephrine in used syringes not considered P042 hazardous wastes. http://www.epa.gov/epaoswer/hotline/94report/12_94.txt

Comment by Steve (VT):

- Colorado's position partially based on P-listed epinephrine which has a unique CAS #; the epinephrine hypochloride used in hospitals has different.

Comment by Janet Bowen (EPA R1):

- EPA is looking at original listing of epinephrine to come up with a federal position.
- EPA issues Amendment to the Universal Waste Rule: Addition of Pharmaceuticals and Consumer Products in Consumer Product Packaging In the Federal Register on Monday, April 30, 2007 under EPA -Resource Conservation and Recovery Act (RCRA) Long-Term Actions, EPA published "2990 Amendment to the Universal Waste Rule: Addition of Pharmaceuticals and Consumer Products in Consumer Product Packaging", pages 23281-2328. The timetable given in the Federal Register notice is a proposed rulemaking by December 2008. See federal register notice attached below.



**Federal Universal
Waste Commodities**

- see copy of slides linked below for lessons learned from EPA R2 Enforcement Activities & Audit Disclosures. <http://www.nhha.org/epaworkshop/downloads/2-JanetBowen-LessonsLearned%20.ppt>
- Addition information from EPA Healthcare Workshop held January, 2007 <http://www.nhha.org/epaworkshop/agenda.htm>

RI:

- Working with Janet on outreach initiatives including green cleaning and mercury reduction.
- RI has no formal enf. initiative (haven't gotten to them yet).
- RI has Emergency Permitting Program – any waste not suitable for transportation, RIDEM may authorize emergency permits to hospitals.

VT:

- VT implemented combined EPA and state P2 outreach efforts with VT Hospital Environmental Roundtable (VTHER).
- Meeting frequency: 1x/ 2 years.
- VTHER initiative is multimedia based (not just RCRA).
- VT supports universal waste approach.
- Florida has finalized their rule.
- VT sees correlation with university/ laboratory waste management with pharmaceutical wastes in hospitals.
- RCRA wasn't designed with hospital wastes in mind.

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EPA R1 (Janet Bowen)

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www.epa.gov/region1/healthcare

EPA R3 (Bill Moore)

- Mercury Management in Hospitals

 - Untrained employees were told to remove Hg.

 - If Hg is being removed, inspectors should look to areas where construction activities are undertaken.

- Producers of Pharmaceutical Wastes and Daily Vitamins

 - Subject to RCRA for heavy metals, may be hazardous waste

 - Selenium in vitamins may be above 1.0 mg/l threshold.