## MINUTES – NEWMOA CONFERENCE CALL 5/13/08

# **Compliance Assistance and Enforcement Policies at Healthcare Facilities**

States represented during this teleconference included Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island and Vermont. Janet Bowen represented the USEPA on this call. The following summarizes the comments made during this teleconference.

### EPA:

- EPA scheduled to post a letter at RCRA Online that would extend the "epinephrine syringe interpretation" to "P" and "U" listed drugs
- On 5/19/08, Janet Bowen advised us that the letter was posted, and gave us the following link to access it: http://yosemite.epa.gov/osw/rcra.nsf/0c994248c239947e85256d090071175f/6a5dedf2fba24fe68525744b0045b
- EPA is scheduled to meet on extending Universal Waste to pharmaceuticals
- Only the pure epinephrine is a "P" waste, not the salts

## Connecticut

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- Wants to see waste epinephrine, including the salts, regulated as Universal Waste
  - These waste streams should not be sent to the MUA
  - Also wants the accumulation of waste syringes and intravenous bags addressed
  - Considering a state regulation until EPA promulgates one
- Have not found any DEA controlled substance that is also a hazardous waste
- Inspected 6 hospitals since 1999, and did find LQG violations
- Organized a multi-agency task force to develop fact sheets on pharmaceuticals
  - Has fact sheet on household pharmaceuticals
  - Upcoming fact sheet on long-term care facilities (including list of typical wastes)
- Organized workgroup on pharmaceutical waste

#### Maine:

- Recently had enforcement action against a "hospital organization"
  - Had an autoclave that had corroded due to chemicals that were introduced
  - The autoclave was shutdown
- Providing Co-op training on source separation

#### Massachusetts:

Was on the call but did not have any comments to make

#### New Hampshire:

- Performs hospital inspections as part of regular generator inspection schedule
  - Recently inspected 2 hospitals that are LQGs

- Noticed that hospital pharmacies can have several waste generation points
- Patient care areas can also be generation points
- Would like to see pharmaceutical nitroglycerin removed as a "P" waste
- Outreach
  - P2 program has an outreach program
  - Held 2 workshops at hospitals
  - Developed recycling survey
  - Organized roundtable discussions
  - Planning a seminar for this Fall

## New Jersey:

- Performs hospital inspections as part of regular generator inspection schedule
  - Significant number of hospitals are closing in New Jersey
  - Currently have 80 to 90 hospitals statewide
  - Most hospitals are LQGs
  - Waste streams classified as either Solid, Regulated Medical or Hazardous
- Regulated Medical waste is either incinerated or microwaved/shredded
  - State has 25 microwave/shredders
- EPA Region II has inspected many New Jersey hospitals
- Would like to see pharmaceuticals classified as Universal Waste
- A reverse distribution rule would be helpful
- Had problem with hospitals flushing pharmaceuticals, so issued an advisory
- Outreach
  - Compliance Assistance program
  - Advisories
  - Seminars

#### New York:

- Wanted State Reverse Distribution/Universal Waste rule for pharma but it did not happen
- Planning a workshop/conference on pharmaceutical waste

## Rhode Island:

- All hospitals in Rhode Island are SQGs
- Currently does not have a Pharmaceutical/Universal Waste proposal
- Not currently targeting medical waste
- Problem with medical waste ending up in solid waste streams, focus is to stop this practice

## Vermont:

- Have inspected some hospitals (SQGs), but no big push
- Histology departments are cleaning slides over drains, which needs to stop
- VA hospital was inspected by EPA
  - Several violations cited
  - SEP was performed to settle

- Outreach
  - Developed poster to show how to properly dispose of pharmaceutical waste
  - Focusing on mercury reduction in hospitals
- State of Florida has guidance document on pharmaceutical waste, will send us link