

NEWMOA Conference Call Notes
Pharmaceutical Wastes
10/10/06

EPA - Janet Bowman, EPA-Region 1
Meg McCarthy, EPA-HQ
CT Several including Ross Bunnell
MA Bill Sirull
Jim Peterson
NH 7 Staff, including Sara Johnson
NY 10 staff
UT Steve Simoes, Gary Gulka and 5 others
RI not on
ME Mike Hudson
NJ Al Woodard

EPA Meg McCarthy HQ
Reverse distributors asked to be put in Universal Waste category
EPA wants to see what states are doing
H2E Conference in MN May 14 & 15, 2007

CT Ross Bunnell
Still trying to understand issues
Homeowner and institutional sectors
Collection event - 59 gallons collected at one Household Collection event.
4 gallons – controlled substances
55 gallons – non-controlled substances
Institutional - many Hazardous Wastes
Hospitals starting to manage as Hazardous Waste
Epinephrine, P-waste making SQGs into LQG
Education- for homeowner/household
Institutional fliers MN/ NH websites
Partially used epinephrine

CT did household collection, assisted by NERC and with law enforcement present
for handling controlled substances. CT- 59 gallon 4 gallons controlled, 55 gallon
non-controlled

CT is considering Universal Waste rule inclusion – to control reverse distributors under a regulatory framework rather than require reverse distributors to be TSDFs.

ME Mike Hudson

The State is still trying to get hands around issues

Most hospitals and pharmacies are using reverse distributors

Finding a 50:1 non-hazardous to hazardous waste ratio to waste stream; reverse distributors provide hospitals with report on waste determinations and disposal

Have had one collection of household pharmaceutical waste, where all was handled as HW

Still trying to work with ME DEA on protocols for collection events

MA Bill Sirull

Non-household - allow reverse distribution if intact /unused.

Residential wastes - are leaving aside if DEA controlled

Current discussions between DEP, DEA and MA Public Health

NH Bob Bishop

7 P-listed, 21 U-listed, F-listed, corrosive, toxic and combustible wastes make up the pharmaceutical realm.

Area of confusion – formulations?

used vs. unused (listed)?

What is the active ingredient?

Take back for expired materials

Discussion on trace chemotherapy wastes

[Comment from CT - In CT all water discharges from industrial sources must be permitted]

See P2 web site for additional information and fact sheets.

NJ "Reg. Medical Waste"- includes pharmaceutical and red bag waste

Reverse distribution- recognized by policy as ok may revise rule to allow – even if recycling as minimal

Dispose of 95% – not recycled, but issue of "credit" for hospital show value.

NY Reverse distribution at multiple reverse distribution facilities

Handling was atrocious until \$penalty and CA/order

Almost all disposed of but some is returned to the actual manufacturer

Wait/store until expired – etc. store up to 2 1/2 years.

Catholic Mission Charities in NYC donated pharmaceutical – ship overseas for use. If expired RCRA-LQG.

NY (Michelle Ching) Universal Waste rule proposed – initial draft started with the next step to include public outreach – adding pharmaceuticals and other commercial off-spec chemicals

NY (Gary Finelina) Household pharmaceuticals following the NERC model.
Set up collection with pharmacist and law enforcement officers (DEA). Making use of Hospital and Pharmacy Associations for contacts in the Public Outreach towards rule proposal.

VT Steve Simoes

Not a lot of experience and not many inspections
Pharmaceutical handled stringently by hospitals
Hospitals use reverse distributors in VT
EPA- NE inspection at White River Jct. VA hospitals
Lot of questions

1. H2E guide- nicotine patches? P-waste?
2. single use containers vs. multiple use vials/containers
3. EPA listing – ancient- only a few RCRA vs. all the other drugs

VT Pilot project with NERC for household collection
Pharmacist hard to get; question of whether license allows it?
Police officer involved.

VT P2 Program Gary Gulka

Confusion in industry and regulators regarding the issues
H2E guide offers some help, reference for some

NH/CT Sara Johnson/Ross Bunnell

On the Hospital floor/in pharmacy – common practice to sewer, down the drain for disposal of used saline/epinephrine pharmaceuticals, etc., even with hospitals that have been working on P2 for several years.

CT What about nursing homes, elder care, out patient clinics, veterinary offices, etc where pharmaceuticals are common.

Bill Cass NEWMOA

Survey of States on call – VT, CT, MA & NY suggest the addition of pharmaceutical waste as a universal waste category on the National level.
Should have national guidance
Should NEWMOA get consensus from state directors on issue and draft letter from NEWMOA to EPA? To explore Universal Waste designation – Matt Hale
EPA –HQ may by appropriate EPA contact for this.

What about ASTWMO?

November 30 & December 1, 2006 next NEWMOA Board meeting

Meg (EPA)

ASTWMO – pharmaceuticals are on their agenda also.

Universal waste because not just hospitals, but also elder care facilities, pharmacies, out patient clinics, veterinarians, retail stores (Wal-Mart), as well as residential waste.

Bill Sirull MA

Keep in mind it is a multi-medial issue since a lot of pharmaceutical are Subpart D solid wastes, that may not fit under a Universal Waste /RCRA framework.

NEWMOA conference call notes mh
outbasket