

Medical Waste – Five Common Violations at Healthcare Facilities

State environmental regulations affecting medical waste exist in all fifty states. In most states, the environmental protection agency is primarily responsible for enforcing regulations for medical waste management and disposal. Although in some states, the department of health may play an important role or even serve as the primary regulatory agency. The federal US EPA is not directly involved with medical waste regulation, except for hazardous waste, which is not covered in this article. However, medical waste is regulated by federal laws and the applicable agencies are the [US Occupational Safety & Health Administration](#) (OSHA) and the [US Department of Transportation](#).

In general, state regulations reflect the OSHA rules discussed in the next paragraph. Most state medical waste regulations cover packaging, storage, and transportation of medical waste. Some states require health care facilities to register and/or obtain a permit. State rules may also cover the development of contingency plans, on-site treatment, training, waste tracking, recordkeeping, and reporting. Use HERC's [State Medical Waste Resource Locator](#) to view your state's requirements.

OSHA, whether it is the [U.S. Department of Labor Occupational Safety & Health Administration](#) or an OSHA state program ([22 states operate their own program](#)), regulates several aspects of medical waste, including management of sharps, requirements for containers that hold or store medical waste, labeling of medical waste bags/containers, and employee training. These standards are designed to protect healthcare workers from the risk of exposure to bloodborne pathogens. However, they also help to systematically manage waste, which benefits the public and environment. OSHA provides regulatory and general guidance on regulations covering [Bloodborne Pathogens and Needlestick Prevention](#).

[Regulated medical waste](#) is defined by the [US Department of Transportation](#) as a hazardous material. DOT rules mostly apply to transporters rather than healthcare facilities; although, knowledge of these rules is important because of the liability associated with shipping waste off-site. DOT published a brochure ([Transporting Infectious Substances Safely](#)) that describes the US DOT regulations for the classification criteria and packaging requirements for the transportation of infectious substances.

The following are the five most common medical waste violations. In each case, we also provide links to compliance resources.

Missing/Inadequate Plans

OSHA'S [Bloodborne Pathogens \(BBP\) Standard](#) protects employees who work in occupations where they are at risk of exposure to blood or other potentially infectious materials. The BBP standard requires employers to develop a written document (Exposure Control Plan) to explain how they will implement the standard, provide training to employees, and protect the health and safety of their workers. OSHA published a [brochure](#) that includes a model exposure control plan to meet the requirements of the OSHA bloodborne pathogens standard.

The most common BBP violations are failure to establish an effective written [Exposure Control Plan](#) and failure to [review and update an ECP](#) (annual review must reflect changes in technology and document consideration and implementation of safer medical devices).

Inadequate Training

Training requirements are found on HERC's [Occupational Exposure to Blood Borne Pathogens Standard](#) page. A handful of states have additional training requirements, but these generally relate back to the BPP Standard. The BPP Standard requires that all employees with occupational exposure receive [initial and annual training](#). Part-time and temporary employees are covered and are also to be trained on company time. In addition to ensuring staff are trained, you must also keep appropriate training documentation.

Common violations include: (1) lack of training for exposed employees, (2) failure to perform annual training updates, (3) failure to provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure, and (4) missing or incomplete documented records.

Container Management and Labeling

Container management is an essential requirement for all healthcare facilities and the employees working in them, from medical professionals to cleaning operatives. Proper employee training and well-established policies and processes can go a long way in avoiding these common violations.

Container management rules are found in both OSHA BBP Standards and in state regulations and there are often overlaps between state environmental/department of health rules and the OSHA bloodborne pathogens standard; however, there are few, if any conflicts. Instead, one set of rules may be vague or general, whereas the other is highly specific. In such cases, healthcare facilities are advised to follow the more detailed or stringent regulations. In states where comprehensive medical waste regulations do not exist, the OSHA rules fill an important gap.

The most common violations associated with container management and labeling include: (1) incorrect container requirements (e.g., need to keep sharps in rigid, puncture proof containers), (2) segregation by compatibility (e.g., putting used needles into a red biohazard liner would be a clear violation), (3) incorrect labeling (e.g., incorrect use of colored bags or failing to include a date of accumulation label), (4) failing to keep containers closed (drums and other containers must be kept closed and latched at all times except when adding or removing waste), (5) failing to inspect your medical waste containers (inspections of medical waste containers must be made every week), and (6) failing to handle containers correctly (any handling that could cause a rupture or leak is a violation of basic container management).

Improper Storage

Storage requirements for medical waste are found in state regulations. Typically, there are several requirements: (1) storage areas must have restricted access, (2) must be segregated from other waste, (3) must be maintained in a sanitary condition, (4) must have temperature regulation, and (5) waste cannot exceed a maximum number of days (usually 30 days or less).

Storage violations often are compounded by improper waste segregation, container and labeling infractions, discussed above.

Improper Disposal

Nearly all states have well defined rules for treatment and disposal of medical waste. Most states allow for on-site treatment such as autoclaving or incineration. Upon destruction of the waste, disposal in a

municipal landfill is permitted (all sharps must be rendered unrecognizable prior to disposal and many states require that a certificate of treatment form accompanies the waste to the authorized disposal facility). Medical waste that is untreated, must be disposed of through other means, mainly licensed transport/disposal services. Many states require use of tracking forms/systems to ensure that proper disposal occurs. Recordkeeping and reporting requirements are also commonly found in state regulations.

One common infraction is disposing of raw medical waste at a municipal landfill. Whether a result of willful violation, ignorance or carelessness the result is a significant monetary penalty and a major public relations issue.