DEPARTMENT OF THE ARMY
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Medical Services

MANAGEMENT OF REGULATED MEDICAL WASTE

Supplementation of this regulation and establishment of forms other than MEDCOM forms are prohibited without prior approval from HQ MEDCOM, ATTN: MCHO-LOZ.

1. History. This issue is a revision of this publication. Because the publication has been extensively revised, the changed portions have not been highlighted.

2. Purpose. The purpose of this regulation is to—

a. Provide guidance to all U.S. Army Medical Command (MEDCOM) organizations on the management of regulated medical waste (RMW) in a manner which minimizes occupational exposure; protects both the environment and the public; and ensures compliance with appropriate Federal, State, and Department of the Army (DA) regulations.

b. Provide regulatory requirements for RMW management to all MEDCOM facilities where host nation, State, and local regulations do not exist or are less stringent than this regulation.

Note: Activities not following the requirements of this regulation will not be centrally funded for RMW disposal and will be required to fund all disposal costs out of unit funds. Activities must always meet State, local, and host nation RMW laws. Environmental Program Requirements funding may not be used for household generated RMW (such as purchasing and/or disposing of personal sharps containers).

3. References. References are listed in appendix A.

This regulation supersedes MEDCOM Regulation 40-35, 15 July 2014.

4. Explanation of abbreviations and terms. Abbreviations and terms used in this publication are explained in the glossary.

5. Applicability

a. This regulation applies to all personnel assigned, attached, or otherwise employed by the MEDCOM and its subordinate activities to include subordinate commands, military treatment facilities (MTFs), dental activities, veterinary activities, and research facilities. It also applies to non-MEDCOM Army medical units and the Criminal Investigation Command (CID) when disposing of RMW through MEDCOM activities. The term "activity" will be used throughout this document in referring to MEDCOM and its subordinate activities.

b. This regulation applies to personnel developing and administering contracts for medical clinics located on post or off post that provide care to Soldiers or their Family members.

c. Besides adhering to this regulation, continental United States (CONUS) facilities and facilities in Alaska, Hawaii, and U.S. territories will adhere to State and local RMW requirements (also referred to as "applicable regulatory requirements").

d. Besides adhering to this regulation, facilities located outside the continental U.S. (OCONUS) will adhere to their host nation Final Governing Standards (FGS) or, where the FGS does not exist, they will adhere to Department of Defense (DOD) 4715.05-G (also referred to as "applicable regulatory requirements").

e. Guidance for RMW management in deployed and field settings is provided in Technical Manual 3-34.56.

f. Guidance for RMW management for commanders is provided in U.S. Army Center for Health Promotion and Preventive Medicine Technical Guide 177.

6. Responsibilities

a. The HQ MEDCOM staff proponent for this regulation is the Assistant Chief of Staff/Director of Logistics, assisted by the Public Health Division, Health and Wellness Directorate and the Director of Facilities, MEDCOM Environmental Compliance Office.

b. The HQ MEDCOM Environmental Compliance Program Manager will provide funding for RMW management to include consultative services; regulatory training requirements; and collection, storage, transportation, and disposal of RMW.

c. The Environmental Services Program Management Office, Operations Management Division, Office of the Assistant Chief of Staff for Logistics will notify the MEDCOM Environmental Compliance Program Office, G9 of any new RMW program

initiatives or changes in recurring program requirements that will result in additional costs to the RMW management program.

d. The U.S. Army Public Health Center (PHC) will provide technical consultative services on RMW management to all activities. Services will include but are not limited to—

(1) Developing and providing necessary RMW waste management training to personnel; and

(2) Conducting surveys, assessments, studies, reviews, and data analyses required to assess, correct, or improve RMW management programs.

e. The CID will reimburse MEDCOM activities for the cost of RMW disposed of through an activity.

f. Commanders will—

(1) Ensure that RMW is identified and managed according to the policies and procedures provided in this regulation and ensure that personnel follow the most stringent regulation when this regulation conflicts with other regulations (for example, State, local, FGS, DOD 4715.05-G).

(2) Establish and disseminate a local standard operating procedure for the acceptance and disposal of properly segregated RMW by non-MEDCOM Army medical units and the CID.

(3) Appoint trained and certified individuals, in writing, to sign RMW manifests/ shipping documents.

g. Logistics personnel will—

(1) Contact the contracting officer representative (COR) and MEDCOM Environmental Compliance Program Office if the anticipated increase in cost of RMW accepted from non-MEDCOM Army units and CID exceeds the activity's maximum allowable RMW disposal contract cost.

(2) Arrange for and supervise the collection, storage, transportation, and disposal of RMW from Government and contracted clinics.

(3) Reference the requirements of this regulation in RMW management contracts (for example, housekeeping and waste disposal).

(4) Notify the preventive medicine (PVNTMED) environmental science and engineering officer (ESEO) of all funding requirements for the collection, storage, transportation, and disposal of RMW.

(5) Notify the ESEO of all regulatory training needs for RMW management.

(6) Notify the ESEO of RMW accepted from non-MEDCOM units and track the waste by weight and organization.

(7) Ensure RMW bags and sharps containers are available to facility staff after normal duty hours.

(8) Coordinate with the infection control officer (ICO), safety officer, or facility manager to establish designated routes and times that RMW should be moved within the facility to minimize patient exposure from potential spills.

h. MTF PVNTMED services will assist the logistics division and supervisors by—

(1) Developing local RMW management implementing policies and guidance.

(2) Submitting funding requirements for RMW management–to include regulatory training and the collection, storage, transportation, treatment, and disposal of RMW–to the MEDCOM Environmental Compliance Program Office.

(3) Monitoring all phases of the RMW management including collection, storage, transportation, treatment, and disposal.

(4) Providing technical advice in identifying and characterizing RMW.

(5) Participating in the planning and provision of training.

(6) Inspecting RMW management, storage, disposal, and contingency plans at contracted clinics and reporting any mismanagement to the COR.

(7) Assessing RMW at least annually to identify and document processes and areas that generate RMW. A list of areas that typically generate RMW is shown in appendix B; this list is not all-inclusive.

i. Department supervisors will establish and use management controls and periodic inspections to ensure compliance with the policies and procedures in this regulation. Supervisors will plan, conduct, and document training of their personnel to ensure that RMW management is conducted safely and in compliance with established policies and procedures.

7. General

a. Non-infectious waste containing Health Insurance Portability and Accountability Act (HIPAA) or Privacy Act information must not be managed as RMW for ease of disposal. The HIPAA and/or Privacy Act information must be appropriately de-identified/destroyed prior to disposal as non-infectious waste. RMW marked with HIPAA or Privacy Act information must only be offered to an RMW contractor with an established business associate agreement (BAA) to protect and destroy the information. Contact the HIPAA privacy officer for assistance on the proper management of protected patient information.

b. Generators of waste laboratory reagents must make a waste determination to ensure proper disposal.

c. Activity personnel will minimize the use of disposable medical items, encourage the use of durable materials, and recycle to the maximum extent practicable.

d. Activity waste management includes the segregation, by RMW groups, of waste at the point of origin and the appropriate packaging, labeling, storage, transporting, and treatment/disposal of waste in each group.

e. Do not place RMW, chemotherapy and antineoplastic agents, and radioactive substances into activity trash.

f. Do not mix RMW and hazardous waste (HW). If these wastes are mixed, seek guidance for management and disposal from the activity ESEO or installation environmental office.

g. For radioactive RMW, contact the health physics officer or ESEO for management procedures and decay periods. Manage as RMW once the waste is no longer radioactive.

8. Collecting and handling of RMW

a. Waste segregation. Generators must segregate the following from each other at the waste point of origin: non-chemotherapy RMW, general waste, chemotherapy waste, and HW. Place appropriate waste and recycling containers in designated locations in the workplace to make segregation convenient and to minimize improper segregation. See appendix B for areas in the hospital where RMW may be generated and where facilities should consider placing RMW containers.

b. General trash. Manage and dispose of general waste according to existing published regulations (Federal, State, host nation, and local requirements; AR 40-5; and AR 420-1).

c. Chemical-agent-contaminated RMW. Based on applicable regulatory requirements for managing chemical agent related waste streams, MTFs will develop a procedure that outlines the process to be followed to identify, segregate, and manage chemical-agent-contaminated RMW from non-contaminated RMW. In the absence of State or host nation requirements, RMW contaminated with chemical agents (as determined in DA Pamphlet 385-61) will be classified as a mixed waste and treated by incineration at a facility permitted to treat chemical-agent-contaminated waste.

d. Sharps. Place sharps in a puncture-resistant container designated for sharps disposal. Locate the sharps container as close as practical to the use areas. The size (volume) of the sharps container will be determined by the waste generators. Remove and seal the sharps container when it is either ¾ full or is filled to the line indicated by the manufacturer. Sharps containers mounted on the wall will be positioned at a height to reflect safety standards for staff, patients, and visitors. To prevent unauthorized removal of its contents, the containers must be of a tamper-resistant design and will either be locked to a mounting device which is securely fastened to the building structure, or be located in a room or area which is under continuous supervision of ward or clinic personnel (AR 190-51).

e. Non-chemotherapy RMW. In CONUS facilities and facilities in Alaska, Hawaii, and U.S. territories, place non-chemotherapy RMW in leak-proof, puncture-resistant, red-plastic-bag-lined receptacles. The 49 Code of Federal Regulation (CFR) Section 173.197(e)(1)(i) requires that bags used for transport be marked and certified by the manufacturer to meet the 165 g Impact Strength American Society for Testing and Materials (ASTM) D 1709-01 and 480 g Tear Strength ASTM D 1922-00a standards. OCONUS facilities must follow applicable regulatory requirements. In areas where RMW is rarely generated (for example, very small labs or clinics), personnel may use red bags as described in 29 CFR 1910.1030 as interim collection bags which do not meet the ASTM standards provided these bags are placed in red bags meeting the ASTM standards prior to transport within and outside of the facility. All personnel must also follow State requirements for collection of medical waste and meet the RMW bag specifications for the State from which they are shipping. If the State from which they are shipping has no requirements, then personnel must adhere to the bag requirements for the State to which they are shipping RMW. Where conflicting requirements exist between applicable regulatory requirements, personnel must follow the more stringent regulation.

f. Chemotherapeutic wastes. Deposit chemotherapeutic wastes in containers provided by the medical waste disposal contractor.

g. Personal protective equipment (PPE). Wear gloves and PPE appropriate for the task when handling bagged RMW. Obtain specific guidance from the infection control, PVNTMED, and/or safety office on required PPE to wear for the various tasks to prevent occupational exposures.

h. Handling RMW bags.

(1) Securely tie and seal RMW bags. Do not shake or squeeze the bags in an attempt to reduce volume and never compact or crush the waste to make room for more. Remember, the bags serve as the primary barrier between the RMW and the worker. Coordinate with infection control and safety offices for additional instructions on safely sealing and labeling containers to meet your local requirements.

(2) Carry sealed bags by their necks to the transportation cart. Do not lift or hold bags by the bottom or sides. Carry bags away from the body. Ensure bags are not ripped, opened, or dropped; never throw the bags into carts.

i. Moving RMW. Designated routes should be used when moving RMW within the facility. High traffic routes should be avoided, and freight elevators should be used.

j. RMW bags. Bags used for the transport of RMW must meet the Department of Transportation (DOT) requirements shown in 49 CFR 173.197(e) for tear and impact resistance. Bulk packagings are defined as having a capacity greater than 450 L (119 gal) or net mass greater than 400 kg (882 lb) per container.

k. RMW groups. In CONUS facilities and facilities in Alaska, Hawaii, and U.S. territories, RMW is divided into nine groups (RMW groups may differ in host nation FGS); see the glossary for a detailed definition of each group. Manage specific RMW groups as described below:

(1) Group 1 - Cultures, Stocks, and Vaccines.

(a) Cultures and Stocks. Separate microbiologic waste (cultures and stocks of etiologic agents) from general waste for decontamination. Liquid Group 1 RMW (for example, liquid culture media) may be either steam sterilized and disposed of in the sanitary sewer (only if permitted by State and/or local regulation) system or kept in its original container and placed in the sharps container for treatment and disposal without using the sanitary sewer system.

(b) Vaccines. Discard all partially full or empty vials of vaccines in sharps containers. Dispose of nasal mist vaccine dispensers in red bags.

(c) Exceptions include—

1. Full vaccine vials subject to the pharmaceutical return vendor program must be returned to the pharmacy in original condition.

2. Some vaccines containing Thimerosal may be HW due to high mercury content. Contact the ESEO for proper waste characterization before discarding in the sharps container or turning them in to the pharmaceutical return vendor.

3. Allergy shots do not contain live or attenuated viruses and, therefore, do not meet the definition of a vaccine. Manage expired allergy medication under the pharmaceutical return vendor program; manage empty glass vials as non-infectious glassware.

(2) Group 2 - Pathological Waste. Dispose of pathological waste in an RMW container lined with an RMW bag or double bag in RMW bags. Specimen preservatives such as formaldehyde or formalin are not RMW and must be decanted and collected separately. Contact the ESEO for waste preservative disposal procedures.

(3) Group 3 - Blood and Blood Products. Dispose of breakable containers of bulk blood or blood products in rigid, puncture-resistant, leak-proof RMW containers. Use plastic RMW bags to dispose of blood products such as blood bags and blood filter tubing and items saturated, dripping, or caked with blood. If safe to do, remove needles from the tubing and place the needle in a sharps container for disposal; otherwise, place the tubing and the needle into the sharps container. Exception: Unless against local, State, or host nation law, bulk blood may be disposed into the sanitary sewer.

(4) Groups 4 and 7 - Sharps and Syringes. Discard all sharps and syringes directly into a rigid puncture-resistant, plastic sharps container immediately after use. Discard disposable needles and syringes intact; do not cut, break, bend by hand, or recap using a two-handed method.

(5) Group 5 - Animal Waste. Infectious animal waste must be managed as RMW and be incinerated. When implementing this regulation, specify in the facility's RMW management plan if infectious animal waste is generated at the facility.

(6) Group 6 - Isolation Waste. Consult the ICO for specific instructions on handling isolation waste.

(7) Group 7. See Group 4, above.

(8) Group 8 - Other. Consult the ICO for specific instructions on handling RMW fluids. Free flowing fluids may need to be collected in containers as designated by the ICO. Items that are dripping or saturated with infectious agents should be placed in RMW bags.

(9) Group 9 - Chemotherapy Wastes. Do not mix chemotherapy wastes with non-chemotherapy RMW or HW. Deposit chemotherapeutic wastes in containers provided by the medical waste disposal contractor. These containers are normally yellow in color. Consult the local chemotherapy drugs protocol or contact the ICO and/or safety office for additional guidance.

9. Storage of RMW

a. RMW will not be stored in hallways awaiting pick-up from housekeeping. RMW must be stored in designated RMW storage areas. Verify with the safety manager that the storage areas meet applicable safety requirements. Indoor utility and storage rooms do not need to be locked when RMW is stored there unless dictated by other policies.

b. Mark the entrance(s) to the main storage area with the words “Regulated Medical Waste” and the universal biohazard symbol. Other information may be added, at the discretion of the MTF or as required by other applicable regulatory requirements. Keep the main holding area secure; free from pests (for example, insects and rodents); and in a clean, putrid-free state.

c. Storage of RMW may not exceed the waste removal periods specified in current RMW disposal contracts and must not exceed the storage times specified by applicable regulatory requirements. When conflicts exist, the most stringent time limits will be followed. Unusual or extenuating circumstances will be taken into consideration to allow brief or minor variances from storage time requirements. In hot environments, refrigeration may be necessary for main RMW storage areas that are not temperature controlled to avoid potential odors.

d. Disposal contracts or local law may impose temperature controls for storing pathological waste on-site. Refrigerating or freezing human and animal pathological wastes may be needed at some locations to comply with applicable local requirements. If local requirements do not specify temperature controls, then this regulation offers the following guidelines for main storage of pathological waste pending pick-up for final disposal-

(1) Human pathological waste should be maintained at an appropriate temperature to sustain a non-putrescent state. Animal pathological waste should be frozen. The usual time for freezer storage of any RMW is approximately 30 days.

(2) Exception. Some local laws exclude teeth, hair, and nails from the definition of pathological waste. Extracted human teeth do not need to be frozen if they are managed as other RMW. Consult with the PVNTMED service to determine management practices for extracted teeth (for example, collection in sharps containers or RMW bags).

10. Transportation within the activity

a. Carts used to transport RMW will be constructed of non-porous, readily cleanable material; plastic; or stainless steel. If carts are equipped with lids, keep them closed when transporting the RMW. Do not mix RMW bags with general solid waste in the same cart or container unless it is equipped with separate, leak-proof compartments.

b. When carts or other reusable containers are used to transport RMW, they must be cleaned using an Environmental Protection Agency (EPA) registered hospital grade detergent/disinfectant or other facility-approved antimicrobial disinfectants. Logistics will be responsible for timely transportation of waste within the facility, maintenance of carts, and cleaning on a weekly basis or more frequently if needed. If a spill occurs, the cart and impacted area will be cleaned immediately with a disinfectant.

c. Personnel cleaning carts must wear PPE (for example, splash resistant goggles, face shield or mask, impervious apron, and impervious gloves). An emergency eyewash device must be located in the cart washing area; the device must be functional and maintained according to American National Standards Institute (ANSI) Z358.1-2009.

d. Put bags of RMW in leak proof, rigid containers and mark the containers with the universal biohazard symbol. Red bags do not require marking with the universal biohazard symbol unless required by applicable regulatory requirements.

e. Collect chemotherapy wastes in separate leak-proof, rigid containers and mark the containers to indicate the chemotherapy hazard (that is, labels, markings, coloring) and with the universal biohazard symbol.

f. RMW from outlying buildings located on the installation or health service area will be collected on a schedule approved by the facility's environmental, infection control, and/or safety officials. See paragraph 9 for guidance on RMW storage times.

11. Transportation of RMW on the installation

a. When moving RMW between buildings that are within the boundaries of the installation, movement must be done in accordance with requirements of the installation's transportation and environmental office. At a minimum, the RMW must be in rigid outer packagings and protected from shifting while being transported. Personnel moving RMW must have bloodborne pathogen training in accordance with Occupational Safety and Health Administration requirements. Designated shipping papers/manifests such as the documents indicated in paragraph 12 *b*(1) are normally not required for on-post transport of RMW. In all cases, MTFs should check with the installation transportation office for installation-specific transport requirements (handling, spill response equipment, and documentation).

b. RMW must be transported in a Government-owned or contractor-owned vehicle. The use of privately owned vehicles for transporting RMW is prohibited. The transporting vehicle must be disinfected if a leak or spill occurs during transportation. Contact the installation environmental office for clean-up guidance if spilled material leaked into the environment.

c. A spill containment and clean-up kit will be maintained in each vehicle transporting RMW. The kit will include appropriate PPE, a disinfectant approved by the facility, appropriate absorbent and housekeeping equipment for cleaning up a spill, alcohol-based hand rub for hand hygiene after glove removal, and appropriate RMW containers for collecting spilled material. The kit may either be developed and assembled locally or commercially procured.

12. Transportation outside installation boundaries

a. Facilities located OCONUS (excluding Alaska, Hawaii, and U.S. territories) will reference the FGS, DOD 4715.05-G, host nation laws, and local policies for specific transportation requirements of RMW.

b. In CONUS facilities including facilities in Alaska, Hawaii, and U.S. territories, RMW is defined by the DOT as a hazardous material. When transported over public roads, prepare RMW for shipment following the requirements in Title 49, CFR Parts 100-185.

(1) Prepare shipping papers according to 49 CFR 172.200. Some States will require the use of a State-mandated manifest. Shipping papers must accompany the RMW per 49 CFR 177.817.

(a) Only a certified official may sign shipping papers according to DOD 4500.9-R-Part II, chapter 204. A DOD-certified official is a person who has successfully completed an approved DOD hazardous materials certification course and is appointed in writing by his/her activity or unit commander, to include scope of authority. See DOD 4500.9-R-Part II, chapter 204, for a list of approved schools.

(b) When shipping RMW that is not exempt by the Material of Trade exception described in paragraph 5, below, DD Form 2890 (DOD Multimodal Dangerous Goods Declaration) is the standard shipping paper used for transporting hazardous materials on Government vehicles. See appendix C for a completed example of DD Form 2890.

(c) The shipping activity must maintain a copy of the shipping paper for 3 years after the RMW is accepted by the initial commercial carrier. Shipping papers must be readily available for inspectors to review.

(2) Outer shipping containers must meet United Nations and DOT packaging and specification marking requirements as stated in 49 CFR 173.197 unless they are being shipped by a private or contract carrier in a motor vehicle. Contract carriers are those which are contracted with by the MTF to transport and dispose of RMW. Outer shipping containers holding chemotherapy waste must be marked to indicate that incineration is required. This may be done by affixing a label on the container or writing on it or by checking the appropriate treatment option if already printed on the container.

(3) Packages of RMW must be marked in accordance with 49 CFR Part 172.300 and labeled in accordance with 49 CFR Part 172.400, as well as applicable State regulations.

(4) Persons who transport RMW over public roads must receive driver's training as specified in 49 CFR 177.816, AR 600-55, and applicable State requirements. A commercial driver's license is not required provided the gross weight of the vehicle used is less than 26,001 pounds. All military and civilian drivers of U.S. Government-owned vehicles must have a valid State driver's license or a military driver's license.

(5) There are a limited number of situations where an employee driving a Government vehicle is allowed to use the DOT Material of Trade exception (49 CFR 173.6) which provides some relief from many of the DOT requirements for transporting RMW.

(a) If RMW is transported by a ''private motor carrier'' for noncommercial purposes, then the Material of Trade exception (49 CFR 173.6) applies and reduces the regulatory requirements that must be met. This exception is limited to utilization of a Government vehicle, Government driver, and transport from one Government location to another Government location for the sole purpose of consolidation or accumulation of RMW.

(b) The RMW must be contained in combination packaging. Combination packaging has an outer packaging that is strong, securely closed, secured against movement, and is able to hold one or more inner packaging, either "red bags" or sharps containers without breaking, leaking, or losing the contents while being transported. The outer packaging may be plastic reusable "tubs" or fiberboard boxes normally used to transport RMW.

(c) Each inner packaging may contain no more than 4 kg (8.8 lbs) or 4 L (1 gal) of waste. Each outer packaging may contain no more than 16 kg (35.2 lbs) or 16 L (4.2 gal) of waste. The aggregate gross weight of the waste may not exceed 200 kg (440 lbs) per vehicle.

(d) The outer packaging must be marked with the words "Regulated Medical Waste" or "Regulated Medical Waste, n.o.s." (*Note:* n.o.s. (not otherwise specified)).

(e) The operator of the motor vehicle must be informed of the presence of the hazardous material that is being transported and the specific requirements of 49 CFR 173.6 as outlined above (that is, material packaging, material amount, marking). Motor vehicle operators must meet the licensing requirements of AR 600-55.

(f) Shipping papers are not required under this exemption.

(g) For additional clarification or questions on the Material of Trade agreement, contact the PHC Environmental Health Sciences Division at 410-436-3651.

13. Management of RMW spills

a. The activity infection control committee (ICC) and safety committee will approve policies and procedures that govern the management of RMW spills.

b. Trained personnel will clean RMW spills immediately with an EPA-registered hospital-grade detergent/disinfectant or other facility-approved disinfectant. Use higher level disinfection when advised by the local or regional medical command infection control authority. Carefully follow the manufacturer's instructions regarding the dilution of the detergent/disinfectant and contact time for disinfecting. Contact the ICO to determine if spill material should be managed as RMW.

c. Aerosolization of RMW is rare. If this is suspected, allow the aerosol to settle and isolate the spill until it is safe to begin the clean-up.

d. PPE for clean-up workers—

(1) Wear disposable waterproof gloves as a minimum.

(2) Wear fluid-impervious gowns or other protective clothing when there is danger of soiling the workers' clothes.

(3) Wear a mask and protective eyewear when there is danger of splashes or aerosols coming in contact with the workers' faces and eyes.

(4) Use engineering controls (scoop, dustpan, tongs) to pick up and dispose of any broken glass and larger volumes of RMW.

(5) Follow local procedures and report all spills.

14. Treatment/disposal of RMW

a. RMW is generally removed by a waste disposal contractor within CONUS and OCONUS. Medical facilities located OCONUS (excluding Alaska, Hawaii, and U.S. territories) must reference applicable regulatory requirements for specific treatment and disposal methods.

b. When a waste disposal contractor is not used, and unless otherwise specified by applicable regulatory requirements, the RMW treatment methods in (1) through (5), below, should be applied. See appendix D for more information regarding treatment methods.

(1) Render liquid microbiological waste noninfectious via steam sterilization prior to disposal into the sanitary sewer system. Follow the manufacturer's instructions for proper time and temperature requirements.

(2) Steam-sterilize or incinerate solid microbiological waste prior to disposal in the general waste stream. Follow the manufacturer's instructions for proper time and temperature requirements.

(3) Treatment of blood and blood products is not required prior to their disposal in the sanitary sewer system. When sanitary sewer disposal is not allowed by local ordinance, facilities may need to treat their blood and blood products via steam sterilization and/or use RMW bags and sharps containers for disposal.

(4) Decontaminate wastes containing Centers for Disease Control and Prevention (CDC) biosafety level (BSL) 2, 3 and 4 etiologic agents (appendix E) by steam sterilization, incineration, or other approved disposal technology prior to disposal.

(5) Chemotherapy waste requires incineration.

15. Contingency planning

a. Logistics personnel will maintain detailed written, site specific, contingency plans for RMW disposal when primary means of disposal are unavailable. Contingency plans must include procedures for alternative RMW disposal when the existing RMW contractor is unable to render expected services or when environmental conditions (inclement weather, natural disaster, and so forth) temporarily prevent the pick-up and removal of RMW.

b. Contingency disposal actions for permanent or extended interruption of primary RMW disposal mechanisms may consist of separate agreements with other RMW service providers, reciprocal agreements with other RMW generators, or some other mechanism that will ensure RMW is managed in a legal and environmentally sound manner. It is the activity's responsibility to find and contact an alternate service provider. Contingency plans for permanent or extended interruption of primary RMW disposal mechanisms must, as a minimum, include the following information:

(1) Name, address, and phone number of contingency RMW disposal facility.

(2) Documentation of prior coordination (letter, fax, memorandum for record).

(3) How much waste will be accepted per pick-up and for the life of the contingency.

(4) Waste treatment methods.

(5) Transportation and removal mechanisms.

(6) Frequency of waste pick-up/acceptance.

(7) Length of service for contingency disposal.

(8) Costs to RMW generating activity.

(9) Acceptance or non-acceptance of BSL 4 agents.

c. Contingency plans for the temporary interruption of RMW disposal may consist of securing additional storage space at the facility or at another location on the installation. Such contingency plans must, at a minimum, include the following information:

(1) Capacity of current on-site RMW storage facility and estimated timeframe for how long this storage location can be used before reaching its maximum capacity.

(2) Facility design (floor drains, cleanable floor and wall surfaces, lighting, exhaust ventilation, weatherproof, animal proof, protected from unauthorized entry, refrigeration requirements according to this regulation, sinks for hand hygiene, and emergency eyewash devices).

(3) Identity of additional on-site contingency storage location(s), capacity, and storage timeframes for contingency storage location(s).

(4) Personnel responsible for managing and securing the contingency storage location(s).

(5) Mechanisms for transportation of RMW to the contingency storage location(s).

(6) Identification, by position/job function, of those who will have access to the contingency storage locations and responsibility for handling RMW at this location.

(7) Climate control requirements for contingency storage locations or the decision not to utilize climate controls due to the emergency situation.

(8) Details on whether the RMW will be transported back to the primary storage facility once the emergency event has ended or if the RMW will be picked up at the contingency storage location.

(9) Details on training and/or credentials required for personnel working at the contingency location.

(10) Equipment to be available for use at contingency storage locations (PPE, spill equipment, emergency eyewash device, and so forth) and the location of that equipment.

d. Contingency plans will meet applicable regulatory requirements and must be reviewed annually.

e. Activities will notify the Environmental Services Program Management Office, Operations Management Division, Office of the Assistant Chief of Staff for Logistics (MCLO-O), HQ U.S. Army MEDCOM prior to implementing any contingency plan actions that will result in additional RMW disposal costs or modification to contracted services.

f. MTFs that respond to an influx of potentially infectious patients will develop plans for managing the risk resulting from the increased amounts of RMW generated during such an emergency. These plans will be included in the emergency operations plan and include considerations such as identification of additional space for storing RMW awaiting disposal; pre-negotiated contracts to schedule more frequent RMW pick-up by the waste contractor; cleaning and decontamination of the temporary storage site following the event; and replenishment of supplies, such as red bags and sharps containers. See The Joint Commission 2014 standards IC.01.06.01, EPs 4 and 5, IC.02.01.01, EP.6, and EM.01.01.01, EP.2 for more information.

g. RMW that has BSL 4 agents will pose problems for transportation, treatment, and disposal. Companies holding contracts for routine RMW removal and disposal are likely to refuse accepting RMW containing BSL Level 4 agents. Additional safety and personal protection measures are required when handling BSL 4 agents; contact the ICO for specific requirements. Contact the CDC for disposal guidance of BSL 4 agent contaminated wastes.

16. Casualty and trauma scene decontamination

a. Trauma scenes (see glossary) may involve contamination of bodily fluids on a variety of surfaces. Medical activities are not authorized to use MEDCOM funding and resources for site clean-up as this is not RMW generated in the diagnosis or treatment of patients or during research.

b. The installation is responsible for trauma scene clean-up and protection of all personnel exposed to bodily fluids. MTF personnel are not responsible for clean-up outside the MTF.

c. Two options exist for trauma scene clean-up: 1) utilize installation assets for clean-up (hazardous material response team, garrison staff, or mission personnel); or 2) hire a certified company qualified to perform site clean-up. The installation bears responsibility for disposal costs and establishing cleaning contracts. Contract cleaning companies will take clean-up wastes to a permissible landfill or treatment site as specified in the contract.

d. Upon request, the PVNTMED service/MTF personnel will advise and consult to ensure proper procedures are implemented on the installation to protect the health of exposed personnel to include providing: information/consultation on clean-up

procedures and disinfection, PPE assessments, and reviews and consultations of crime scene/trauma scene response procedures.

17. Release of placenta or other human body parts to the patient from whom it originated

Post-treatment pathological material, not otherwise designated for donation, typically is disposed of as RMW. On occasion, a patient may request that the MTF return the pathological material to them instead. Facility personnel should be aware that the motivation for such a request may be based on religion or culture.

a. Placentas. Those MTFs offering labor and delivery and/or emergency department service(s) should create a local policy for the storage, transfer, and release of placentas to patients requesting the return of their own. At a minimum, the policy should address the following:

(1) Compliance with applicable host nation, Federal, State, and local laws.

(2) Risk assessment, to include communicable diseases/infections (for example, HIV, hepatitis) or other hazards that would preclude the safe return of the placenta to the patient. Facility personnel should be aware that some patients request return of their placenta with intention of its human ingestion.

(3) Appropriate screening of the patient and/or placenta for those risks identified.

(4) MTF personnel should create and use a local release form that provides for the release's purpose; the potential patient risks involved; and signature lines for the patient, the attending physician, and the head of clinical services. Some States (for example, Hawaii) have a prescribed release form published by the Department of Health and, if such exists, the MTFs should use the prescribed release form instead of creating a local one. Some States (for example, Hawaii) or host nations may require the MTF to file the executed release form with its Department of Health.

(5) A copy of the executed release form and the screening results must be included in the patient's medical record.

b. Other human body parts. If a patient requests return of their own non-placenta, human body part, then the MTF may follow its local policy. If a local policy does not exist (or if the MTF has further questions or concerns), then the MTF should contact the supporting staff judge advocate office and the PHC Environmental Health Sciences Division (at 410-436-3651) for guidance tailored to the particular circumstance and geographic location.

18. RMW documents and generator fees

a. Logistics personnel will weigh and record RMW prior to off-site shipment and maintain these records for a minimum of 3 years. If the amount of RMW sent for treatment varies by more than 10 percent from the amount billed for disposal (or documented as having been disposed), the discrepancy must be brought to the attention of the facility's chief of logistics and the COR of the disposal contract. The weight of reusable RMW containers must be subtracted from the disposal weight the facility is billed for by the contractor.

b. Contracts will require the RMW contractor to track each container of RMW removed from a facility through final disposal to ensure proper treatment. Documentation indicating a unique tracking number for each RMW container will be provided to the facility at the time of pick-up. After the waste has been treated, a treatment record must be provided back to the facility indicating the unique tracking number of each container, the method of treatment (that is, incineration, sterilization), and the treatment facility. RMW generators must ensure all RMW containers have been accounted for and properly treated by comparing the initial pick-up documents to the final treatment records. All records will be maintained for a minimum of 3 years. Discrepancies must be brought to the activity’s chief of logistics and the COR of the disposal contract.

c. All MEDCOM activities, regardless of the amount of RMW produced, must determine if generator, transporter, disposal, or other appropriate fees are required per applicable regulatory requirements. Activities must coordinate with the local judge advocate general office for a review of these requirements.

d. Activities must submit environmental program requirement funding requests to HQ MEDCOM for costs related to RMW disposal and other costs necessary to comply with environmental regulations. Obtain additional guidance on this requirement from the PVNTMED service.

19. Training requirements

a. Commanders will ensure that all employees are adequately trained to perform their duties.

b. Employees (military, civilians, and contractors) preparing RMW for shipment by any mode of transportation must meet the training requirements of DOD 4500.9-R-Part II, Chapter 204.

c. Employees who come in direct contact with patients, or who generate, segregate, package, store, transport, treat, or dispose of RMW must be trained in the safe handling and management of RMW.

(1) Personnel having, or potentially having, occupational exposure to RMW will be evaluated under the facility's exposure control plan and will receive annual training according to the Bloodborne Pathogens Standard (29 CFR 1910.1030).

(2) The training should cover topics pertinent to the employee's primary job and be documented in the employee's competency assessment folder. Consult the ICO, safety manager, waste coordinator, or collateral-duty safety officer at the activity for technical assistance in determining pertinent information to be included in the training.

(3) The training will include topics related to general awareness, specific functions, safety, and security. Persons who sign shipping papers will receive specific training (see para 12*b*(1)). Drivers will receive driver's training (see para 12*b*(4)). Contractors whose duties involve handling or transporting RMW will have training that includes the topics discussed in this section.

d. Initial training will include an orientation of local RMW worksite policies and procedures before the employee begins work. Recurrent training is required annually and will include a discussion of worksite policies, procedures, and new technologies.

e. The department supervisors must maintain written documentation of all training for 3 years. Training records must be readily available for inspectors to review. Documentation will include topic(s), content summary, dates, length of training, and printed name and signatures of all attendees.

f. Department supervisors must monitor and evaluate the training. Training topics will reflect assessment of the needs of the work center. For example, an increase in needle sticks may indicate a need to increase training in use of sharps disposal systems.

Appendix A
References

Section I
Required Publications

AR 40-5
Preventive Medicine

AR 600-55
The Army Driver and Operator Standardization Program (Selection, Training, Testing, and Licensing)

Biosafety in Microbiological and Biomedical Laboratories (BMBL)
5th Edition, U.S. Department of Health and Human Services Centers for Disease Control and Prevention and National Institutes of Health Fifth Edition, December 2009.

DA Pamphlet 385-61
Toxic Chemical Agent Safety Standards

DOD 4500.9-R-Part II
Defense Transportation Regulation - Part II: Cargo Movement

DOD 4715.05-G
Overseas Environmental Baseline Guidance Document

Technical Guide 177
A Commander's Guide to Regulated Medical Waste Management, U.S. Army Center for Health Promotion and Preventive Medicine, 2009.

The Joint Commission
Hospital Accreditation Standards, Infection Prevention and Control
Standards for Ambulatory Care, Infection Prevention and Control
Standards for Laboratory Accreditation Standards, Infection Prevention and Control
(The current editions of the publications listed above may be obtained from The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181.)

Technical Manual 3-34.56
Waste Management for Deployed Forces

Section II
Related Publications

American National Standards Institute
ANSI Z358.1-2009, Standard for Emergency Eyewashes and Shower Equipment

AR 40-61
Medical Logistics Policies

AR 190-51
Security of Unclassified Army Property (Sensitive and Nonsensitive)

AR 200-1
Environmental Protection and Enhancement

AR 385-10
The Army Safety Program

AR 420-1
Army Facilities Management

CDC Guidelines for Handwashing and Hospital Environmental Control

CDC Guidelines for Isolation Precautions in Hospitals

CDC, Office of Biosafety
Classification of Etiologic Agents on the Basis of Hazard, 4th Edition. U.S. Department of Health, Education and Welfare, Public Health Service.

DA Pamphlet 385-69
Safety Standards for Microbiological and Biomedical Laboratories

EPA Guide for Infectious Waste Management
U.S. Environmental Protection Agency May 1986. (EPA 530-SW-86-014)

MEDCOM/OTSG Regulation 200-1
U.S. Army Medical Command Environmental Management Program

Military Item Disposal Instructions
U.S. Army Public Health Center
http://usaphcapps.amedd.army.mil/MIDI/

Needlestick Safety and Prevention Act
Public Law 106-430, 2000

Title 21, Code of Federal Regulations, Part 1271.3
Human Cells, Tissues, and Cellular and Tissue-Based Products

Title 29, Code of Federal Regulations, Part 1910.1030
Bloodborne Pathogens

Title 49, Code of Federal Regulations, Parts 100-185
Pipeline and Hazardous Materials Safety Administration, Department of Transportation

Section III
Prescribed Forms
There are no entries in this section.

Section IV
Referenced Forms

DD Form 2890
DOD Multimodal Dangerous Goods Declaration

Appendix B
Examples of Waste Generation Sites in a Medical Treatment Facility

B-1. All areas. All areas must use a rigid, puncture-resistant, sharps container for disposal if they generate sharps. Sharps are used in animal or human patient care or treatment in medical, research, or support laboratories. This includes hypodermic needles, syringes (with or without the attached needle), Pasteur pipettes, scalpel blades, blood collection tubes and vials, test tubes, needles attached to tubing, and culture dishes (regardless of presence of infectious agents). Other types of broken or unbroken glassware that were in contact with infectious agents, such as used slides and cover slips, are also included in this group.

B-2. Administrative areas. The following administrative areas with direct or indirect patient contact normally generate nonregulated medical waste. The waste generated is general waste and will be disposed of as such.

a. Headquarters.

b. Patient administration.

c. Personnel.

d. Logistics.

e. Plans, training, mobilization, and security.

f. Nutrition care.

g. Resource management.

h. Information management.

i. Nursing education and staff development.

B-3. Direct and indirect patient contact areas. The following areas with direct and indirect patient contact normally generate nonregulated medical waste. The waste generated is general waste and will be disposed of as such. Sharps generated in these areas are always considered RMW.

a. Allergy/immunization clinics.

b. Social work service.

c. General outpatient clinics.

d. Pediatric clinics.

e. Optometry/ophthalmology clinics.

f. Orthopedic clinic, including brace shop.

g. Radiology, including ultrasound.

h. Pharmacy service.

i. Occupational health clinic.

j. Physical examination.

k. Community mental health clinic.

l. Veterinary service (if not engaged in research).

m. Urology clinic.

n. Neurology/neurosurgical clinic.

o. Ear, nose, and throat (verify if free flowing/saturated/dripping/caked blood).

p. Central material section.

q. General patient wards.

B-4. Direct patient care contact areas. The following areas with direct patient care contact generate RMW (selected items) and will be disposed of as such. Sharps generated in these areas are always considered RMW.

a. Operating room.

b. Pathology service.

c. Laboratory services.

d. Blood donor centers (only in blood draw areas).

e. Critical care areas.

f. Recovery room.

g. Dental clinics.

h. Veterinary clinics.

Appendix C
Example DD Form 2890 (DOD Multimodal Dangerous Goods Declaration)

Appendix C contains the DD Form 2890 (DOD Multimodal Dangerous Goods Declaration) with example information provided. See this example form beginning on the next page.

DOD MULTIMODAL DANGEROUS GOODS DECLARATION

This form may be used as a dangerous goods declaration as it meets the requirements of SOLAS 74, Chapter VII, regulation 54; MARPOL 79/78, Annex III, Regulation 4.

1. SHIPPER/CONSIGNOR/SENDER	2. TRANSPORT DOCUMENT NUMBER	3. PAGE 1 OF PAGES	4. SHIPPER'S REFERENCE (TCN)
5. FREIGHT FORWARDER'S REFERENCE	6. CONSIGNEE	7. CARRIER *(To be completed by the carrier)*	

24-HOUR EMERGENCY ASSISTANCE TELEPHONE NUMBERS:

DOD NON-EXPLOSIVE HAZMAT: **1-800-851-8061/ +011-804-279-3131** AT SEA: COLLECT: **(804) 279-3131**	DOD HAZ CLASS 1 (EXPLOSIVES) ONLY: COLLECT: **+011 (703) 697-0218/ 0219** or DSN: **227-0218** (Watch Officer)	CHEMICAL/BIOLOGICAL WARFARE MATERIAL: DUTY HOURS: DSN: **584-3044, 584-7211, 584-6455** Comm: **+011 (410) 436-3044, +011 (410) 436-7211, +011 (410) 436-6455** AFTER DUTY HOURS: DSN: **584-2148** Comm: **+011 (410) 436-2148** - Ask for TEU S3	DOD SECURE HOLDING: **1-800-524-0331** OIL/CHEMICAL SPILLS: NRC & TERRORIST HOTLINE: **1-800-424-8802** AT SEA: COLLECT: **202-267-2675**	DOD RADIOACTIVE MATERIALS: COLLECT ARMY: **+011 (703) 697-0218** USAF: **(202) 767-4011** DLA: **1-800-851-8061** AT SEA: COLLECT: **1-804-279-3131** USN/MC: Use 24-hour emergency response number provided by activity.

8. THIS SHIPMENT IS WITHIN THE LIMITATIONS PRESCRIBED FOR: *(X as applicable)* ☐ MILITARY VESSEL ☐ COMMERCIAL VESSEL ☐ HIGHWAY/RAIL		9. CONTAINER PACKING CERTIFICATE OR VEHICLE PACKING DECLARATION, DD FORM 2781, IS ATTACHED *(X if applicable)*
10. VOYAGE DOCUMENT NUMBER AND SAILING DATE *(To be completed by the carrier)*	11. PORT/PLACE OF LOADING	
12. PORT/PLACE OF DISCHARGE	13. DESTINATION	

14. SHIPPING MARKS	DESCRIPTION OF GOODS *(UN No., PSN, HC, SHC, PG, number and kind of package, and additional information as required by regulation)*	NET MASS/QTY *(kg/l)*	GROSS MASS *(kg)*
	UN3291, Regulated medical waste, n.o.s., 6.2, II		

SAMPLE

15. CONTAINER IDENTIFICATION NO./ VEHICLE REGISTRATION NO.	16. SEAL NUMBER(S)	17. CONTAINER/VEHICLE AND TYPE	18. TARE MASS *(kg)*

19. ADDITIONAL HANDLING INFORMATION

20. RECEIVING ORGANIZATION RECEIPT
Received the above number of packages/containers/trailers in apparent good order and condition, unless stated hereon:

a. RECEIVING ORGANIZATION REMARKS

b. HAULER'S NAME	c. VEHICLE REGISTRATION NO.	d. SIGNATURE AND DATE	e. DRIVER'S SIGNATURE

21. SHIPPER PREPARING THIS FORM

SHIPPER'S DECLARATION. I hereby declare that the contents of this consignment are fully and accurately described above by the Proper Shipping Name, and are classified, packaged, marked, and labeled/placarded and are in all respects in proper condition for transport according to the international and national government regulations.

a. NAME OF COMPANY/MILITARY UNIT	b. NAME/STATUS OF DECLARANT/CERTIFIER
c. PLACE AND DATE	d. SIGNATURE OF DECLARANT/CERTIFIER

DD FORM 2890, OCT 2011 PREVIOUS EDITION IS OBSOLETE. Reset Adobe Professional 8.0

Appendix D
Disposal/Treatment Methods

Source/Type of Medical Waste	Regulated	Treatment/Disposal Method
Microbiologic cultures/stocks	Yes	Incineration, Thermal inactivation, Chemical disinfection (for liquids only), Steam sterilization followed by incineration or grinding (check w/State/local regulations if end product should be unrecognizable)
Pathological wastes (includes surgery and autopsy waste)	Yes	Incineration, Steam sterilization followed by incineration or grinding (check w/ state/local regulations if end product should be unrecognizable)
Blood/blood products, caked blood including blood bags and tubing.	Yes, only if free flowing, saturated, dripping, or caked.	Steam sterilization, Incineration, Sanitary sewer system for liquids
“Sharps” both used and unused	Yes	Incineration, Steam sterilization followed by incineration or grinding (check w/ state/local regulations if end product should be unrecognizable)
Vaccines	Yes	Incineration, Steam sterilization followed by incineration or grinding (check w/ state/local regulations if end product should be unrecognizable)

Appendix D
Disposal/Treatment Methods (cont'd)

Contaminated animal carcasses, body parts, and bedding	Yes	Incineration, Steam sterilization followed by incineration or grinding (check w/ state/local regulations if end product should be unrecognizable)
Communicable disease isolation	No, except for BSL 4 or WHO* Risk Group 4 agent.	Check with ICO for guidance, Steam sterilization, Incineration
Dialysis wastes	Optional	Steam sterilization
Treatment/Examination Room*	No	General waste
General patient care areas**	No	General waste
Dental operatory**	Yes, only if free flowing, item saturation, dripping, or caked with blood.	Stem sterilization, Incineration, Sanitary sewer system for liquids
Intravenous bags and intravenous tubing	Check with state regulations	Steam sterilization, Incineration

*World Health Organization
**Unless the wastes fall into one of the categories above.
Local requirements may require more stringent treatment/disposal methods.

When the treatment/disposal methods shown above are not appropriate or feasible for the local situation, contracting for the transport and disposal of RMW is recommended. For planning purposes, activities must assume that RMW contractors will not accept for transportation any RMW that contains World Health Organization (WHO) Risk Group 4 or BSL 4 agents. Furthermore, activities should assume that commercial RMW treatment companies will refuse to accept for treatment and disposal any RMW that contains WHO Risk Group 4 or BSL 4 agents. Contact your Department of Health for approved treatment methods.

Appendix E
CDC Biosafety Level 4 Etiologic Agents*

Absettarov Virus	Hypr
Alkhumra Virus	Junin
Anthrax	Kumlinge Virus
Central European Encephalitis Viruses	Kyasanur Forest Disease (Presbytis spp.)
Central European Tick Borne Encephalitis Virus Complex	Lassa Virus
Congo-Crimean Hemorrhagic Fever	Machupo Virus
Ebola	Marburg
Far Eastern Subtypes	Omsk Hemorrhagic Fever
Guanarito Virus	Russian Spring-Summer Encephalitis
Hanzalova	Sabia Virus
Herpesvirus Simiae (Monkey B Virus)	Smallpox (and Smallpox-Like Cases)

*Source: Biosafety in Microbiological and Biomedical Laboratories (BMBL), U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Institutes of Health, Fifth Edition, Dec 2009.

This table will be updated to include other emerging pathogenic microorganisms when designated by the CDC or other public health officials. A list of BSL 2 and 3 agents may be found at CDC Web site at: http://www.cdc.gov/ and at the American Biological Safety Association's Web site: http://www.absa.org/riskgroups/.

The WHO uses the following as a basis for risk grouping: Each country classifies the agents in that country by risk group based on pathogenicity of the organism, modes of transmission, and host range of the organism. Those agents listed as Risk Group 4 usually cause serious human or animal diseases and can be readily transmitted from one individual to another, directly or indirectly, and for which effective treatments and preventive measures are not usually available. For more information on WHO risk groups see http://www.absa.org/riskgroups/.

Many of the WHO Risk Group 4 agents are the same as those which the CDC places in the BSL 4 Group. For purposes of this regulation, a BSL 4 agent and a WHO Risk Group 4 agent have the same meaning.

Glossary

Section I
Abbreviations

ANSI
American National Standards Institute

ATSM
American Society for Testing and Materials

BAA
business associate agreement

BMBL
Biosafety in Microbiological and Biomedical Laboratories

BSL
biosafety level

CDC
Centers for Disease Control and Prevention

CFR
Code of Federal Regulations

CID
Criminal Investigation Command

COR
contracting officer representative

CONUS
continental United States

DA
Department of the Army

DOD
Department of Defense

DOT
Department of Transportation

EPA
Environmental Protection Agency

ESEO
environmental science and engineering officer

FGS
Final Governing Standards

HIPAA
Health Insurance Portability and Accountability Act

HW
hazardous waste

ICC
infection control committee

ICO
infection control officer

MEDCOM
U.S. Army Medical Command

MTF
military treatment facility

OCONUS
outside the continental United States

PHC
U.S. Army Public Health Center

PPE
personal protective equipment

PVNTMED
preventive medicine

RMW
regulated medical waste

WHO
World Health Organization

Section II
Terms

Applicable regulatory requirements
Includes Federal, State, DOD, Army, and host nation laws and regulations.

Chemical agent contaminated regulated medical waste
Regulated medical waste contaminated with chemical warfare agents such as nerve and blister agents.

General waste
Waste that is disposed by traditional waste disposal methods without pretreatment. This includes garbage, rubbish, and non-regulated medical waste.

a. Garbage - putrescible solid waste resulting from handling, preparation, cooking, or serving of food.

b. Rubbish - nonputrescible solid waste comprising of the following two categories:

(1) Organic material. Examples include paper, plastics, cardboard, wood, rubber, and bedding.

(2) Inorganic material. Examples include glass, ceramics, and metal.

c. Non-regulated medical waste - solid material intended for disposal which is produced as the direct result of patient diagnosis, treatment, therapy, or medical research. Such waste is generated in patients' sleeping, treatment, therapy, or isolation rooms (except where the patient is isolated because of an etiologic agent assigned to the CDC’s BSL 4 agents; see appendix B), and rooms used for diagnostic procedures, doctors' offices, and nursing units.

(1) Examples of non-regulated medical waste include, but are not limited to, HIPAA items, non-infectious animals and animal waste, soiled dressings, bandages, disposable catheters, swabs, used disposable drapes, gowns, masks, gloves, non-infectious glassware, dental carpules without visible blood, empty vials of allergy medication, empty used specimen containers and urine cups, trauma scene wastes, blood stained body armor and other Central Issue Facility equipment.

(2) This waste requires no further treatment and is disposed of as general waste, through installation supported disposal measures, or through official military demilitarization procedures, depending on the waste stream.

(3) Medical facilities operating OCONUS may need to classify and manage some of the non-regulated medical waste items listed above as medical waste. Personnel working at these facilities should reference the FGS, or the DOD 4715.05-G, as

applicable, for additional information. Similarly, some states within the U.S. and its territories may have stricter requirements. Facilities are responsible for identifying and following any additional State and local requirements.

Hazardous waste
Wastes that are regulated under the Federal Resource Conservation and Recovery Act, under State hazardous waste regulations, or under host nation FGS.

HIPAA information
Patient information that is protected under the Health Insurance Portability and Accountability Act of 1996.

Laboratory reagent
A substance used in a chemical reaction to detect, measure, examine, or produce other substances.

Regulated medical waste
Waste generated in the diagnosis, treatment, research, or immunization of human beings or animals which is capable of causing disease or which, if not handled properly, poses a risk to individuals or a community. These wastes are also called "infectious waste," "biohazardous waste," "clinical waste," "biomedical waste," or simply "medical waste." Terms will vary based upon locality and host nations, States, or local laws may have additional wastes classified as RMW not identified here. Regulated medical wastes are grouped by waste source:

(1) Group 1 - Cultures, Stocks, and Vaccines. Examples include cultures and stocks of infectious agents and associated biologicals, including cultures from medical and pathological laboratories; all discarded human and animal vaccines (empty and partially full); and used culture dishes and devices used to transfer, inoculate, and mix cultures.

(2) Group 2 - Pathological Waste. Examples are human pathological wastes and wastes from infectious animals, tissue specimens, organs, body parts, extracted human teeth, and body fluids that are removed during surgery, autopsy, or other medical procedures. Exception: Release of human body parts (for example, placentas) to the mother or an authorized designee:

(3) Group 3 - Blood and Blood Products. Examples include—

(a) Free flowing liquid human blood, plasma, serum, and other blood derivatives that are waste. For example, blood in blood bags, blood and/or bloody drainage in suction containers.

(b) Items such as gauze or bandages, saturated or dripping with human blood, including items produced in dental procedures, such as gauze or cotton rolls saturated

or dripping with saliva and/or blood. Included are contaminated items that could release blood or related fluids if compressed.

(c) Items caked with dried blood and capable of releasing blood during normal handling procedures.

(d) Exception. Products used for personal hygiene (for example, diapers, facial tissues, and feminine hygiene products/sanitary napkins/tampons) that are saturated or dripping with blood are not subject to the requirements of this regulation.

(e) This category also applies to infectious animal blood, serum, etc., and items saturated or dripping with infectious animal blood, serum, etc.

(4) Group 4 and Group 7 - All Used (Group 4) and Unused Sharps (Group 7). Examples include sharps used in animal or human patient care, treatment in medical, research, or laboratories, or when used for live training purposes. This includes—

(a) Used and unused hypodermic needles and used syringes (with or without attached needle).

(b) Needles attached to tubing and used culture dishes.

(c) Contaminated items such as Pasteur pipettes, scalpel blades (including unused scalpel blades), blood collection tubes and vials, test tubes.

(d) Other examples include broken or unbroken glassware that was in contact with infectious agents such as used slides, cover slips, and dental carpules with visible blood.

(e) Exceptions. Used slides, cover slips, and other items rendered non-infectious by sufficient contact with disinfectants, alcohol or methanol based solutions are not RMW and should be managed under the glass recycling program. Communicate with the ICO for recommended contact times. Scissors and hemostats not in contact with infectious agents are not RMW. Household generated sharps are also not included in this category, contact the local Health Department for proper disposal methods.

(5) Group 5 - Animal Waste. Examples include animal carcasses, blood and blood derivatives, pathological waste, body parts, and bedding of animals known to have been exposed to infectious agents during research, production of biologicals, or testing of pharmaceuticals. Carcasses of road kills, euthanized animals, animals dying of natural causes and waste produced by general veterinary practices are not considered Group 5 Animal Waste.

(6) Group 6 - Isolation Wastes. Examples include bedding and waste materials contaminated with blood, excretion exudates, or secretions from humans and animals

that are isolated to protect others from highly communicable diseases, or animals known to be infected with highly communicable diseases.

(7) Group 8 - Other. Fluids that are infectious or potentially infectious and free flowing, dripping, or saturated on substrates may be designated RMW by the local infection control authority. They may include but are not limited to semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid.

(8) Group 9 - Chemotherapy Wastes. Items such as needles, containers and syringes, gowns, gloves, and tubing that contained chemotherapeutic pharmaceuticals or were exposed to chemotherapeutic pharmaceuticals during the treatment of patients.

Regulated medical waste container
A container designed to contain solid or liquid RMW and protect human health from exposure during handling, storage, and shipment, and is labeled for the waste hazard.

Trauma scene
A trauma scene, as referenced in this regulation, is any area where a trauma occurred outside of a medical, dental, or veterinary treatment or research setting, that has been contaminated by human blood or body fluids as a result of such trauma (for example, workplace/home deaths, crime scenes, and vehicular accidents).

Section III
Special Abbreviations and Terms

This section contains no entries.

The proponent of this publication is the U.S. Army Public Health Center. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Command, ATTN: MCHO-LOZ, 2748 Worth Road, JBSA Fort Sam Houston, TX 78234-6000.

FOR THE COMMANDER:

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Chief of Staff

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Assistant Chief of Staff for
Information Management

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