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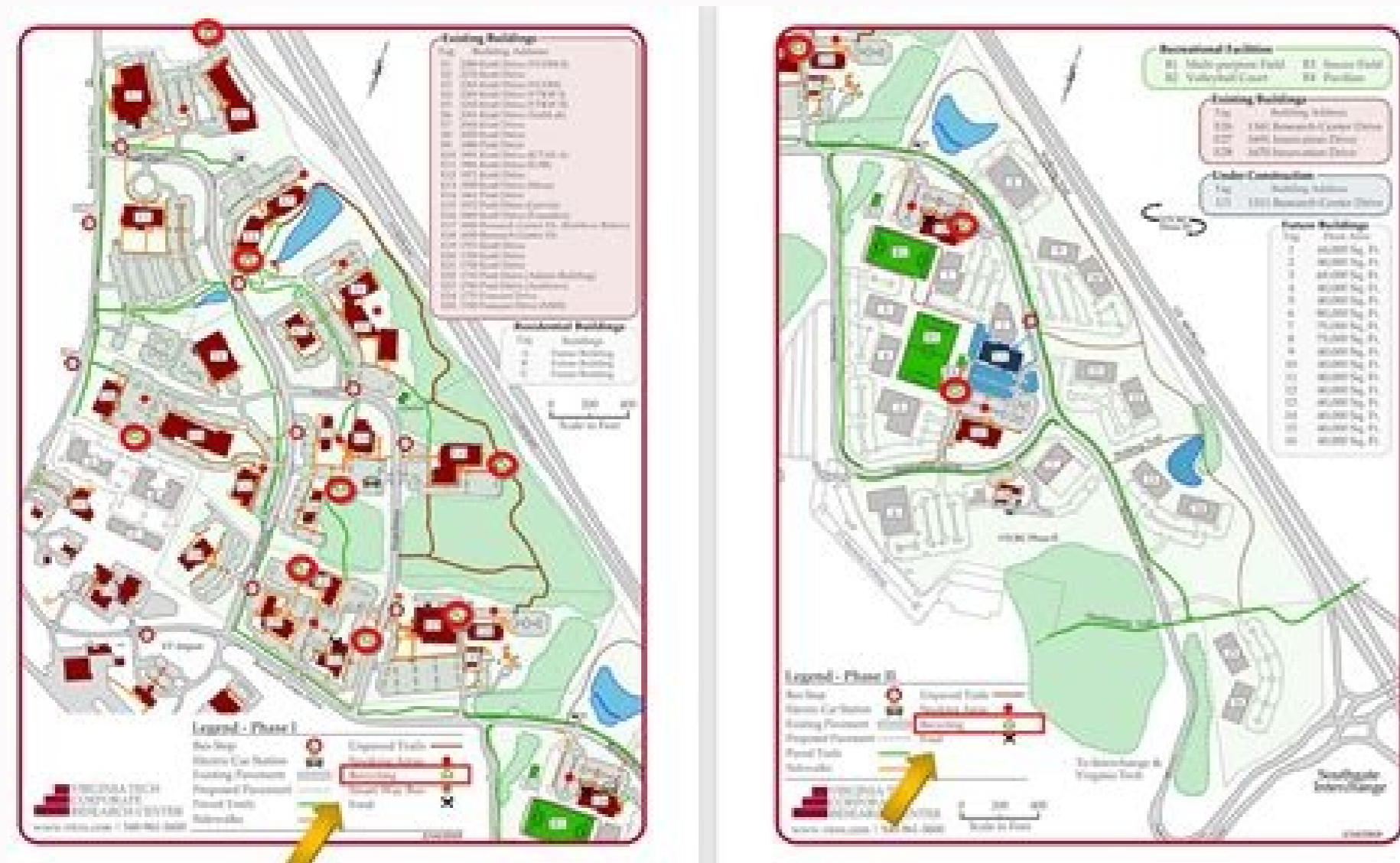


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Table 2: Waste Codes of Characteristic Hazardous Waste Pharmaceuticals

Waste Code	Description	Non-Wastewater Treatment Standard
D001	Ignitable	
	Ignitable All D001, except high TOC D001 261.21(a)(1)	DEACT and UTS or RORGS or CMBST
	Ignitable High TOC D001 based on 261.21(a)(1)	RORGS or CMBST or POLYM
D002	Corrosivity	DEACT and UTS
D004 *	Arsenic	5.0 mg/L TCLP and UTS
D005 *	Barium	21 mg/L TCLP and UTS
D006 *	Cadmium	0.11 mg/L TCLP and UTS
D007 *	Chromium	0.60 mg/L TCLP and UTS
D008 *	Lead	0.75 mg/L TCLP and UTS
D009*	Mercury	
	Mercury ≥ 260 mg/kg total Hg (high mercury organics)	IMERC or RMERC
	Mercury < 260 mg/kg total Hg & are not residues from RMERC (low mercury)	0.025 mg/L TCLP and UTS
D010 *	Selenium	5.7 mg/L TCLP and UTS
D011 *	Silver	0.14 mg/L TCLP and UTS
D013	Lindane	
	Lindane alpha-BHC	0.066 mg/kg and UTS
	Lindane beta-BHC	0.066 mg/kg and UTS
	Lindane delta-BHC	0.066 mg/kg and UTS
	Lindane gamma-BHC	0.066 mg/kg and UTS
D022	Chloroform	6.0 mg/kg and UTS





This prompted Congress to enact The MWTA of 1988. On this page: Who Regulates Medical Waste? Since the 1988 Medical Waste Tracking Act Expired in 1991 Medical waste is primarily regulated by state environmental and health departments. The MWTA was a two-year federal program in which EPA was required to promulgate regulations on management of medical waste. Contact your state environmental protection agency and your state health agency for more information regarding your state's regulations on medical waste. Other federal agencies have regulations regarding medical waste. Used needles can transmit serious diseases, such as human immunodeficiency virus (HIV) and hepatitis. See the following documents for information on proper management of needles and sharps: Treatment and Disposal of Other Medical Wastes Medical Waste Incineration More than 90 percent of potentially infectious medical waste was incinerated before 1997. With EPA's tighter HMIWI standards, the number of HMIWIs in the United States has declined since 1997. Generally, medical waste is healthcare waste that may be contaminated by blood, body fluids or other potentially infectious materials and is often referred to as regulated medical waste. The Agency did so on March 24, 1989. In August of 1997, EPA promulgated regulations creating stringent emission standards for medical waste incinerators due to significant concerns over detrimental air quality affecting human health. Janitors and housekeepers also risk injury if loose sharps poke through plastic garbage bags. This jurisdiction comes from the Federal Insecticide, Fungicide and Rodenticide Act (FIFRA). The regulations for this two year program went into effect on June 24, 1989 in four states - New York, New Jersey, Connecticut, and Rhode Island and Puerto Rico. Model Guidelines for State Medical Waste Management Most states have since further developed their own programs resulting in each state program differing significantly from each other. Treatment and Disposal of Medical Waste Disposal of Medical Sharps/Needles Improper management of discarded needles and other sharps can pose a health risk to the public and waste workers. The alternative treatments are generally used to render the medical waste non-infectious then the waste can be disposed of as solid waste in landfills or incinerators. Companies wishing to make such claims must register their product under FIFRA through EPA's Office of Prevention, Pesticide, and Toxic Substances (OPPTS), Antimicrobial Division. The Regulated Medical Waste Program has oversight for proper storage, treatment and disposal of medical waste produced by hospitals, residential health care facilities, diagnostic and treatment centers (see section 2801 of the Public Health Law) and clinical laboratories (see section 571 of the Public Health Law). For example, discarded needles may expose waste workers to potential needle stick injuries and potential infection when containers break open inside garbage trucks or needles are mistakenly sent to recycling facilities. It is important to contact your state environmental program first when disposing of medical waste. The DEC has oversight authority for all storage, treatment and destruction processes located on-site of facilities not under DOH jurisdiction (unless such facility is considered a commercial operation), for off-site transport of RMW, for all generators, tracking, responding to illegal disposal incidents, and for all off-site storage, transfer, treatment and disposal facilities. EPA has not had authority, specifically for medical waste, since the Medical Waste Tracking Act (MWTA) of 1988 expired in 1991. Thus, risk to the general public of disease caused by exposure to medical waste is likely to be much lower than risk for the healthcare workers. After the MWTA expired in 1991, states largely took on the role of regulating medical waste under the guidance developed from the two year program. These agencies include Centers for Disease Control (CDC), Occupational Safety and Health Administration (OSHA), U.S. Food and Drug Administration (FDA), and potentially others. History Concern for the potential health hazards of medical wastes grew in the 1980s after medical wastes were washing up on several east coast beaches. Many states have regulations requiring medical waste treatment technologies to be certified, licensed or regulated. Check with your state for additional regulation regarding treatment of medical waste. EPA has jurisdiction over medical waste treatment technologies, which claim to reduce the infectiousness of the waste (i.e. that claim any antimicrobial activity) by using chemicals. The regulations expired on June 21, 1991. EPA concluded from the information gathered during this period that the disease-causing potential of medical waste is greatest at the point of generation and naturally tapers off after that point. EPA's Office of Air Quality Planning and Standards continues to review and revise the Hospital Medical Infectious Waste Incinerator (HMIWI) standards as required most recently in May of 2013. Alternative Treatment and Disposal Technologies for Medical Waste Potential alternatives to incineration of medical waste include the following: Thermal treatment, such as microwave technologies; Steam sterilization, such as autoclaving; Electropyrolysis; and Chemical mechanical systems, among others. Medical waste is a subset of wastes generated at health care facilities, such as hospitals, physicians' offices, dental practices, blood banks, and veterinary hospitals/clinics, as well as medical research facilities and laboratories. This has led to an increase in the use of alternative technologies for treating medical waste. New York State Department of Health's (DOH), Wadsworth Center and the Department of Environmental Conservation (DEC) jointly administer New York State's RMW Program.

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