



RICK SNYDER
GOVERNOR

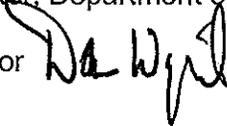
STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
LANSING



DAN WYANT
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VIA E-MAIL

TO: Governor Rick Snyder
Senate Natural Resources, Environment, and Great Lakes Committee Members
Senate Health Policy Committee Members
House Natural Resources, Tourism, and Outdoor Recreation Committee Members
House Health Policy Committee Members
Olga Dazzo, Director, Department of Community Health

FROM: Dan Wyant, Director 

DATE: May 18, 2012

SUBJECT: Report on 2011 Medical Waste Regulatory Program

In accordance with Section 13827(3)(b) of the Medical Waste Regulatory Act (MWRA), Part 138 of the Public Health Code, 1978 PA 368, as amended, attached is the Department of Environmental Quality's (DEQ) report on the Medical Waste Regulatory Program for fiscal year 2011.

Regulated medical waste is generated by various types of facilities in Michigan, including hospitals, dental offices, funeral homes, body art facilities, and many others. The primary function of the MWRA and the program is to safeguard public health and the environment from exposure to potential hazards resulting from the improper handling, storage, treatment, and/or disposal of regulated medical waste. In addition to an introduction and brief history of the MWRA and the program, this annual report includes information regarding funding and operation of the program, current initiatives, program developments, registrant statistics, and incident summaries.

If you need further information, please contact Liane J. Shekter Smith, Chief, Resource Management Division, at 517-373-9523; or you may contact me at 517-373-7917.

Attachment

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**2011
ANNUAL REPORT**

Medical Waste Regulatory Program

Prepared for the Governor, the standing committees in the Senate and the House of Representatives with jurisdiction over public health matters, and the Department of Community Health, as required by Part 138, Medical Waste Regulatory Act, of the Public Health Code, 1978 PA 368, as amended.

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May 2012

TABLE OF CONTENTS

I.	Introduction	1
II.	MWRA and Program History.....	2
III.	Program Funding	2
IV.	Program Operation	2
V.	Current Initiatives	4
VI.	Pending Program Developments	5

LIST OF APPENDICES

1.	Program Active Registrations.....	6
2.	Summary of Medical Waste Management Incident Reports	7

I. INTRODUCTION

The Medical Waste Regulatory Act (MWRA), Part 138 of the Public Health Code, 1978 PA 368, as amended, enacted in 1990, authorizes State regulatory oversight of medical waste producing facilities. Section 13827(3)(b) of the MWRA requires that an annual report be submitted to the Governor, the standing committees in the Senate and the House of Representatives with jurisdiction over public health matters, and the Department of Community Health (DCH).

Staff of the Department of Environmental Quality (DEQ), Resource Management Division (RMD), Medical Waste Regulatory Program (MWRP), prepared this report for the period of October 1, 2010, to September 30, 2011, fiscal year (FY) 2011.¹

The MWRA safeguards public health by preventing human exposure to physical injury or contraction of communicable diseases resulting from the improper management of potentially infectious medical waste and protects Michigan's environment and natural resources from degradation.

The enactment, administration, and enforcement of the MWRA and subsequent promulgation of administrative rules associated with the MWRA have resulted in significant benefits to Michigan's citizens and the environment. These benefits include:

- Reduction in medical waste mismanagement and improper disposal incidents, eliminating exposure risks to the public and degradation of Michigan's environment.
- Increased understanding of current and emerging medical waste issues within the regulated community and improved awareness of related waste disposal issues. These include the proper handling and disposal of expired or unused pharmaceuticals, over-the-counter medications and personal care products, dental amalgam waste containing mercury, and home-generated sharps waste (primarily from diabetics).
- Strengthened ties to the regulated community and education of its members on medical waste concerns through educational outreach, online reference materials, participation on advisory work groups, and delivery of training and presentations.
- Increased compliance with medical waste regulations through education, compliance assessment, and enforcement.
- Increased use of effective, safe, and environmentally sound treatment alternatives to incinerating medical waste.

¹ The Interdepartmental Medical Waste Advisory Council, as described in Section 13827, was eliminated by Executive Order No. 2009-28, effective July 31, 2009. Responsibility for the completion and submission of annual reports, as required under the MWRA, was assigned to MWRP staff by the DEQ, Executive Division.

II. MWRA AND PROGRAM HISTORY

The Legislature enacted the MWRA in response to incidents of medical waste washing ashore on the beaches of Lake Erie and Lake Michigan in 1989. Early administration of the MWRA focused on the registration of all medical waste producing facilities, the investigation of reported violations of the MWRA, and enforcement of the MWRA.

In 1998 staff also began providing education and training to producing facilities and developing an inspection program.

In November 2001 Executive Order 2001-9 transferred the balance of the Medical Waste Emergency Response Fund to Michigan's General Fund to help address the State's budget deficit. The MWRP was dissolved in FY 2002 for the resulting lack of funding, and staff was reassigned. The enabling statute was not repealed; however, and in May 2003 the DEQ reestablished the MWRP, assigning one program specialist to administer the MWRA. Registration of producing facilities resumed, and staff notified regulated facilities to renew their registrations.

In October 2004 a second staff member was assigned to provide increased MWRP technical support, assist with routine administrative functions, provide education and assistance to the regulated community, and assist with complaint response and general compliance-based inspections of medical waste producing facilities.

In January 2011 the MWRP specialist retired, leaving one professional staff person in the MWRP. A registration technician was hired in March 2011 to assist with processing medical waste registrations and issuing registration certificates to regulated facilities as required by the MWRA.

III. PROGRAM FUNDING

The MWRP is funded through registration fees collected from medical waste producing facilities. Funds are deposited into the restricted Medical Waste Emergency Response Fund. The MWRA authorizes up to 80 percent of revenue to this Fund to be used for administration and operation of the MWRP. The remaining revenue can be used to respond to medical waste incidents for which the responsible party cannot be identified or an imminent public health hazard exists. The registration fee varies by facility from \$50 to \$150, and a registration is valid for three years. Registration fees generate an average of \$277,000 in revenue per year.

IV. PROGRAM OPERATION

Beyond maintaining the delivery of essential routine functions, staff focused on improving overall functional efficiency in the MWRP by incorporating effective process improvement strategies to assist the regulated community in achieving compliance with the MWRA. This ongoing effort includes developing and providing intuitive online resources for regulated facilities and the public, working with local health departments throughout Michigan to educate field inspection staff and coordinate voluntary sharps collection programs, and delivering user-friendly/streamlined processes to aid the public and the

regulated community. See Appendix 1 for a tabulation of active facility registrations. Staff undertook the following noteworthy activities in FY 2011:

- Investigated and closed four complaints about medical waste (see Appendix 2).
- Conducted 27 total inspections of medical waste producing facilities.
- Provided training to members of the regulated community and local health department inspection staff at six sessions.
- Revised, reviewed, and updated approximately 5,400 records in the medical waste registrant database, including the processing and issuance of approximately 4,500 registration certificates.
- Identified, notified, and registered 486 new medical waste producing facilities.
- Updated the MWRP Web site to provide information on MWRP services, educational materials, and links to related state and federal programs.
- Completed revision of the Medical Waste Directory, a guidance document that distinguishes regulated from non-regulated medical waste in all circumstances in which regulated medical waste may be generated. The revisions were based on recommendations from a work group comprised of representative experts from multiple sectors of the regulated community. The Medical Waste Directory has been provided in electronic format on the MWRP Web site as a tool to assist regulated facilities in proper waste segregation and disposal practices.
- Initiated educational outreach and provided assistance to hospitals and local health departments in an ongoing effort to expand the number of home-generated medical sharps collection services for Michigan residents and maintained the listing on the MWRP Web site, adding new programs as they are established.
- Worked with the Michigan Health & Hospital Association (MHA) to develop best management practices for the handling and disposal of chemotherapy drugs, hazardous waste, medical waste, universal waste, and pharmaceutical waste. A "Best Management Practices" guidebook was completed, mass produced, and disseminated to hospitals, pharmacies, and disposal vendors in an effort to provide increased compliance assistance in waste segregation and proper disposal. A workshop was planned and conducted subsequent to the close of FY 2011, made possible through a U.S. Environmental Protection Agency grant promoting this initiative.
- Reviewed and evaluated two alternative technologies designed by private industry for the effective treatment and/or containment of medical waste.

V. CURRENT INITIATIVES

MWRP activities in FY 2012 will include:

- Providing education and training to producing facility personnel through conference presentations, in-house training seminars, and informative Web-based reference documents.
- Expanding the Web listing of home-generated sharps programs through targeted mailings and establishing connections with local health departments, hospitals, pharmacies, community organizations, and other members of the regulated community.
- Administration of pending proposed amendments to the MWRA should the Legislature pass those amendments. This would include reconvening the stakeholder work group to develop draft amendments to the MWRA administrative rules, promulgating those amendments, and notifying approximately 14,600 current registrants and potential registrants of those amendments.
- Continuing an ongoing collaboration with DCH, the Department of Licensing and Regulatory Affairs, local health department representatives, and industry stakeholders in the completion of an administrative rules package to be promulgated as required by the provisions adopted in 2010 PA 375, which contains permitting and inspection requirements for all tattoo/body art/permanent makeup facilities in Michigan. In addition, actively participate in the development and provision of reference materials and provide educational training sessions to assist local health department staff throughout Michigan responsible for inspecting and permitting these facilities.
- Continuing an ongoing collaboration with the RMD, Hazardous Waste Section, and the DEQ, Office of Environmental Assistance, with the intended outcome of providing assistance to the MHA and several large hospitals, pharmacies, and waste treatment/disposal vendors in the development of an MHA-sponsored guidebook intended to be used in improving compliance assistance through the incorporation of best management practices and multi-faceted waste characterization/disposal strategies for all categories of waste generated by these facilities.
- Continuing to work with the RMD, Administration Section, and staff from the Department of Technology, Management, and Budget in pursuing a replacement of the current registrant database. This may include a conversion to an enhanced system such as the Enterprise Licensing System, although other similar platforms are under consideration. The intended goal of the conversion is to incorporate new features such as online user access to records, increase options for customers in completing the registration process, and effectively reduce administrative burdens in the MWRP to improve the efficiency and delivery of essential regulatory functions.
- Performing complaint-based and random inspections of medical waste producing facilities to ensure compliance with the MWRA is being met in the field.

- Finalizing and implementing an external/interpretive policy regarding the testing, marketing, use, regulation, and storage of dental rinse water waste in holding tanks installed in rural settings in response to requests for direction and clarification from industry stakeholders that manufacture and service these devices.

VI. PENDING PROGRAM DEVELOPMENTS

In an effort to make improvements to the requirements and definitions contained in the MWRA, DEQ staff has met and consulted on several occasions with a stakeholder work group to develop amended legislation intended to make industry-driven and regulatory improvements to the current statute, which has not been amended since its inception in 1990. Proposed amendments to the MWRA include the following noteworthy improvements:

- Clarification of outdated language and addition of new definitions to better reflect typical operations and changes in the regulated industry that have occurred since the original enactment of the MWRA.
- Establishment of testing requirements to verify continual effective and efficient operation of decontamination equipment used for treating medical waste before final disposal of the waste.
- Inclusion of new medical professions, industries, and transporters of medical waste in the definition of producing facilities of medical waste. These include physician assistants, acupuncturists, and trauma scene cleanup professionals.

APPENDIX 1

Active Medical Waste Producing Facilities

Facility Type	Active Registrants
Private Practice Medical, Dental, and Veterinary Facilities	10,190
Clinics (e.g., Health Departments and Universities)	509
Funeral Homes and Mortuaries	509
Nursing Homes, Hospices, County Medical Care Facilities, and Health Maintenance Organizations	473
Clinical, Analytical, and Research Laboratories	113
Hospitals	189
Freestanding Surgical Outpatient Facilities	87
Mental Health Facilities	119
Ambulance/Paramedic/Fire Departments	91
Animal Control Shelters	32
Pharmacies	1,049
Other (e.g., Dialysis, Blood Collection, Medical Education, and Body Art)	1,238
Current Active Registrations	13,985
Expired Active Registrations*	614
Total Active Registrations	14,599
Current Active/Total Active	95.8%

*"Expired Active Registrations" refers to facility registrations still listed as "active" in the MWRP database for which the registrations have expired and have not been renewed. These registrations require follow up by MWRP staff to determine the status of the facilities (e.g., delinquent, owner deceased, moved, closed, or owner retired).

Source of Information: Medical Waste Program Database

APPENDIX 2

Summary of Medical Waste Management Incident Reports by Location, Type, and Date October 1, 2010 - September 30, 2011

1. **Lansing, Plasma Collection Facility, November 2010**

A complaint was received by MWRP staff alleging excessive amounts of medical-related packaging and other waste being strewn about the perimeter of the facility's dumpster and subsequently being released into adjacent residential properties. MWRP staff visited the facility and verified the complaint, observing multiple saline IV bags, plastic caps, used anti-coagulant IV bags, needles, and plastic packaging from plasma collection equipment. Regulated medical waste was not found in the dumpster or around the perimeter. The facility owner corrected these issues immediately, and no further action was required.

2. **Westland, Dialysis Facility, December 2010**

MWRP staff received a complaint forwarded from the DEQ, Southeast Michigan District Office, filed by an individual alleging that bloody cotton, cloth, and tubing were being placed into the general trash at the facility. The complainant also alleged that waste receptacles were routinely splattered with body fluids while in use at the facility. Following an investigation by staff, which included a thorough tour of the facility, an administrative record review, and an interview with the facility administrator, the complaint was considered to be unfounded as no evidence of improper disposal was observed. No further action was required.

3. **Calumet, Pediatric Office, January 2011**

MWRP staff received a complaint alleging that a pediatric office was storing excessive quantities of sharps containers at the facility for extended periods of time. The complainant also alleged that medical waste was routinely placed in the general trash and that the facility did not possess a registration as a medical waste producing facility. MWRP staff interviewed the facility owners via telephone and determined that complaints of improper disposal were unfounded. The complaints regarding storage of sharps containers in excess of 90 days and failure of the facility to possess a medical waste registration were valid. MWRP staff explained necessary actions to resolve the violations. The facility submitted all requested corrective action and addressed the violations appropriately. No further action was required.

4. **Madison Heights, Proprietary School, March 2011**

MWRP staff received a referral complaint from the DCH, in which the complainant alleged that bloody gauze was being improperly disposed of at the facility as there were no accessible biohazard containers in use, and blood tubes were being placed in the regular trash. MWRP staff performed an investigation at the facility, and the complaint regarding improper disposal was considered to be unfounded. Proper medical waste disposal containers were in use and readily available, and no medical waste was observed in the dumpster or in the regular trash inside the facility. Several administrative violations of the MWRA were noted and cited, however. All requested follow-up compliance documentation was received and approved by MWRP staff. No further action was required.