FISCAL YEAR 2006
ANNUAL REPORT

Medical Waste Regulatory Program
Storage Tank and Solid Waste Section
Waste and Hazardous Materials Division
Department of Environmental Quality

This annual report is 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.

Prepared By:
John N. Gohlke, R.S., M.S.A., Program Specialist
Medical Waste Regulatory Program
Storage Tank and Solid Waste Section
Waste and Hazardous Materials Division
Department of Environmental Quality
P.O. Box 30241
Lansing, Michigan 48909-7741

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I. INTRODUCTION

Medical Waste Regulatory Program (MWRP) staff prepared this annual report for the Fiscal Year 2006, October 1, 2005, to September 30, 2006.

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

The purpose of the MWRA is to safeguard public health and to prevent exposure to the risk of injury or disease from improperly managed medical waste and the degradation to the environment.

Among the statewide benefits attributed to the enactment of this legislation, as reported by the MWRP, are:

- A reduction in medical waste mismanagement incidents.
- An increased understanding of medical waste issues and related waste disposal issues such as the disposal of expired pharmaceuticals, personal care products, and home-generated sharps waste.
- Strengthened ties to the regulated community and educating its representatives about medical waste concerns.
- Promoting compliance with medical waste requirements through education, compliance assessment, and enforcement.
- The establishment of guidelines for the evaluation of alternative medical waste treatment technologies. These guidelines will help provide safe and environmentally sound treatment alternatives to replace incineration of medical waste.

II. MWRA AND MWRP HISTORY

The Legislature created the MWRP with enactment of the MWRA in response to incidents of medical waste washing ashore on the beaches of Lake Erie and Lake Michigan in 1989. The MWRP focused on the establishment of a program to address the objectives mandated by the MWRA, including the registration of all medical waste producing facilities, the investigation of reported violations of the MWRA, and enforcement of the MWRA.

In 1998 the MWRP began providing education and training to producing facilities and the development of an inspection program. Staff continued to identify and

register new medical waste producing facilities as well as administering and enforcing the MWRA.

In November 2001 Executive Order 2001-9 transferred the balance of the Medical Waste Emergency Response Fund (MWERF) to Michigan's General Fund to help address the state's budget deficit. With no appropriation for Fiscal Year 2002, the MWRP was dissolved and staff was reassigned. The enabling statute, however, was not repealed, and in May 2003 the current Department of Environmental Quality (DEQ) administration reestablished the MWRP, assigning one program specialist to the program. The registration program resumed, and facilities began to be notified to renew their registrations. In October 2004 a second technical staff person was assigned to the MWRP to assist the program specialist and to begin inspecting facilities.

Approximately 7,200 facility registrations expired during the 19 months that the MWRP was not functioning. All of these facilities have been notified of the revival of the MWRP and of the requirement to register as medical waste producing facilities. As of September 30, 2006, there were 13,070 active medical waste producing facilities registered with the MWRP. The MWRP has achieved a **97.7 percent registration compliance rate** for these active facilities. MWRP staff is contacting the remaining 313 active facilities with expired registrations to determine their status and, as necessary, pursue registration compliance. Appendix 1 provides a breakdown of the registrants by registration category.

III. MWRP FUNDING

The MWRP is self-funded through registration fees collected from the medical waste producing facilities. Funds are deposited into the restricted MWERF. The MWRA authorizes up to 80 percent of the funds placed in the MWERF to be used for administration and operation of the MWRP. The MWERF monies are also to be used to provide emergency response for medical waste incidents where the responsible party cannot be identified or an imminent public health hazard exists. In Fiscal Year 2006, 2,904 medical waste producing facilities paid their registration fees, generating $190,800 for operation and funding of the MWRP. Registrations are valid for three years.

IV. MWRP OPERATION

As noted above, the main focus of the MWRP was to renew registrations expiring in 2006, to reduce the number of expired registrants, to contact potential registrants, and to increase the number of inspections performed at registered medical waste producing facilities. MWRP staff undertook the following initiatives:

- Staff investigated and satisfactorily resolved 18 complaints about medical waste. See Appendix 2 for a summary of these complaints.

- Staff conducted 109 inspections of medical waste producing facilities.

- Approximately 3,100 registration applications and information letters describing the requirements of the MWRA were mailed to potential registrants identified from the Internet yellow pages.

- Staff provided training and instruction at eight regional or statewide conferences and training sessions and one national/international conference.

- Staff updated the MWRP Web site to provide information on current program services and educational materials and supplied links to related state and federal programs.

- Staff continued to work with Waste and Hazardous Materials Division (WHMD) administration in refining and updating amendments to the MWRA in preparation for legislative introduction.

- MWRP staff was recognized with the WHMD's 2006 Team Award for achieving outstanding accomplishments through teamwork in meeting WHMD ideals and DEQ customer service principles.

V. CURRENT INITIATIVES

The MWRP is undertaking and/or planning the following initiatives for Fiscal Year 2007:

- Completing the amendment process to the MWRA.

- Upon passage of the amended MWRA by the Legislature, establishing a work group to begin drafting and revising the MWRA administrative rules.

- Establishing a work group to begin a revision of the Medical Waste Directory.

- Continuing to contact and complete registration of those facilities that have failed to register in the past. This will be done through mailings, publications in organization newsletters, staff contact, and other available avenues.

- Conducting a minimum of 100 inspections of medical waste producing facilities.

- Providing education and training to producing facility personnel through conference presentations, in-house training seminars, and computer Web site links.

- Assisting in the development of an environmental health undergraduate degree program at Central Michigan University and further development of a graduate degree program at the University of Michigan with the intent of linking together the two college degree programs. Courses in waste and hazardous materials management, including medical waste management, are planned to be made a part of the curriculum(s).

Appendix 1

Tabulation of MWRP Active Registrations
September 30, 2004 - September 30, 2006

Category	Sept. 30, 2004	Sept. 30, 2005	Sept. 30, 2006
Medical	4,331	5,821	6,702
Dental	2,200	3,363	3,710
Veterinary	531	858	917
Funeral Homes/Mortuaries	311	508	534
Nursing Homes	331	412	418
Labs/Research	85	163	166
Hospitals	145	165	165
Mental Health	68	112	124
Ambulance/Paramedic/Fire Dept.	61	83	89
Pharmacies	26	31	34
Other: Dialysis/Blood Collection/ Medical Education	179	201	211
Total Current Registrations	**8,268**	**11,717**	**13,070**
Active but Expired Registrations	4,570	426	313
Total Active Registrations	**12,838**	**12,143**	**13,383**
Current/Active	**64.4%**	**96.5%**	**97.7%**

Source of Information: MWRP Database

Appendix 2

Summarization of Medical Waste Management Incident Reports by Location, Type, and Date October 1, 2005 - September 30, 2006

1. **New Era, Residential, October 2005**
   A resident who was walking the Lake Michigan shoreline reported finding four syringes along the lakeshore. The syringes were standard insulin injection syringes with protective needle covers in place. Their place of origin could not be determined. We requested the resident to report any further occurrences to our office or the local health department as soon as syringe waste is found. We contacted Environmental Health Divisions of the area local health departments, notified them of the incident, and requested them to inform their staff to report any other incidents to MWRP staff. The complaint has been resolved.

2. **Saint Clair Shores, Dental Practice, October 2005**
   Complaint referred to MWRP regarding improper disposal of sharps medical waste. Staff conducted an inspection of the facility and determined that the facility was in compliance with the MWRA for disposal of sharps waste. The facility had records showing consistent pickup and disposal by a reputable medical waste collection service. The facility did not have an acceptable Medical Waste Management Plan. The facility corrected this item of noncompliance by the agreed upon date. The complaint has been resolved.

3. **Fenton, Tattoo Facility, October 2005**
   A customer reported that the facility was disposing of sharps in the general trash, reusing body art needles, not properly sterilizing equipment, and was infested with roaches. The Genesee County Health Department (GCHD) operates a body art inspection program so this complaint was discussed with their Environmental Health Division staff and referred to that office for inspection. An inspection determined the complaint to be unfounded. The facility was in compliance with GCHD requirements and the MWRA, except the facility was not registered with the MWRP. The facility was given a registration application and is now registered as a producing facility of medical waste under the MWRA. The complaint was determined to be unfounded and resolved.

4. **Bingham Farms & Lansing, Health Services Facilities, October 2005**
   A facility employee reported she had been instructed to collect medical waste generated during health screenings performed at various locations and transport the waste generated back to her home. After sufficient waste had been collected, she was to package it in a cardboard box for shipping via commercial carrier back to the home office. Medical waste was reportedly stored for an excessive amount of time at the home office before being disposed. Since this involved possible violations of U.S. Department of Transportation (U.S. DOT) rules and regulations on shipment of biohazardous waste, the incident was reported to the Michigan

State Police, Hazardous Materials Unit. MWRP and U.S. DOT staff conducted a joint inspection of the corporate facility. The corporate facility was cited for MWRA violations, including failure to register as a producer of medical waste, and for U.S. DOT violations. The U.S. DOT administered fines for the violations cited, and the MWRP established a compliance date for the MWRA violations. Compliance was achieved, and this complaint was closed.

5. **Madison Heights, Dental Practice, November 2005**
   The local health department relayed a complaint from a patient who claimed sharps waste was being discarded in the general trash. An inspection revealed proper disposal of sharps biohazard waste. The syringes observed being discarded in regular trash were irrigation syringes that do not use a needle and do not become contaminated with blood or body fluids. Other MWRA violations noted during the inspection involved record maintenance and training requirements. Compliance was achieved, and this complaint was closed.

6. **Grand Rapids, Residential, January 2006**
   A resident of Grand Rapids alleged that medical waste had been dumped behind her home. Upon investigation, a large pile (approximately one large garbage bag) of medical waste was found in the alley behind her home. Although it could not be determined if any regulated waste was present, the waste was collected and removed. No identifying information was found in the waste. We informed the resident to report any repeat incident to the DEQ. The complaint was closed pending no further occurrence.

7. **Adrian, Medical Facility, January 2006**
   The Adrian Police Department contacted MWRP staff concerning several large sharps containers left at a facility. MWRP staff accompanied the police on an inspection of the facility. This complaint was received as part of an investigation by the Adrian Police Department involving nonlicensed practitioners who were allegedly giving injections to patients. The facility was found to be operating as a weight loss clinic at which injections were allegedly being given to clinic patients. The facility was previously registered under a physician's name with the MWRP and was operated as a physician practice. The physician had retired, and the weight loss clinic had taken over occupancy of the premises. The Adrian Police Department was instructed to contact a medical waste collection service to dispose of the sharps containers after they had completed their investigation involving nonlicensed practitioners. If the weight loss clinic were to remain open and continue to legally provide injections and generate sharps medical waste, then they would be required to register with the MWRP.

8. **Grand Rapids, Industrial Facility, February 2006**
   A former employee of a facility that cleans and repairs surgical equipment alleged that improper medical waste disposal was occurring at the facility. MWRP staff visited the facility and determined that the facility does not produce any medical waste. It was also concluded that medical waste was not generally encountered at the facility, and a biohazard bin would be purchased in such an event.

9. **Hesperia, Dental Practice, February 2006**
The Michigan Occupational Safety and Health Administration (MIOSHA) referred this anonymous complaint alleging that the owner of a dental practice in Hesperia, Michigan, had buried medical waste on his farm. MWRP staff inspected the facility and determined that medical waste had been buried and routinely burned on the property. The facility was cited for several violations of the MWRA. Follow-up corrective action was received and approved.

10. **Warren, Podiatry Practice, March 2006**
A medical waste disposal company alleged improper disposal of sharps by a doctor and the staff at a facility. Upon inspection, it was found that a situation had previously occurred in which loose needles were present in a biohazard bag, but the problem had since been corrected. Several violations of the MWRA were noted during the inspection. Follow-up corrective action was received and approved.

11. **Niles, Funeral Home, March 2006**
The DEQ, Environmental Science and Services Division, referred this complaint concerning a sump pump installed in a preparation room of a mortuary. The concern was specifically that residual blood or body fluids would be transferred from the sump pump and expelled by the outdoor sprinkler system. The city of Niles was contacted and performed an investigation of the water discharge. They found no evidence of blood in the sump pump and determined that it was unlikely that this would occur.

12. **Kincheloe, Correctional Facility, April 2006**
An inmate at a correctional facility alleged that laundry received from a local hospital contained liquid blood and needles, putting laundry personnel at risk for exposure. Michigan Department of Corrections (MDOC) staff was contacted concerning the complaint, which had already been investigated by an MDOC inspector. The complaint was unfounded due to the inmate using improper precautions. The alleged source hospital was contacted. The hospital uses proper sorting precautions, and scrutiny is employed prior to release of any laundry to the correctional facility. A previous inspection at the hospital by the MWRP staff also noted no evidence of improper disposal.

13. **Ypsilanti, Medical Practice, May 2006**
This complaint was received from an individual regarding improper storage of medical waste prior to disposal. The complainant alleged that the physician was storing medical waste in his car and was unsure how long the waste had been there. The facility was inspected, and no evidence of improper storage could be verified. Several other violations of the MWRA were cited. Follow-up corrective action was received and approved.

14. **Owosso, Medical Practice, June 2006**
A resident of Corunna alleged that an employee of a medical facility, who was a previous renter at her home, brought home needles and disposed of them in the

backyard. The complainant alleged that she was injured by one of the needles and had since received follow-up testing. No other needles were found in the backyard. The medical facility where the employee worked was inspected, and it was determined through consultation and discussion with office staff that medical waste was disposed of appropriately by a medical waste disposal company. Several violations of the MWRA were cited. Follow-up corrective action was received and approved.

15. **Addison and Hillsdale, Medical Practices, June 2006**
An anonymous complaint was received that alleged the improper disposal of sharps, specifically the transfer of loose sharps from a sharps container to a biohazard bag to enable the reuse of the sharps containers. Inspections at both facilities resulted in violations of the MWRA. During the inspections, sharps containers were being used properly. This incident was also referred to MIOSHA for worker safety issues and to the Department of Community Health.

16. **Flint, Nursing Home, June 2006**
Genesee County referred an anonymous complaint alleging that sharps containers were present on the loading dock of an abandoned nursing home. A Genesee County official made a visit to the site and confirmed the presence of the sharps containers. The previous owner of the facility was contacted, and the waste was removed by a medical waste disposal company. A record of removal was received by the WHMD.

17. **Sterling Heights, Senior Living Community, July 2006**
An individual alleged improper training of staff at a home for the aged. The complainant stated that they were stuck with a needle on several occasions, the employer did not agree to pay for post-exposure follow up, and that nonlicensed medical providers are giving injections at the direction of the employer. As these facilities are not regulated under the MWRA, it was concluded that the incident should be referred to MIOSHA as a safety issue under the Bloodborne Infectious Diseases Standard. The incident was referred to appropriate staff at MIOSHA.

18. **Grand Rapids, Medical Facility, September 2006**
A complaint was received from a representative of a company that performed maintenance work at a medical facility. The complaint alleged that human tissue, blood, and needles were observed in a general waste dumpster located outside of the office building. Three medical offices were located at the facility, and all were inspected. Inspection of the general waste dumpster confirmed medical waste was present, which included primarily blood-soaked items. One of the inspected facilities claimed responsibility for the waste, and corrective action was performed. The medical waste was removed from the dumpster by a medical waste disposal company the following day. Applicable violations of the MWRA were cited. Follow-up corrective action was received and approved.