

# FY 2017 Medical Waste Pilot Program Activity Guide For Local Health Departments

This guidance was developed by the Department of Environmental Quality (DEQ) to provide participating agencies with guidance on conducting all activities as described for the Fiscal Year (FY) 2017 medical waste pilot Program I. under the Local Health Department (LHD) grant administered by the DEQ.

**NOTE: Inspectors must have received basic blood borne pathogens training and comply with all MIOSHA safety standards during inspection activities.**

## **A. Medical Waste Regulatory Program Outreach and Inspection Activities**

The DEQ will provide the grantee with up to date listings and any other deliverables as described below for inspection purposes.

### **1. Remote follow-up from work station or performance of a second inspection on-site at facilities inspected during either the 2014, 2015, or 2016 pilot that have failed to register or may have failed to resolve any other noted violation as required.**

- a) 'No site visit' contact consultations (mail, phone, etc.) and documentation of compliance verification or referral to DEQ as indicated for continued noncompliance should be documented appropriately (call log, correspondence, etc.) and retained to remit to DEQ for final allocation disbursement at the end of the pilot.
- b) Alternatively, LHD staff may perform a second follow-up inspection, documented on a facility inspection form that provides a 30-day deadline for compliance for any violations. Should the facility fail to comply by the deadline, it will be referred to the DEQ. If compliance is achieved, the inspection reports should be retained until the end of the pilot for final reimbursement. If the facility fails to return to compliance, these reports and any supporting documentation should be provided to DEQ after 30 days so enforcement activities may be conducted to ensure facility compliance.

### **2. Potential Registrants that have Licenses, Permits, etc. from Other State Agencies**

- a) One listing will contain names and addresses of facilities for which there exist current permits, registrations, or licenses issued by other state agencies (within the last year) that are indicative of facility types that typically would generate medical waste.
- b) The DEQ will provide an updated listing as to the status of these facilities on a periodic basis or at the request of the participating LHD.

### **3. Outreach and recruitment of new community service-based sharps collection programs for Michigan residents.**

- a) LHD staff may pursue the successful establishment of any new sharps collection programs and perform a subsequent relay of program info/specifics to DEQ for addition to the DEQ Medical Waste Regulatory Program (MWRP) Web site as they become available, or within 7 business days of the establishment of such new programs.
- c) A list of current sharps collection programs by county can be found on the MWRP Web site at [www.michigan.gov/deqmedwaste](http://www.michigan.gov/deqmedwaste).

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- c) Efforts may be conducted at the discretion of each LHD, through contact with registered facilities, local municipalities, community organizations, etc. Specific details regarding successful implementation of a program should be relayed to DEQ as noted under a) and all supportive documentation should be retained by each LHD for submittal to DEQ at the end of the pilot for reimbursement.
- 4. Inspection of any type of registered facility to be randomly selected from an entire listing of both small producers and large producers provided by the DEQ.**
- a) Each of the facilities described above will be registered with the DEQ, and a current listing of these registrants will be furnished to each LHD within the grantee's jurisdiction following the execution of the LHD grant contract by the LHD and DEQ.
- b) The DEQ may provide the LHD with an updated list as noted above as needed or requested by each participating LHD to reflect changes in the status or information as it pertains to the medical waste producers provided in the listing.
- c) If it is found that a facility on the list is no longer open, in operation, or the data corresponding to a particular facility (i.e. address) has changed, notify Andrew Shannon, Medical Waste Regulatory Program (MWRP). The notification may be made via e-mail at shannona1@michigan.gov, or by telephone at 517-230-9800 so the record can be inactivated or updated in the DEQ database.
- 5. Following contact with and pre-approval by DEQ, performance of initial response activities in response to reports of an incident or complaint allegations, including visiting the site, gathering information, taking photos, and remediation if verified.**
- a) If complexity exceeds inspector's ability to remediate the situation, or has potential to be controversial in nature, referral of all collected information may be made to DEQ program staff. It is expected that LHD staff will be available to assist the DEQ in collection of appropriate information, site visits accompanied by DEQ staff, etc. for reimbursement.
- b) Each potential incident or reported violation should be reported to DEQ as soon as feasibly possible to obtain approval to investigate. DEQ will accompany LHD staff on such an investigation if warranted.
- c) All reports should be documented in accordance with established LHD policies and procedures, and supporting documentation shall be retained by each LHD for reimbursement following the end of the pilot, including notes regarding steps taken to remediate the complaint. This may include, but is not limited to, follow-up correspondence to the complainant following the determination of the validity of any reported incident or violation.
- 6. Presentations and/or training of professional organizations representing any type of medical waste producer and profession regarding the requirements of the Medical Waste Regulatory Act and Rules.**
- a) Any training modules or presentations should be reviewed and approved by DEQ staff for accuracy of information prior to delivery of the presentation. Examples of presentations or trainings provided may include, but is not limited to, provision to such entities as the Michigan Veterinary Association, Michigan Funeral Directors Association, Michigan Health and Hospital Association, etc.

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- b) Each LHD may tailor their own training documents and presentations to such organizations or regulated facilities, or may request sample training presentations used in the past by DEQ staff. The sample presentations should be modified to reflect the audience and the nature of the presentation.
- c) Each presentation or training module under this section should be retained by the LHD, including any supporting documentation such as the name of the group, the number of attendees, etc. for final reimbursement at the end of the pilot.

## **B. Scheduling of Inspections and Time Considerations**

1. Using the lists provided by DEQ, the grantee or designated personnel are encouraged to pre-schedule all inspections by contacting the facility beforehand to set up a meeting with the owner, office manager, OSHA trainer, Environmental Services Manager, or another staff member who has knowledge of the medical waste handling procedures and regulations.
2. A large facility inspection *may* last up to two hours such as hospitals with 150 or more patient beds. It will most likely take 1-1 ½ hours to perform inspections of most other large facilities, such as nursing homes, private practices with 4 or more licensees, etc.
3. Assume that an inspection of an *unregistered* facility may last up to 1 hour or more if not scheduled ahead of time. If the inspection is pre-scheduled, assume 30-45 minutes.
4. When scheduling inspections, be sure to provide the facility contact with a brief explanation of what the inspection will entail and what documentation you would like to review. Direct the appropriate staff at the facility to the MWRP Web site ([www.michigan.gov/deqmedwaste](http://www.michigan.gov/deqmedwaste)) for examples of reference documents, a copy of the regulations, and any paperwork that needs to be completed if not done already. When facilities are aware of what they need to have and what to expect, the time spent by the inspector is greatly minimized, especially if inspecting a large facility.

## **C. What to Bring to the Facility**

1. The DEQ Medical Waste Producing Facility Inspection Report form (Inspection Report) to be completed by the LHD personnel during the inspection (provided by DEQ on the program Web site). In the interest of saving time, the basic facility information (name, address, registration number, etc.) should be added to the form before arriving at the facility.
2. Inspector's ID and/or business cards.
3. Contact information for the DEQ MWRP in the event you need consultation by phone. The contact person is Andrew Shannon, MWRP Specialist, 517-230-9800, or via email at [shannona1@michigan.gov](mailto:shannona1@michigan.gov).
4. A copy of the *Medical Waste Regulatory Act and Administrative Rules* for reference. Links to these documents are located at the bottom of the MWRP Web site.
5. Blank reference documents and forms that may be provided to the facility for educational and compliance purposes from the MWRP Web site (*Medical Waste Management Sample Plan, Listing of Medical Waste Disposal Services, etc.*).

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## D. General Elements of the Inspections

### 1. Facility Tour and Observations

- a. The inspection form as referenced above should be used in performing inspections at facilities. If extra space is required for large facilities, please attach extra notes by stapling them to the Inspection Report.
- b. Ask for a brief tour of the facility, starting with an open patient room or any other area where medical waste is typically generated or stored. It is not necessary to inspect every area of the facility; only to inspect typical rooms or areas.
- c. Using the '*Packaging, Storage, and Labeling*' section of the Inspection Report as a checklist, evaluate the facility for compliance with the applicable provisions under Sections 13809 through 13811 and 13821. Example inspection questions to consider include: How are the different categories of medical waste (infectious, pathological, etc.) kept separate? Is the waste kept secure from unauthorized personnel? Where is the waste stored prior to removal?
  - i. Verify the use of thick walled "sharps" containers (with biohazard symbol or the word "sharps" on the container) in compliance with Subsections 13811(d) and 13821(a) for needles, syringes with needles attached, scalpels, glass vaccine vials, etc. Thick-lined bags must be used for items such as blood saturated gauze, plastic test tubes containing blood, etc.
  - ii. Pathological waste as defined in Subsection 13807(2) is more common in larger facilities than in small private practices (with the exception of plastic surgery clinics and abortion clinics). It includes human tissue, body parts, organs, etc. It should not be treated in an autoclave and instead can either be ground and flushed into a sanitary sewer or separated from all other waste types and labeled "*for incineration only*". See Subsection 13811(c)\*.
- d. If you observe any violations, let the facility contact know why it is a violation and what can be done to correct it.
- e. If a violation appears to pose an immediate risk to public health or the environment, promptly call the MWRP at 517-230-9800 so DEQ staff can follow-up as appropriate in requiring remediation and taking enforcement action.

*\*In the rare event that 'fetal remains' are generated by any facility you inspect, you are not expected to identify or offer any official guidance to the facility regarding the proper disposition of the remains, which may or may not fall outside of the purview of the MWRA and associated Administrative Rules. If such a facility is inspected and staff ask questions regarding such remains, please refer them to the MWRP.*

### 2. Paperwork Review

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- a. Current Certificate of Registration as a Medical Waste Producing Facility with correct registration number, name and address (will not apply to facilities not registered, unless they do so before the inspection).
- b. The last two medical waste shipment records verifying proper disposal at least every 90 days as required under Subsections 13809(h) or 13810(d).
- c. A *Medical Waste Management Plan* in compliance with section 13817. Use the Medical Waste Management Plan section of the Inspection Form as a checklist for key requirements.
- d. A record of employee training addressing handling of potentially infectious waste (e.g., MIOSHA blood borne pathogens training) as required under Section 13830 and Rule 7

## 3. Inspection Summary and Wrap-Up

- a. Complete the Inspection Form, including any noteworthy observations or recommendations in the remarks section.
- b. Review with the facility contact any issues that should be corrected.
- c. Either let the facility contact make a copy of the Inspection Form for their records or commit to sending them a copy after you return to your office.
- d. Ask if there are any questions or concerns regarding the inspection or the compliance status of the facility. Be as responsive as you can and offer to follow-up on those that you cannot address at that time, either after additional research or referring them to the DEQ.
- e. The inspection concludes. Thank them for their time and assistance.

## 4. Completion of Documentation

- a. Send the facility contact a copy of the Inspection Report via e-mail or regular mail if a copy was not left at the time of inspection, and include other informational resources as appropriate.
- b. Retain inspection forms for submittal to the DEQ within the timeframes specified.
- c. Ensure the facility listing and associated data provided by the DEQ is accurate for each facility.