2022 MEDICAL WASTE INSPECTION/ACTIVITY GUIDE FOR LOCAL HEALTH DEPARTMENTS

This document was developed by the Department of Environment, Great Lakes, and Energy (EGLE) to provide participating Local Health Departments (LHD) with guidance on conducting the activities described for the Fiscal Year (FY) 2022 Medical Waste Grant Agreement administered by EGLE.

LHD inspectors must be trained on the Bloodborne Infectious Diseases Standard before performing inspections and must complete a refresher training annually. Also, LHDs must follow applicable MIOSHA safety standards (use of personal protective equipment, universal precautions, etc.) while performing inspections. Those who have already received the training may train and certify new staff. Please consult the MIOSHA Education and Training Division for Bloodborne Infectious Diseases Standard training materials.

I. MEDICAL WASTE FACILITY OUTREACH AND INSPECTION ACTIVITIES

A. Inspection of any type of registered facility or potential registrant to be randomly selected from the listing of both small and large medical waste producers provided by EGLE. A current master list of the facilities, by county, described above within the grantee's jurisdiction that are or should be registered with EGLE, will be furnished to each LHD following the execution of the LHD Grant Agreement by the LHD and EGLE. The master listing will be provided to the LHD in an electronic format and will be updated if there are significant changes in registrant data or upon request by LHDs.

B. The potential registrants were determined by comparing current permits, licenses, or other registrations issued by other state agencies that are indicative of facility types that would typically generate medical waste with the list of currently registered medical waste producing facilities.

C. If a facility on the list is no longer open, in operation, or the address or contact information for the facility has changed, please notify the Medical Waste Regulatory Program via the electronic mailbox at: MedicalWaste@Michigan.gov. A physical visit to such a facility may be counted for reimbursement, just note the closure on an inspection form provided by EGLE.

D. Remote follow-up activities from LHD workstation or performance of a second inspection on-site at facilities inspected during the 2014-2021 pilot activities that have failed to register or may have failed to resolve any other noted violation as required may be conducted for reimbursement.

E. Remote follow-up activities such as phone calls, emails, letters, etc. to resolve registration or other previously noted compliance issues should be documented and any relevant documentation (call log, correspondence, original inspection reports, etc.) should be retained by the LHD until completion of grant activities to remit to EGLE for final reimbursement.

F. LHDs will be reimbursed $50 for a remote follow-up activity and $100 for a follow-up field inspection as stated in the Grant Agreement. Facilities should be given a 45-day deadline for compliance with any noted violations.

G. If the facility fails to return to compliance after 45 days from the LHD follow-up contact, a referral to EGLE by the LHD should be made by postal mail, email at MedicalWaste@Michigan.gov, or telephone as soon as reasonably possible. A referral should include all supporting documentation of the LHD actions to date to get the facility to come into compliance.

II. OUTREACH AND RECRUITMENT OF NEW COMMUNITY SERVICE-BASED SHARPS COLLECTION FOR RESIDENTS.

LHD staff may pursue the establishment of any new sharps collection programs and perform a subsequent relay of program information/specifics to EGLE for addition to the EGLE Medical Waste Regulatory Program Web site as they become available, or within seven business days of the establishment of such new program.

A. A list of current sharps collection programs by county can be found on the MWRP Web site under Medical Waste Program Information and is located near the bottom of the list, Drug Takeback Map with Sharps Collection Locations for Michigan Residents.
B. Efforts may be conducted at the discretion of each LHD, through contact with registered facilities, local municipalities, community organizations, etc.
C. Specific details regarding successful implementation of a program should be relayed to EGLE and all supporting documentation should be retained by each LHD for submittal to EGLE at the end of the pilot for reimbursement.

III. COMPLAINTS AND INCIDENT INVESTIGATION

A. Performance of activities in response to a medical waste incident or complaint allegations.
B. If the complexity of the complaint or incident exceeds the inspector's knowledge or comfort level, the LHD shall refer all collected information to EGLE program staff via email at MedicalWaste@Michigan.gov or phone as soon as possible.
C. It is expected that LHD staff will be available to assist EGLE in collection of information, site visits accompanied by EGLE staff, etc., as appropriate. LHD staff will be eligible for reimbursement for any inspections performed with EGLE.

IV. PRESENTATIONS AND/OR TRAINING

A. Any training modules or presentations should be reviewed and approved by EGLE staff for accuracy of information prior to delivery of the presentation. Examples of presentations or trainings provided may include, but are not limited to, provision to such entities as local emergency management services, hospitals, etc.
B. Each LHD may tailor their own training documents and presentations to such organizations or regulated facilities and may request sample training presentations used in the past by EGLE staff to use as a starting point. The sample presentations may 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. to be submitted to EGLE for final reimbursement at the end of the grant period.

V. SCHEDULING OF INSPECTIONS AND TIME CONSIDERATIONS

A. Using the master list provided by EGLE, the grantee or designated personnel are encouraged to 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.
B. A large facility inspection typically lasts between 1.5 to 3 hours at facilities such as hospitals with 150 or more patient beds. It will most likely take 1-2 hours to perform inspections of most other large facilities, such as nursing homes, private practices with four or more licensees.
C. Assume that an inspection of an unregistered facility may last up to one hour or more if not scheduled ahead of time. If the inspection is pre-scheduled, assume 30-45 minutes.
D. When facilities are aware of what they need to have and what to expect, the time spent by the inspector in waiting for document retrieval, having a staff person appropriate to accompany you on the facility tour, etc. is greatly minimized, especially if inspecting a large facility.

E. What to Bring to the Facility:

1. *EGLE Medical Waste Producing Facility Inspection Report* form (Inspection Report) to be completed by the LHD personnel during the inspection (provided by EGLE 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 card.*
3. *Contact information for EGLE MWRP in the event you need consultation by phone. Please contact And*rew Shannon, MWRP Specialist, 517-230-9800, or via email ShannonA1@michigan.gov. If Mr. Shannon is not available, please contact Rhonda Oyer, Solid Waste Section Manager at 517-897-1395, or via email at OyerR@michigan.gov. General program inquiries can be emailed to medicalwaste@michigan.gov.
4. Alternatively, the EGLE Environmental Assistance Center may be reached by calling 800-662-9278 or via email at EGLE-assist@michigan.gov.
5. .A copy of the Medical Waste Regulatory Act and the Administrative Rules and links to these documents are located on the MWRP Web site .
6. Blank reference documents and forms that may be provided to the facility for educational and compliance purposes can also be found on the (Medical Waste Management Sample Plan, Listing of Disposal Services, etc.)

F. GENERAL ELEMENTS OF THE INSPECTIONS FACILITY TOUR AND OBSERVATION

1. If inspecting a large facility, it is not necessary to inspect every area of the facility; only to inspect a typical sample of rooms or areas where different storage, handling, and/or packaging procedures may exist due to multiple waste types being typical for larger facilities.
2. The inspection form as referenced above should be used in performing inspections at facilities. If extra space is required for large facilities, please attach any extra notes by attaching them to the Inspection Report.
3. 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.
4. 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 13921. Example inspection questions to consider include: How are 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?
5. Verify the use of thick-walled, puncture proof "sharps" containers (with a 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.
6. 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)*.
7. If you observe any violations, let the facility contact know why it is a violation and what can be done to correct it.
8. If a violation appears to pose an immediate risk to public health or the environment, promptly call the MWRP at 517-230-9800 or 517-897-1395. Alternately, the EGLE Environmental Assistance Center may be reached by calling 800-662-9278 or via email at egle-Assist@Michigan.gov so EGLE staff can follow-up as appropriate in requiring remediation and taking enforcement action.
9. In the unlikely 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.

G. PAPERWORK REVIEW

1. 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).
2. The last two medical waste shipment records verifying proper disposal at least every 90 days as required under Subsections 13809(h) or 13810(d).
3. 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.
4. A record of employee training addressing handling of potentially infectious waste as required under Section 13830 and Rule 7. MIOSHA training in the Blood Borne Pathogens Standard is acceptable in lieu of this requirement.

H. INSPECTION SUMMARY AND WRAP-UP

1. Complete the Inspection Form, including any noteworthy observations or recommendations in the remarks section.
2. Review with the facility contact any issues that should be corrected.
3. 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.
4. 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 EGLE.
5. The inspection concludes. Thank them for their time and assistance. 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.
6. Retain inspection forms for submittal to EGLE within the timeframes specified.
7. Ensure the facility listing and associated data provided by EGLE is accurate for each facility. Provide any changes needed to EGLE as previously directed.