

MEDDAC/DENTAC/VS Regulation 40-14

Medical Services

Regulated Medical Waste (RMW) Management Program

Headquarters
U.S. Army Medical Department Activity
Fort George G. Meade
2480 Llewellyn Avenue
Fort George G. Meade, MD 20755-5800
9 September 2004

Unclassified

SUMMARY of CHANGE

MEDDAC REG 40-14
Regulated Medical Waste (RMW) Management Program

Specifically, this revision—

- o Changes the responsibilities of the commanders and chiefs of outlying clinics (para 2-2).
- o Adds new paragraph 2-4f, which assigns the Environmental Science Officer (ESO) the responsibility of maintaining copies of the training certificates and appointment orders for individuals who are certified to sign shipping documents for the transport of biomedical materials.
- o Changes Safety/Infection Control Officer (SICO) to Safety Officer throughout the regulation.
- o Changes the requirement for the Safety Officer to assist local safety representatives, to assisting the ESO, to provide required annual RMW training.
- o Reassigns the responsibilities of the Chairperson, Infection Control Committee (ICC) to the Chairperson, Safety and Environment of Care Committee (SECC) (para 2-8).
- o Changes paragraph 2-9c (responsibilities of department, service, and clinic chiefs) to read: “Ensure all personnel who generate, segregate, and otherwise handle RMW, receive annual RMW training.”
- o Adds new paragraph 2-9e to the responsibilities of department, service, and clinic chiefs, to ensure that all RMW receptacles are labeled with a biohazard symbol.
- o Changes the procedure for outlying clinics to to obtain approval of site-specific SOPs for RMW to include submitting them through the MEDDAC ESO (para 3-2).
- o Deletes the requirement for the MEDDAC Commander to call an emergency meeting of the Infection Control Committee in the event of a contract medical waste transporter being unable to remove RMW from KACC (para 3-6b).
- o Deleted paragraph 4-2b.

The revision of 18 September 2002—

- o Has been published in a new format that includes a cover and this “Summary of Change” page.
- o Reformats the title page. The Contents section now includes the page numbers that the various chapters and paragraphs begin on.

- o The title “Infection Control Practitioner/Safety Manager” and acronym “ICP/SM” have been replaced by the title “Safety/Infection Control Officer” and acronym “SICO” throughout the regulation.
- o Throughout the regulation the term “Class” (as in “Class 1” and “Class 2”) has been changed to “Category” (Category 1, Category 2, etc.).
- o Regarding the records maintained by MTFs to track RMW, personnel responsible for tracking the RMW contractor invoices are also required to report the monthly statistics to the Federal Medical Logistics Support Web site (see para 3-16).
- o As part of initial training, the requirement personnel signing the contractor’s shipping papers will successfully complete an approved DoD hazardous materials certification course and be appointed in writing by the activity or unit commander (see para 4-1).

Department of the Army
Headquarters
United States Army Medical Department Activity
2480 Llewellyn Avenue
Fort George G. Meade, Maryland 20755-5800
9 September 2004

* MEDDAC/DENTAC/VS
Regulation 40-14

Medical Services

Regulated Medical Waste (RMW) Management Program

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History. This is the fifth revision of the publication. It was originally published on 14 February 1992.

Summary. This regulation covers the policies and procedures for management of RMW.

Applicability. This regulation applies to all elements of the U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC), the U.S. Army Dental Activity, Fort George G. Meade (DENTAC), and the Fort Meade Branch Veterinary Services (VS).

Proponent. The proponent of this memorandum is the Chief, Preventive Medicine Service (PM).

Supplementation. Supplementation of this regulation is prohibited.

Suggested improvements. Users of this publication are invited to send comments and suggested improvements, by memorandum, directly to the Commander, U.S. Army Medical Department Activity, ATTN: MCXR-PM, Fort George G. Meade, MD 20755-5800, or to the MEDDAC's Command Editor by fax to (301) 677-8088.

Distribution. Distribution of this publication is by electronic medium only.

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* This publication supersedes MEDDAC/DENTAC/VS Reg 40-14, dated 18 September 2002.

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Chapter 1 Introduction

1-1. Purpose

This regulation prescribes responsibilities, policies and procedures for management of RMW within all medical treatment facilities (MTFs) of the MEDDAC, the DENTAC and VS.

1-2. References

Required and related publications are listed in appendix A. Prescribed and referenced forms are also listed in appendix A.

1-3. Explanation of abbreviations and terms

Abbreviations and special terms used in this regulation are explained in the glossary.

1-4. Conventions used within this regulation regarding reference to officials, duty positions, personnel in general, and activity names

a. Throughout this regulation, the mention of all officials, duty positions, personnel in general, and activity names refer to these entities at the MEDDAC headquarters (that is, Kimbrough Ambulatory Care Center (KACC)), unless specifically identified as being associated with one or more outlying clinics, the DENTAC or VS.

b. The procedures described in chapter 3 of this regulation are applicable to the outlying clinics unless stated as being specific to Fort George G. Meade (FGGM). As necessary, outlying clinics should create clinic-specific instructions within their RMW standing operating procedures (SOPs) to implement these procedures.

Chapter 2 Responsibilities

2-1. The MEDDAC Commander

The MEDDAC Commander will ensure that RMW is identified and disposed of in accordance with (IAW) this regulation.

2-2. Commanders and chiefs of outlying clinics

Commanders and chiefs of outlying clinics will—

- a. Ensure RMW is segregated, handled and disposed of IAW this regulation.
- b. Prepare a contingency plan for disposal of RMW; provide a copy to the Environmental Science Officer (ESO) for review, and submit it to the Chief, Logistics Division (LOG), the Safety and Environment of Care Committee (SECC) and the Infection Control Committee (ICC) for approval.
- c. Prepare a SOP for local RMW management for any procedures that are not covered by this regulation. Provide a copy to the ESO for review, then submit to the SECC for approval.
- d. Submit requests for approval of exception to policy, thru the ESO and Infection Control Practitioner, to the SECC for not following the most stringent of policies, such as for storage times. If the request is approved by the SECC, document the approval.
- e. Ensure personnel are trained in the transport of biomedical materials, and that they are

certified and appointed on additional duty appointment orders to sign shipping papers. Forward copies of training certificates (to establish certification) and appointment orders to the ESO.

2-3. The Chief, PM

The Chief, PM will—

- a. Be the proponent of the MEDDAC's RMW Program.
- b. Coordinate closely with other organizational elements within the MEDDAC, DENTAC and VS for the effective management of the RMW Program.
- c. Monitor the collection, transportation, treatment, storage, and disposal of RMW to ensure all of these actions are accomplished within the time parameters set by this regulation.

2-4. The ESO

The ESO will—

- a. Provide guidance to the MEDDAC and outlying clinic commanders, directors and managers regarding Army, federal, state, and local regulations that cover the handling, storage and disposal of RMW.
- b. Provide and or coordinate RMW training for medical personnel assigned to the MEDDAC's MTFs.
- c. Include all projects relating to RMW in the Environmental Requirements Report.
- d. Conduct periodic inspections of all MEDDAC MTFs to ensure RMW is handled, stored and disposed of IAW this regulation.
- e. Review the disposal contracts for RMW to ensure the contractors are in compliance with existing Army, federal, state and local regulations.
- f. Maintain copies of the training certificates and appointment orders for individuals who are certified to sign shipping documents for the transport of biomedical materials.

2-5. The Chief, LOG

The Chief, LOG will—

- a. Ensure the contractor for the disposal of RMW complies with the requirements of the applicable Army, federal, state and local regulations.
- b. Prepare a contingency plan for the disposal of RMW at FGGM. Ensure RMW is incinerated IAW Environmental Protection Agency (EPA) guidelines.
- c. Provide a copy of the scope of work to the ESO for review prior to awarding any contracts.
- d. Monitor the housekeeping contract to ensure that portion of the contract dealing with the collection, transportation and disposal of RMW is written IAW this regulation and ensuring compliance.
- e. Provide RMW bags that are red, 3 mils in thickness, of appropriate size, and otherwise meet U.S. Army Medical Command (MEDCOM) and state regulations.

2-6. The Chief, VS

The Chief, VS will oversee the handling, collection and transportation by a local carcass disposal company of animal carcasses to the incineration site, and will ensure incineration of the carcasses IAW paragraph 3-14, below.

2-7. The Safety Officer

The Safety Officer will—

- a. Assist the ESO to provide required annual RMW training. (See paragraph 2-4B, above.)
- b. Assist the ESO to monitor RMW segregation, handling and disposal procedures throughout the MEDDAC, DENTAC, and VS.
- c. Ensure all appropriate protective measures are implemented within the MEDDAC, DENTAC, and VS; monitor work sites for compliance with applicable safety standards.

2-8. The Chairperson, SECC

The Chairperson, SECC will provide guidance and technical consultation to all areas within the MEDDAC that generate RMW and approve policies and procedures related to RMW.

2-9. Chiefs of departments, services, and clinics

Chiefs of departments, services and clinics, to include those at all outlying clinics, the DENTAC, and VS, will—

- a. Ensure that RMW is segregated and handled IAW this regulation.
- b. Provide initial RMW training to personnel who will require it in the performance of their duties.
- c. Ensure all personnel who generate, segregate, and otherwise handle RMW, receive annual RMW training.
- d. Provide personal protective equipment (PPE) and ensure it is used.
- e. Ensure all RMW receptacles are labeled with a biohazard symbol.

2-10. MEDDAC, DENTAC, and VS staff personnel

All MEDDAC, DENTAC, and VS staff personnel will ensure that RMW and general waste are identified, segregated and disposed of following the procedures established in this regulation.

2-11. Housekeeping personnel

Housekeeping personnel will collect and transport RMW to the appropriate storage area, disinfect carts, and ensure RMW bags are available to the staff. Housekeeping personnel at the following outlying clinics Defense Distribution Center (DDC) U.S. Army Health Clinic (USAHC), Fort Indiantown Gap (FIG) USAHC, Letterkenny (LEAD) USAHC, do not handle RMW. Clinic personnel at these clinics will transport RMW to the designated storage area, disinfect carts, and complete any other housekeeping tasks outlined in this regulation.

Chapter 3

General Overview, Waste Management Procedures, Contingency Planning, and RMW Records

Section I

General Overview

3-1. Use of standard precautions and PPE

This regulation requires that employees practice standard precautions and wear PPE when handling regulated medical waste. The term “standard precautions” is explained in the glossary.

3-2. Mandated guidance for RMW management

All health care facilities within the MEDDAC, DENTAC, and VS will utilize this regulation as the sole directive for RMW management. If necessary, outlying clinics will prepare site-specific SOPs, which will be submitted through the ESO and approved by the MEDDAC SECC prior to being put into use.

Section II

Waste Management Procedures, Contingency Planning, and Quantity of RMW

3-3. Disposal of general waste

General waste, as defined by MEDCOM Reg 40-35, will be managed and disposed of IAW AR 40-5 and AR 420-49. Such waste will be disposed of by the installation solid waste disposal contract. The term “general waste” is explained in the glossary.

3-4. What constitutes RMW and how it is disposed of

RMW, as defined by MEDCOM and the states of Maryland (MD) and Pennsylvania (PA), is defined in appendix B. MEDCOM’s definitions apply unless the definition of the state that your clinic resides in provides more stringent definitions. State regulations must be followed in all instances where the state’s definition is more stringent than MEDCOM’s. See appendix C for examples of items to be disposed of as RMW.

3-5. Packaging, collecting, marking and handling RMW

RMW will be segregated from general waste at its point of origin and securely bagged to provide a barrier between waste and worker. The bag is the primary barrier for bagged medical waste, and the sharps container the primary barrier for sharps waste. The biohazard symbol will be posted and visible on all RMW and sharps containers.

a. *Category 1 – Cultures, Stocks, and Vaccines.* Microbiologic waste (cultures and stocks of etiologic agents) will be separated from the general waste for decontamination. Liquid Class 1 RMW (liquid culture media) may be either steam sterilized and disposed of in the sanitary sewer system or the glassware placed in sharps containers for incineration or other approved disposal technologies. Full, partially full, or empty vials of vaccine agents will be deposited in sharps containers. Capsules from dental procedures may also be placed in sharps containers.

b. *Category 2 – Pathological Waste.* Pathological waste (see appendix B) will be placed inside an RMW container lined with a plastic RMW bag of at least 3 mils thickness.

c. *Category 3 – Blood and Blood Products.* Bulk blood or blood products in breakable containers will be placed in rigid, puncture resistant, leak-proof containers. Bulk blood or blood products in non-breakable containers (blood bags and blood filter tubing), and items tinged with blood (IAW the MD regulation) or saturated and dripping with blood (IAW the PA regulation) will be placed in plastic RMW bags of at least 3 mils thickness. Needles must be removed from tubing (not by hand) and placed in a sharps container for disposal.

d. *Categories 4 and 7 – Sharps.* All sharps will be discarded directly into rigid, puncture resistant, plastic sharps containers immediately after use. Disposable needles and syringes will be discarded intact and will not be cut, broken, bent by hand, or recapped with two hands. To prevent unauthorized removal of their contents, the sharps containers must be of a tamper-resistant design and must be locked to a mounting device, which is securely fastened to the building structure, or be

located in a room or area which is under continuous supervision by clinic personnel. Sharps containers in laboratory phlebotomy rooms must be securely mounted. Sharps containers will be located as close as practical to the use area, and the opening of the container will be at a height accessible to the shortest staff member's line of vision. The size (volume) of the sharps container will be determined by the activity serviced by that container. Sharps containers will be sealed when they become three-fourths full. Sharps containers will be labeled with MEDDAC Form 586 (Infectious Waste Tag) and taken to the appropriate local pick-up site for housekeeping personnel. (See appendix D.)

e. *Category 5 – Animal Waste.* Contaminated animal carcasses, body parts, and bedding of animals that were known to have been exposed to infectious agents during research (including that produced in veterinary facilities), production of biologicals, or testing of pharmaceuticals. VS generally handles waste in this category under separate regulation or SOP.

f. *Category 6 – Isolation Centers for Disease Control and Prevention (CDC) Risk Group IV Waste.* The safety officer will be consulted for specific instructions on handling CDC Risk Group IV waste. The following are considered CDC Risk Group IV waste (listing not all-inclusive): Anthrax, Ayper, Creutzfeldt-Jakob Disease, Crimean-Congo Hemorrhagic Fever, Junin, Kyasanur Forest Disease, Lassa Fever, Manhup-Ebola, Marburg Virus Disease, Omsk Hemorrhagic Fever, Plague, Russian Spring Summer Encephalitis, and Smallpox.

3-6. Contingency planning

a. The Chief, LOG will develop a detailed contingency plan for disposal of RMW in the event that the primary means of disposal becomes inoperable. The contingency plan will be in compliance with all local, state, and federal regulations. A copy will be provided to the ESO.

b. The Chief, LOG will maintain a list of the State of Maryland-approved RMW transporters who can be used if the regular contractor is unable to fulfill his or her obligation.

3-7. Bags used for RMW

RMW will be deposited in leak-proof, puncture resistant, plastic bag-lined receptacles. Bags used must be sturdy, tear resistant, at least 3 mils in thickness, and red (MEDDAC specific color). These bags can be acquired from housekeeping. All RMW bags utilized by the MEDDAC, DENTAC and VS will be procured by the MEDDAC from a single vendor. Red bags will be used for RMW disposal only.

3-8. Sealing of RMW bags and sharps containers

a. RMW bags will be sealed before they are removed from their RMW containers. Do not unnecessarily shake or squeeze an RMW bag in an attempt to reduce volume. Never attempt to compact RMW prior to disposal.

b. Gloves, as described in para f below, will be worn when sealing RMW bags and sharps containers. Clinic personnel will seal RMW bags and sharps containers when they are three-fourths full or after a bag has been used for 24 hours, whichever occurs first. RMW bags will be sealed with tape.

c. RMW bags and sharps containers will be labeled with MEDDAC Form 586 and taken to the appropriate local pick-up site for housekeeping personnel (see appendix D). The following information will be written on the form:

- (1) Description of the waste.

- (2) Clinic or regional area.
- (3) Building number.
- (4) Signature of individual who sealed the bag or sharps container.
- (5) Date.
- (6) Other information as appropriate.

d. Housekeeping personnel will collect only those RMW bags and sharps containers from point of generation pick-up sites that are labeled with MEDDAC Form 586, and will transport them in covered carts to conceal them from public view.

e. At KACC, housekeeping will normally collect RMW twice daily, in the morning and evening. However, if an RMW bag or sharps container is full and that particular receptacle needs to be used prior to the next designated pickup time, the clinic may call housekeeping for a special collection.

f. Housekeeping personnel will carry sealed RMW bags to the transportation carts by their sealed necks. The bags will not be lifted nor held by their bottoms or sides, and will be carried away from the body. General purpose, heavy-duty utility work gloves will be worn when handling RMW.

g. Full, sealed RMW bags will be stored in the designated controlled areas at all times. (See appendix D.) During normal duty hours (0730-1600, Monday through Friday), RMW bags will not be stored in areas where patients and visitors have access, nor will they be placed in main corridors or in patient and visitor traffic areas for pickup.

h. Care will be taken to ensure RMW bags are not broken, opened or dropped. RMW bags will never be thrown into carts or from one individual to another.

3-9. Transportation of RMW within health care facilities

a. Carts used to transport RMW will be constructed of readily cleanable material; plastic or stainless steel. Carts will be covered while in public and patient view. The biohazard sign will be visible on carts.

b. Carts, and any other reusable containers used to transfer RMW, will be cleaned weekly by housekeeping personnel using an EPA-registered hospital detergent-disinfectant. If a spill occurs in a cart, it will be cleaned immediately with a 1:10 bleach solution.

c. Full RMW bags will be placed in rigid, leak-proof carts or containers which will be stored in designated locations prior to disposal.

d. RMW from outlying medical and dental buildings on Fort Meade will be collected daily, Monday through Friday, and transported to KACC by housekeeping personnel. Transportation, storage and disposal of RMW at outlying clinics will be handled as per local SOP, ensuring compliance with this regulation. All medical, dental and veterinary facilities supported by the MEDDAC at Fort Meade will dispose of RMW through a local contract.

e. RMW destined for disposal will not be transported in privately owned vehicles. Only a fully licensed contracting firm under the MEDDAC's contract oversight will transport of RMW off any generating installation.

f. The U.S. Department of Transportation (DOT) defines RMW as a hazardous material. When transported in commerce (that is, over public roads) RMW will be prepared for shipment following the requirements in Title 49, Code of Federal Regulations (CFR) Parts 172, 173 and 177. Medical facilities within the MEDDAC will assign personnel responsible for preparing shipping papers prior to handling the RMW to a local contract firm. Personnel signing the shipping papers will successfully complete an approved DoD hazardous material certification course and will be

appointed in writing by the activity or unit commander. Shipping papers will be prepared IAW 49 CFR 172.200 and carried IAW 49 CFR 177.817. A DoD certifying official, IAW DoD 4500.9-R, part II, chapter 204, will sign them. Shipping papers will include a shipping description (for example, Regulated Medical Waste, 6.2, UN3291, PGII, (Quantity being shipped)) and other transportation information. The RMW disposal contractor will provide shipping papers that meet state transportation and DOT requirements.

3-10. Storage of RMW

a. Except for pathological waste, which is discussed below in para c, RMW will be stored in designated RMW storage areas. These areas will be secured, properly identified with biohazard symbols on their doors, and kept clean and free of rodents, insects and stray animals. RMW will not be stored in treatment rooms while patient care is being provided.

b. Storage of RMW will not exceed five days to include one day at the point of generation and daily pick-up site (see appendix D for RMW pick-up sites at KACC), five days in the RMW storage area, and one day on the transport vehicle to the destruction site. (See table 3-1 for exceptions.)

c. Pathological waste generated at KACC or the outlying clinics will be refrigerated in a freezer prior to disposal. Pathological waste generated at the Veterinary Clinic will be kept in the Veterinary Clinic freezer prior to pick up for disposal. The maximum time for freezer storage of any RMW is 30 days. The designated freezer must be used for pathological waste storage only and must be labeled accordingly.

d. To obtain an exception to policy regarding storage, a memorandum, justifying the request, must be addressed to the SECC.

3-11. Management of RMW (blood) spills

a. The ICC will approve policies and procedures that govern the management of RMW spills.

b. The individual(s) who causes or discovers the spill will clean up the spill. RMW spills will be cleaned up immediately and the area will be disinfected with Cavicide. Each clinic and section will maintain Cavicide. If the spill is large (amounts not typically handled by the individual), housekeeping should be called for assistance. Blood spill kits are available through PMS.

c. Aerosolization of RMW is rare. If it should occur, allow the aerosol to settle, and isolate the spill until it is safe to begin the cleanup.

d. Individuals cleaning RMW spills will wear the following PPE:

(1) Disposable, waterproof gloves at a minimum.

(2) Gowns or other protective clothing when there is danger of the individual soiling his or her clothing.

(3) A mask and protective eye wear when there is danger of splashes or aerosols coming in contact with the individual's face and eyes.

(4) Engineering controls such as forceps, broom and a dust pan to pick up and dispose of any broken glass and larger volumes of RMW.

3-12. Reporting RMW (blood) spills

Large or unusual RMW spills will be reported to the ESO and the Safety Officer, and DA Form 4106 (Quality Assurance/Risk Management Document) will be completed.

3-13. Treatment, transportation and disposal of medical and dental RMW

a. Liquid and solid microbiological wastes (Category 1), vaccine wastes (Category 1), blood and blood products (Category 3), CDC Risk Group IV (Category 6), and sharps require no special treatment prior to incineration.

b. Pathological waste (Category 2) will be refrigerated or frozen prior to incineration if it is not immediately picked up for disposal.

c. The storage times and primary methods of transportation and disposal of RMW used at each medical and dental treatment facility are listed below in table 3-1.

Table 3-1
Storage times and primary methods of transport and disposal of RMW

Activity	Transported to storage site by	Storage time ¹	Transported to destruction site by	Method of destruction (incineration)
KACC	Housekeeping	< 5 Days	Contractor	Off site
Kirk/Edgewood	Housekeeping	< 5 Days	Contractor	Off site
Dunham	Housekeeping	≤ 30 Days	Contractor	Off site
Fort Detrick	Housekeeping	≤ 1 Day	Installation environmental personnel	At USAMRID
Letterkenny	Clinic Personnel	< 30 Days	Contractor (Dunham)	Off site
FIG	Clinic Personnel	< 30 Days	Contractor (Dunham)	Off site
DDC	Clinic Personnel	< 30 Days	Contractor (Dunham)	Off site

¹ Time shown in this column equals the time in the storage area and the transport vehicle.

d. All RMW will be transported from the department, section or other area to the storage area by housekeeping or contractor, as specified above in table 3-1, column 4. Carts used for transporting RMW will be cleaned and disinfected weekly by housekeeping personnel.

3-14. Packaging and handling of RMW from the Veterinary Treatment Facility (VTF)

a. To reduce the volume of material designated as RMW, two types of receptacles will be used:

- (1) RMW.
- (2) General trash.

b. All receptacles will be lined with plastic liners. The plastic bag used to line RMW receptacles will be at least 3 mils in thickness and be red in color. The RMW receptacles will also have lids. VTF personnel will seal and label RMW bags daily, or when they are three-fourths full, and housekeeping will collect and transport them to KACC for disposal.

c. All sharps will be treated as RMW. Sharps will be placed in ICC-approved sharps containers. When a sharps container is three-fourths full, VTF personnel will seal it, label it with MEDDAC Form 586, and inform housekeeping personnel.

d. All feces, urine and blood may be disposed of in a sanitary sewer system.

e. All bags containing RMW must be sealed, handled, and stored in such a manner as to preclude leakage of the contents. Gross anatomical waste will be double-bagged, placed in the kennel freezer, and disposed of with animal carcasses.

f. Animal carcasses.

(1) Animal carcasses are generally acquired via VTF-performed euthanasia from rabies suspects or submission of dead animals, or stray animals turned in to the VTF that have subsequently been euthanized because they have not been claimed by the owner or adopted.

(2) VTF personnel will not routinely engage in the collection of animals, dead or alive, from FGGM's grounds.

(3) VS has an annual contract with a commercial vendor for pick-up of animal carcasses from the VTF. A copy of the contract is furnished to the VS and will be maintained in the VTF's files.

(4) Animal carcasses will not be bagged as instructed by the disposal company but will immediately be placed in the freezer in the stray animal facility for no more than 30 consecutive days. VS personnel will call the contractor to arrange a pick-up, through Pet Memorial Services (1-888-610-430-7978).

3-15. Contingency planning

Each MTF will develop a written, detailed contingency plan for disposal in the event the primary means of disposal becomes inoperable. The contingency plan will meet all applicable federal, state, and local laws and regulations. LOG will maintain the contingency plan for KACC on file and provide a copy to PM. Outlying clinics are responsible for providing a copy of their contingency plans to PM.

3-16. Quantity of RMW

Each MTF will maintain records on the weight of RMW produced. Each bag will be weighed prior to incineration and recorded in a log table. The logs will be used to assure the incinerator is not overloaded and will provide statistical information for the contract contingency plan. All outlying clinics that have their RMW weighed by their contractors will be responsible for maintaining a log table. The contractor will provide the weight of the clinic RMW for documentation. Personnel responsible for tracking the RMW contractor invoices are also required to report the monthly statistics to the Federal Medical Logistics Support Web site (www.medlogspt.army.mil).

Chapter 4 Training

4-1. Initial training

Initial training will consist of a general orientation to the RMW Management Program and a unit-specific briefing describing the specific RMW requirements of the employee's place of duty. At KACC, the initial general orientation for all new employees will be provided during Newcomers Orientation by Plans, Training, Mobilization, Security and Education Division (PTMS&E), and by a trained staff member in each outlying clinic. General RMW training for the outlying clinic staff members will be provided by the local safety officer. Unit-specific orientation is the responsibility of the unit or clinic supervisor or NCOIC. Personnel signing the contractor's shipping papers will successfully complete an approved DoD hazardous materials certification course and be appointed in writing by the activity or unit commander.

4-2. Annual refresher training

Refresher training on RMW is required for all employees annually. At KACC, annual training will be accomplished through computer-based annual training.

4-3. Job-specific training

All MEDDAC employees who have direct contact with patients or who segregate, package, store, transport, treat and or dispose of RMW, will be provided job-specific RMW training by their

supervisors. This training will be pertinent to the primary job of the employee being trained. Supervisors throughout the MEDDAC may contact the MEDDAC ESO and Safety Officer for technical assistance in determining pertinent information to be included in the training.

4-4. Training documentation

Documentation will include topic(s), content summary, date, speaker, number of hours, and signatures of attendees.

- a. At KACC, PTMS&E will maintain the documentation of training for all KACC employees participating in computer-based annual training.
- b. At outlying clinics, the clinic commander, director, or manager will designate a member of the staff to maintain documentation of the clinic's annual training.
- c. Written documentation of all training provided by the department, service, or other activity will be maintained by the department, service, or other activity for three years.
- d. Document training in the individual's competency assessment file.

4-5. Monitoring and evaluation of training by department, service, and activity chiefs

Department, service, and activity chiefs will monitor and evaluate RMW training conducted within departments, services and activities, as applicable. Training topics will reflect assessment of the needs of the work center. For example, an increase in needlesticks may indicate a need to increase training in use of sharps disposal systems.

Appendix A References

Section I Required publications

AR 40-5
Preventive Medicine. (Cited in para 3-4.)

AR 420-49
Utility Services. (Cited in para 3-4.)

MEDCOM Reg 40-35
Management of Regulated Medical Waste
(RMW). (Cited in para 3-4.)

Section II Related publications

A related publication is merely an additional source of information, the user does not have to read it to understand this regulation.

**APIC Infection Control and Applied
Epidemiology**, Mosby. Chapter 74.

AR 40-61
Medical Logistics Policies and Procedures

AR 200-1
Environmental Protection and Enhancement

AR 310-25
Dictionary of United States Army Terms

AR 310-50
Authorized Abbreviations, Brevity Codes, and
Acronyms

AR 385-10
The Army Safety Program

CDC Publications

Guidelines for Handwashing and Hospital Environmental Control.

Guidelines for Isolation Precautions in Hospitals. Infection Control, American Journal of Infection Control, 24:24-52.

Selecting, Evaluating, and Using Sharps Disposal Containers.

Code of Federal Regulations**Title 49, part 172**

Hazardous Materials Table, Special provisions, Hazardous Materials Communications, Emergency Response Information, and Training Requirements.

Code of Maryland (COMAR) 10.06.06

Communicable Disease Prevention - Handling, Treatment, and Disposal of Special Medical Waste

COMAR 26.13.11

Special Medical Wastes

COMAR 26.13.12

Standards Applicable to Generators of Special Medical Waste

Commonwealth of Pennsylvania, Pennsylvania Code Title 25, Environmental Protection

Chapter 271, Municipal Waste Management - General Provisions

Chapter 285, Additional Requirements for Infectious and Chemotherapeutic Waste

DOD 4500.9-R

Defense Transportation Regulations

MEDDAC Infection Control Services Policies and Procedures Manual**MEDDAC Reg 40-19**

Bloodborne Pathogens Exposure Control Plan

TG 126

Waste Disposal Instructions

TG 147

Infectious Hazardous Waste Handling and Disposal

TG 177

Commander's Guide to Infectious Waste Management at Army Health Care Facilities

Section III**Prescribed forms****MEDDAC Form 586**

Infectious Waste Tag. (Prescribed in paras 3-5, 3-8 and 3-14.)

Section IV**Referenced forms****DA Form 4106**

Quality Assurance/Risk Management Document

Appendix B
MEDCOM, Maryland and Pennsylvania RMW Definitions ¹

Category	MEDCOM definition	Maryland definition	Pennsylvania definition
1	Cultures, Stocks, and Vaccines. Cultures and stocks of infectious agents and associated biologicals, including cultures from medical and pathological laboratories; discarded live and attenuated vaccines; and culture dishes and devices used to transfer, inoculate, and mix cultures. All other lab waste except Class 2 and Class 3 is considered general waste.	Microbiological Laboratory Waste. Waste from a microbiological laboratory that contains an infectious agent and includes cultures and stocks of infectious agents and associated biologicals.	Cultures and Stocks. Cultures and stocks of infectious agents and associated biologicals including the following: cultures from medical and pathological laboratories; cultures and stocks of infectious agents from research and industrial laboratories; wastes from the production of biologicals, discarded live and attenuated vaccines except for residue in emptied containers; and culture dishes, assemblies and devices used to conduct diagnostic tests or to transfer, inoculate and mix cultures.
2	Pathological Waste. Human pathological wastes, including tissues, organs, body parts, extracted human teeth, and body fluids that are removed during surgery or autopsy, or other medical procedures, and specimens of body fluids.	Anatomical Material. Human or animal body parts, including tissues and organs.	Pathological Waste. Human pathological wastes, including tissues, organs and body parts and body fluids that are removed during surgery, autopsy, other medical procedures or laboratory procedures. The term does not include hair, nails, or extracted teeth.
3	Blood and Blood Products. a. Free flowing liquid human blood, plasma, serum, and other blood derivatives that are waste (e.g., blood in blood bags, blood and or bloody drainage in suction containers). b. Items such as gauze or bandages, saturated or dripping with human blood, including items produced in dental procedures, such as gauze or cotton rolls saturated or dripping with saliva. <i>NOTE:</i> The following items saturated or dripping with blood are not subject to the requirements of this regulation: Products used for personal hygiene, such as diapers, facial tissue, and sanitary napkins. c. Items caked with dried blood and capable of releasing the blood during normal handling procedures.	Blood-soiled Article. Any article that contains blood in any form as a result of contact with blood.	Human Blood. a. Liquid waste human blood. b. Blood products. c. Items saturated or dripping with human blood. d. Items that were saturated or dripping with blood that are now caked with dried human blood, including serum, plasma and other blood components, which were used or intended for use in patient care, specimen testing or the development of pharmaceuticals. e. Intravenous bags that have been used for blood transfusions. f. Items, including dialysate, that have been in contact with the blood of patients undergoing hemodialysis at hospitals or independent treatment centers. g. Specimens of blood products and their containers.
4 and 7	All Used and Unused Sharps. Sharps used in animal or human patient care or treatment in medical, research, or support laboratories (including hypodermic needles, syringes with and without the attached needle, Pasteur pipettes, scalpel blades, blood collection tubes and vials, test tubes, needles attached to tubing, and culture dishes regardless of presence of infectious agents. Other types of broken or unbroken glassware that were in contact with infectious agents (i.e., used slides and cover slips).	Sharps. Syringes, needles, surgical instruments, or other articles that are capable of cutting or puncturing human skin.	Used Sharps. Sharps that have been in contact with infectious agents or that have been used in animal or human patient care or treatment, at medical, research or industrial laboratories, including hypodermic needles, syringes (with or without the attached needle), Pasteur pipettes, scalpel blades, blood vials, needles with attached tubing, culture dishes, suture needles, slides, cover slips and other broken or unbroken glass or plastic ware.

Note:

1. Maryland refers to RMW as Special Medical Waste; Pennsylvania refers to it as Infectious Waste.

Appendix B
MEDCOM, Maryland and Pennsylvania RMW Definitions (continued)

Category	MEDCOM definition	Maryland definition	Pennsylvania definition
5	Animal Waste. Contaminated animal carcasses, body parts, and bedding of animals known to have been exposed to infectious agents during research (including that produced in veterinary facilities), production of biologicals, or testing of pharmaceuticals. <i>NOTE:</i> Carcasses of road kills, euthanized animals, animals dying of natural causes, and waste produced by general veterinary practices are not considered Class 5 animal waste.	Animal Waste. Animal body parts, including tissues and organs. <i>NOTE:</i> Wastes generated in the handling of an animal, unless the generator knows or has reason to know that the animal has a disease that is capable of being transmitted to humans, are not special or regulated medical wastes.	Animal Waste. Contaminated animal carcasses, body parts, blood, blood products, secretions, excretions and bedding of animals that were known to have been exposed to zoonotic infectious agents or nonzoonotic human pathogens during research (including research in veterinary schools and hospitals), production of biologicals or testing of pharmaceuticals.
6	Isolation CDC Risk Group IV Wastes. Biological waste and discarded materials contaminated with blood, excretion exudates, or secretions from humans who are isolated to protect others from highly communicable diseases, or isolated animals known to be infected with highly communicable diseases caused by agents designated by CDC as Group IV in Classification of Etiological Agents on the Basis of Hazard (1974). This category includes pox viruses and arboviruses (See para 3-5f.)	N/A	Isolation Wastes. Biological wastes and waste contaminated with blood, excretion, exudates or secretions from-- a. Humans who are isolated to protect others from highly virulent diseases. b. Isolated animals known or suspected to be infected with highly virulent diseases.
Other	Fluids that are designated by the local infection control authority. They may include but are not limited to semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. These designated fluids are RMW when free flowing, dripping, or saturated on substrates.	Contaminated Material. a. Micro-biological laboratory waste. b. The feces of an individual diagnosed as having a disease that may be transmitted to another human being through the feces. c. An article soiled with the feces of an individual diagnosed as having a disease that may be transmitted to another human being through the feces. d. An article that has come into contact with a known (previously diagnosed) infectious agent.	Body Fluid Waste. a. Items contaminated by body fluids from persons during surgery, autopsy, other medical procedures or laboratory procedures. b. Specimens of body fluids and their containers. <i>NOTE:</i> Body fluids are liquids emanating or derived from humans and limited to the following: blood; cerebrospinal, synovial, pleural, peritoneal and pericardial fluids; semen and vaginal secretions; and amniotic fluid. The term also includes the following fluids if they contain visible blood: feces, sputum, urine, and vomitus.

Appendix C
Disposal Methods for RMW, Sharps, and General Trash

Method of disposal	Kinds of waste included within the method of disposal
<p style="text-align: center;">Red bag disposal ¹ (RMW)</p>	<p>Blood bags, blood filters and tubing. Contaminated animal carcasses. Inoculated culture media. Items contaminated with known infectious body fluids. Items dripping or saturated with saliva (dental clinics). Items saturated or dripping with blood. Items tinged with blood (Maryland only). Items with dried blood. Live and attenuated vaccines. Teeth. Tissue and body parts.</p>
<p style="text-align: center;">Sharps container disposal (RMW)</p>	<p>Disposable surgical instruments. Lancets. Needles and syringes. Vaccine vials (full, partially full or empty).</p>
<p style="text-align: center;">General trash disposal ² (Not RMW)</p>	<p>Casts and splints. Cotton swabs. Culture nutrients (unused or expired). Dressings. Disposable surgical attire (masks, hats, booties). Disposable surgical drapes and linen. Disposable patient gowns, robes and slippers. Exam gloves. Exam table paper. Hemocult cards. Miscellaneous paper products. Otoscope covers. Rapid strep swabs. Sanitary napkins. Speculums. Sponges. Tongue blades. Urine specimens and specimen cups.</p>

Notes:

1. Also included in this category are any items from the general trash category (below) that are soiled with visible blood or previously known or diagnosed infectious body fluid.

2. Items in the general trash category must NOT be soiled with visible blood or previously known or diagnosed infectious body fluid. Any of these items that ARE soiled with visible blood or previously known or diagnosed infectious body fluid are RMW and must be disposed of in a red bag.

Appendix D
Daily RMW and Sharps Container Pickup Sites at FGGM

General Location	Clinic or section	Pickup site
First floor, Building 2480	Dental Clinic #3	Rooms J05, J09, J10, J11, J12, J13, J14, J15, J17, J18, J19, J32, and X-ray
	ENT/Audiology	Room D-13
	Blue Team, Family Care Ctr	Soiled Utility Room
	Red Team, Family Care Ctr	Soiled Utility Room
	Allergy/Immunization Clinic	3 sharps containers
	White Team, Family Care Ctr	Room IH33
	Laboratory Service	Chemistry/Microbiology hallway
	OHESS Clinic	Soiled Utility Room
	Pharmacy Service	1 sharps container
	Physical Exams	2 RMW containers (1 in each exam room)
	Radiology	Behind Quality Control Desk
	Vision and Hearing Center	Room E-4
	Wellness Center	Treatment Room
Second floor, Building 2480	Occupational Health Clinic	Treatment Room 2C22
	PACU	Soiled Utility Room 2A19
	Same Day Surgery	Soiled Utility Room
	Surgery/Operating Room	Equipment Room
Third floor, Building 2480	Community Health Nursing	Room 3B18
	Musculoskeletal Center	Room 3C19B
	Specialty Clinic	Room 3A40
Outlying buildings	Epes Dental Clinic	Rooms 125, 136, 137, 138, 139, 140 and 159
	Veterinary Treatment Facility	Exam Rooms 1, 2 and 3

Note: RMW will be picked up twice daily, in the morning and evening, from each pickup site listed above.

Glossary

Section I

Abbreviations

CDC

Centers for Disease Control and Prevention

DENTAC

Fort Meade Dental Clinic Command

DDC

Defense Distribution Center

DOT

Department of Transportation

EPA

Environmental Protection Agency

ESO

Environmental Science Officer

ICC

Infection Control Committee

FGGM

Fort George G. Meade

FIG

Fort Indiantown Gap

HSC

U.S. Army Health Services Command (former designation of MEDCOM)

KACC

Kimbrough Ambulatory Care Center

LEAD

Letterkenny Army Depot

LOG

Logistics Division

MEDCOM

U.S. Army Medical Command

MD

Maryland

MEDDAC

U.S. Army Medical Department Activity, FGGM

MTF

medical treatment facility

PA

Pennsylvania

PM

Preventive Medicine Service

PPE

personal protective equipment

PTMS&E

Plans, Training, Mobilization, Security and Education Division

RMW

regulated medical waste

SECC

Safety and Environment of Care Committee

SOP

standing operating procedure

USAHC

U.S. Army health clinic

VS

Fort Meade Branch Veterinary Services

VTF

veterinary treatment facility

Section II

Terms

General waste

Waste that is disposed of by normal waste disposal methods without pretreatment. This includes garbage, rubbish, and non-regulated medical waste, which are further defined as follows:

a. *Garbage*. Putrescible solid waste resulting from handling, preparation, cooking, or serving of food.

b. *Rubbish*. Nonputrescible solid waste comprising the following two categories:

(1) *Combustible*. Organic material including paper, plastics, cardboard, wood, rubber and bedding.

(2) *Noncombustible*. Inorganic material including glass, ceramics and metal.

Nonregulated medical waste

Solid material that is produced as the direct result of patient diagnosis, treatment or therapy and is intended for disposal.

Typically, such waste is generated in patient sleeping rooms, treatment for therapy rooms, isolation rooms, rooms used for diagnostic procedures, doctors' offices and nursing units. Examples of such items include glove wrappers, unused gauze and bandages, disposable masks and gowns and any other medical items not contaminated with blood or infectious patient secretions. These wastes require no further treatment and should be disposed of as general waste or trash.

Regulated medical waste (RMW)

Waste which is potentially capable of causing disease in man and may pose risk to both individuals and community health if not handled or treated properly. (See appendix B.)

Standard precautions

A set of precautions designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection. This pertains to blood, all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood, non-intact skin, and mucous membranes. See the MEDDAC Infection Control Services Policies and Procedures Guide for more detail.