

El Dorado County
Environmental Management Division
Placerville Office: (530) 621-5300
South Lake Tahoe Office: (530) 573-3450

MEDICAL WASTE MANAGEMENT ACT

ATTENTION ALL GENERATORS OF MEDICAL WASTE

The El Dorado County Environmental Management Division (EMD) is responsible for administering the Medical Waste Management Act (MWMA), which became effective January 1, 1991. The MWMA requires all businesses, which generate medical waste to treat that waste, or have someone else treat it, prior to disposal. The major points are summarized as follows:

1. All medical waste must be treated prior to disposal.
2. Medical waste includes biohazardous and sharps waste and is defined as waste which is generated or produced as a result of:
 - Diagnosis, treatment, or immunization of human beings or animals, or in research pertaining thereto;
 - the production or testing of biologicals;
 - waste removed from a trauma scene by a registered trauma scene waste management practitioner; and/or
 - the consolidation of home-generated sharps at an approved consolidation point.
3. Medical waste does not include:
 - Household waste;
 - waste generated as a result of normal veterinarian and livestock management on farms or ranches;
 - medical solid waste, such as paper towels, that is not biohazardous and does not contain fluid blood;
 - waste generated in food processing or biotechnology, that does not contain infectious agents, blood, or blood products.
4. Approved treatment methods include steam sterilization, incineration, and microwave technology. Generators can either treat the waste themselves or have someone else do it for them.
5. Small quantity generators (those generating less than 200 pounds medical waste per month) located within 400 yards of each other may use a permitted common storage facility. Storage of medical waste shall not exceed 7 days at temperatures above 0 degrees C. Medical waste can be stored for up to 90 days at temperatures at or below 0 degrees C.
6. Medical waste shall only be transported to a permitted medical waste treatment facility, or to a transfer station or another registered generator for the purpose of consolidation before treatment and disposal. Small and large quantity medical waste generators may transport medical waste generated in limited quantities up to 35.2 pounds to the central location of accumulation provided that the requirements listed on page 10 are met.

7. Small quantity generators who treat their own waste must register with EMD and are subject to inspection.
8. Generators that produce more than 200 pounds per month are considered to be large quantity generators. Large quantity generators must also register with EMD and are subject to inspection.
9. Permits issued by EMD are required for all facilities that treat medical waste and for all common storage facilities shared by two or more small quantity generators.
10. Small quantity generators that treat their own waste and all large quantity generators shall prepare and file a medical waste management plan.
11. All medical waste generators are required to keep accurate records on medical waste containment, storage, hauling, treatment, and disposal.
12. Off-site treatment facilities, medical waste haulers, and transfer stations are required to obtain a permit from the California Department of Public Health.

These are the basics of the MWMA. Please read this packet and for more information review MWMA link below.

Complete the appropriate forms and submit fees as required.

Email forms to: emd.info@edcgov.us

Mail to:

On the West Slope:

Environmental Management Department

2850 Fairlane Court

Placerville, CA 95667

(530) 621-5300

On the East Slope:

Environmental Management Department

3368 Lake Tahoe Boulevard, #303

South Lake Tahoe, CA 96150

(530) 573-3450

INSTRUCTIONS

Please return the completed forms within 30 days of receipt.

1) Complete the Pre-Application Questionnaire. If your answers indicate that you are not required to register as a medical waste generator (“No” to questions 2, 3, and 4) then complete either the “Non-Medical Waste Generator” or the “Medical Waste Generator Not Required to Register” certification and return it to this office.

2) If you are required to register as a medical waste generator, as indicated by affirmative answers to questions 2, 3, or 4 on the Pre-Application Questionnaire, then:

- Complete the Registration/Permit Application.
- Determine the appropriate fee by referencing the [fee schedule](#).
- **If you answered “Yes” to questions 2 and/or 3 complete a Medical Waste Management Plan**, using the sample plan as a guide.
- Return the necessary forms, plan, and fee.

3) Review the MWMA. The Act specifies all requirements for medical waste generators.

Your cooperation in promptly registering, and most importantly, in following the specified handling requirements, is greatly appreciated. Your interest in protecting public health and safety is the key to ensuring proper handling of medical waste. Your business may be periodically inspected to verify compliance. If you have any questions regarding registration or handling requirements, please contact the Environmental Management Division at (530) 621-5300.

PRE-APPLICATION QUESTIONNAIRE

- 1) Does your business generate medical waste? Yes ___ No ___

If your answer is no, please complete the “Non-Medical Waste Generator” certification statement on the next page and return it to the address indicated. You do not need to submit any fees or complete the remainder of this questionnaire.

If your answer is yes, please check the type(s) of waste (listed below) that you or your facility generate. Please complete the rest of the questionnaire.

TYPES OF MEDICAL WASTE

- Laboratory wastes** - specimen or microbiologic cultures, stocks of infectious agents, live and attenuated vaccines, and culture mediums.
 - Blood or body fluids** - liquid blood elements or other biohazardous body fluids, or articles contaminated with blood or other biohazardous body fluids.
 - Sharps** - syringes, needles, blades, broken glass.
 - Contaminated animals** - animal carcasses, body parts, bedding materials.
 - Surgical specimens** - human or animal parts or tissues removed surgically or by autopsy.
 - Isolation waste** - waste contaminated with excretion, exudate, or secretions from humans or animals who are isolated due to the highly communicable diseases listed by the Centers for Disease Control as requiring Biosafety Level 4 precautions.
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- 2) Do you generate 200 or more pounds of medical waste per month? Yes ___ No ___
- 3) Do you plan to treat medical waste on-site, that is at your facility, by steam sterilization, incineration, microwave technology, or other State-approved treatment method? Yes ___ No ___
- 4) Are you storing medical waste generated by other small quantity generators located within 400 feet of your facility? Yes ___ No ___

If your answers to questions 2, 3, and 4 are “No”, then complete the “Medical Waste Generator Not Required to Register” certification on the next page and return it, along with the appropriate fee, to this office. You do not need to complete the other forms in this package.

CERTIFICATION FOR NON-MEDICAL WASTE GENERATORS

I declare under penalty of law that to the best of my knowledge and belief, neither myself nor my business generates, stores, treats, or transports medical waste, as defined in the Medical Waste Management Act (California Health and Safety Code Section 117690). I agree to notify the El Dorado County Environmental Management Division prior to generating, storing, treating, or transporting medical waste.

Business Name: _____

Address: _____

City/State/Zip: _____

Owner/Operator: _____

Signature: _____ Date: _____

Please return to the Environmental Management Division:

West Slope:
2850 Fairlane Court, Bldg C
Placerville, CA 95667

East Slope:
3368 Lake Tahoe Blvd, #303
South Lake Tahoe, CA 96150

CERTIFICATION FOR MEDICAL WASTE GENERATORS NOT REQUIRED TO REGISTER

I declare under penalty of law that to the best of my knowledge and belief, I do not generate more than 200 pounds medical waste per month. I also declare under penalty of the law that I will not be treating medical waste at my facility, nor will my staff or I be transporting more than 35.2 pounds of untreated medical waste without the use of a registered medical waste hauler. I understand that regardless of the quantity generated, all medical waste must be properly handled, stored, and treated prior to disposal.

Business Name: _____

Address: _____

City/State/Zip: _____

Owner/Operator: _____

Location of Common Storage Facility (if applicable):

Signature: _____ Date: _____

Please return this certification with the appropriate initial filing fee to:
Environmental Management Division

West Slope:
2850 Fairlane Court, Bldg C
Placerville, CA 95667

East Slope:
3368 Lake Tahoe Blvd, #303
South Lake Tahoe, CA 96150

**MEDICAL WASTE
REGISTRATION/PERMIT APPLICATION**

Note: This application will not be processed until all required information and necessary fees have been submitted.

GENERATOR'S NAME: _____

TYPE OF BUSINESS: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE: _____

AUTHORIZED REPRESENTATIVE: _____

TITLE: _____

APPLICATION FOR:

- Small quantity generator with onsite treatment.
- Common storage facility.
- Large quantity generator only.
- Large quantity generator with onsite treatment.

I declare under penalty of law that to the best of my knowledge and belief the statements made herein are correct and true. I hereby consent to all necessary inspections made pursuant to the California Medical Waste Management Act and incidental to the issuance of this Registration/Permit and to the operation of this business.

SIGNATURE: _____

DATE: _____

Small quantity generators with onsite treatment and all large quantity generators must also complete and submit a Medical Waste Management Plan.

MEDICAL WASTE MANAGEMENT PLAN FOR MEDICAL WASTE GENERATORS

Small quantity generators that treat medical waste on-site and all large quantity generators must file a medical waste management plan with the Environmental Management Division. The plan shall contain the following information to the extent the information is applicable.

GENERATOR'S NAME: _____

TYPE OF BUSINESS: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE: _____

PERSON RESPONSIBLE FOR IMPLEMENTATION OF PLAN:

NAME: _____

TITLE: _____

TYPES OF MEDICAL WASTE GENERATED (CHECK)

- Laboratory wastes** - specimen or microbiological cultures, stocks of infectious agents, live and attenuated vaccines, and culture mediums.

- Blood or body fluids** - liquid blood elements or other biohazardous body fluids, or articles contaminated with blood or other biohazardous body fluids.

- Sharps** - syringes, needles, blades, or broken glass.

- Contaminated animals** - animal carcasses, body parts, bedding materials.

- Surgical specimens** - human or animal parts or tissues removed surgically or by autopsy.

- Isolation waste** - waste contaminated with excretion, exudate, or secretions from humans or animals who are isolated due to the highly communicable diseases listed by the Centers for Disease Control as requiring Biosafety Level 4 precautions.

- Estimated amount of generated medical waste: _____pounds/month.
- Describe the method of medical waste segregation, containment or packaging, labeling and collection procedures used in your facility.
- Describe the medical waste storage methods employed by your facility, including duration and temperature controls.
- Describe the type of on-site waste treatment method used, if applicable. What is the capacity of the treatment system? How will waste be handled if the treatment system breaks down? How will you handle medical waste mixed with other hazardous wastes?
- Report the name, address and phone number of your registered medical waste hauler.
- Report the name of the off-site treatment facility receiving your waste.
- Describe your facility's emergency action plan in the event of an accidental spill, release, or breakdown of the medical waste management plan.

I hereby certify that to the best of my knowledge and belief, the statements made herein are correct and true.

*Signature:*_____ *Date:*_____

Note: All medical waste generators are required to keep accurate records on containment, storage, hauling, treatment, and disposal.

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR: _____

HAULER: _____

WASTE TYPE: _____

QUANTITY: _____

DATE: _____

RECEIVING FACILITY

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

AUTHORIZED
REPRESENTATIVE
SIGNATURE: _____

THIS DOCUMENT MUST BE MAINTAINED FOR THREE (3) YEARS

Other types of tracking documents may be used if desired. This form is provided as a guideline. Ideally, a three part form should be used so that all parties (the generator, the hauler, and the receiving facility) will have a copy.

LIMITED QUANTITY TRANSPORT REQUIREMENTS FOR SMALL AND LARGE QUANTITY MEDICAL WASTE GENERATORS

Sections 117946 and 117976 of the California Health and Safety Code allow small and large quantity medical waste generators or parent organizations that employ health care professionals who generate medical waste to transport medical waste generated in limited quantities up to 35.2 pounds to the central location of accumulation, provided that all of the following requirements are met:

1. The principal business of the generator is not to transport or treat regulated medical waste.
2. The generator shall adhere to the conditions and requirements set forth in the materials of trade exception, as specified in Section 173.6 of Title 49 of the Code of Federal Regulations.
3. A person transporting medical waste pursuant to this section shall provide a form or log to the receiving facility, and the receiving facility shall maintain the form or log for a period of two years, containing all of the following information:
 - a. The name of the person transporting the medical waste.
 - b. The number of containers of medical waste transported.
 - c. The date the medical waste was transported.

A generator transporting medical waste pursuant to these sections is not regulated as hazardous waste hauler pursuant to Section 117600 of the California Health and Safety Code.

CHEMOTHERAPY WASTE (ALSO KNOWN AS ANTINEOPLASTIC WASTE)

An antineoplastic agent (ANA) is a cancer therapy drug. Typical ANA's are azathioprine, chlorambucil, and mitotane. As discussed below, ANAs are considered hazardous materials and bulk ANA waste must be handled like hazardous waste. However, State law allows trace contaminated ANA waste to be handled like medical waste.

DEFINITIONS

Trace Contaminated ANA Waste. Trace contaminated ANA waste is material that is generally associated with the treatment given to a patient, including gloves, tubes, sharps, and empty containers. Trace ANA waste contains less than 3% of the prescribed antineoplastic dose remaining. Trace contaminated ANA waste is considered medical waste.

Bulk ANA Waste. Bulk ANA typically consists of unused chemicals still in the bottle or container. Bulk ANA waste is considered hazardous waste and must be handled appropriately. If your facility handles any quantity of an ANA, you are required to file with the Environmental Management Division.

STORAGE

Trace Contaminated ANA Waste. Trace contaminated ANA waste should be stored separately from bulk contaminated ANA waste. Place the trace ANA waste in a secondary container (sharps waste shall be placed in a secure sharps container) labeled "Chemotherapy Waste" or "CHEMO". Typically, these containers are yellow. The labels shall be placed on the lids and sides so as to be visible from any lateral direction. Trace ANA waste shall not be stored onsite for more than 90 days.

Bulk ANA Waste. Bulk ANA waste must be stored in accordance with hazardous material laws and regulations.

TRANSPORTATION AND DISPOSAL

All ANA waste shall be transported by a registered hazardous waste transporter for proper treatment.