



6 Point Plan for Medical Waste Sustainability During a Pandemic

Coalition plan is part of overall healthcare facility operational sustainability during a crisis or natural disaster

Issue

While healthcare facilities do not release patients infected into the public to avoid the spread of disease, we willingly transport H1N1 (swine flu) infected medical waste through local communities creating a separate, yet also strong, risk of the infection spreading.

The Center for Disease Control staff and other federal health officials have recognized that the practice of inactivating amplified cultures and stocks of microorganisms onsite during medical waste treatment is a best practice for emergency preparedness, pandemic response, and health care facility operational sustainability

6 Point Action Plan:

1. The federal government should encourage hospitals to have the capacity to treat infectious medical waste on site in a pandemic or bioterrorism emergency.
2. The federal government should guide Hospital Preparedness Program (HHP) grant funding and other HHS Public Health Program, DHS/FEMA emergency preparedness and VA funding to aide medical facilities in the purchase of such on-site treatment capacity.
3. Federal medical facilities, such as military and veterans hospitals, should install on-site sterilization or other methods of on-site infectious waste treatment.
4. The federal government should immediately develop and deploy sterilization units to be sent to **affected** medical facilities and areas that do not currently have on-site waste treatment capacity.
5. In the event of a declared emergency, on-site sterilization or other methods of on-site infectious waste treatment should be used by medical facilities.
6. The federal government should provide a green technology tax credits for new equipment.

Background

We need new best practices for infectious waste treatment. Our nation remains vulnerable in the area of contagious waste management and we need to highlight the benefits of prudent alternatives such as on-site sterilization capacity as a best practice for emergency preparedness and health care facility operational sustainability.

Current practices of disposal usually involve removal, transportation, and off-site disposal of waste. With real threats of pandemics, as well as natural and man-made disasters, transporting infectious and contagious medical waste is no longer prudent. There are modern, affordable technologies that can cleanly, safely, and economically sterilize infectious and contagious waste on the premises of healthcare facilities. Treating hazardous materials on site is also a cleaner, greener, less costly, and, most importantly, safer option.

Our country has already begun to apply stringent actions across the board in order to avoid catastrophic health threats. For instance, the United States Department of Agriculture demands that food waste is sterilized at ports of entry to avoid agriculture contamination. A logical next step in our efforts to polarize waste and keep our country healthy would argue that we should sterilize medical waste at the point of generation as well – especially in the time of a crisis such as the one we're facing today.

The threat of pandemics, bioterrorism, and natural disasters are very real and there appears to be no rational logic for hospitals not to sterilize their infectious waste on-site during a pandemic crisis other than the lack of equipment and a lack of incentive to install such equipment. We need to ensure the burden to implement safer and greener waste disposal options doesn't fall solely on the hospitals. The federal government has invested billions of dollars in the "Hospital Preparedness Program" where funds have mostly been spent on perishable items in addition to worthy planning and training drills, as opposed to real capitol and capacity enhancements.

Waste treatment systems are custom designed and manufactured for each application. Users range from small clinics, hospitals, to large commercial processing centers. Prices for these systems range from about \$110,000 to \$1M+. Average healthcare clients, 300-400 bed hospital, will purchase a system that is about \$450,000.

Expenditures for on-site treatment of infectious waste are perhaps the only preparedness tool that would begin to pay for itself from the day of installation. When comparing costs to the alternative (hauling infectious waste off site for incineration), on-site treatment is about one third the cost.

Clearly the economic advantage is to sterilize the infectious waste on-site, but there are other issues that supersede economics with regards to treating infectious waste on-site--namely, disease prevention, operational sustainability, and an environmentally green alternative (including, reduced truck traffic no incineration, and clean energy power).

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