

10 Ways to Reduce Regulated Medical Wastes (RMW)

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1. Check Out Your Wastes

- Has there been an analysis of disposal costs by weight and volume to determine a baseline?
- Does someone routinely walk the floors and review the trash situation by department? What is in the containers—and what should be?
- Are regular solid waste containers available wherever there are RMW receptacles?
- Are the solid waste and RMW containers easily accessible for the staff that use them?
- Is waste removal charged by department?
- What changes can be made in the disposal contracts regarding pick-up schedules, source and toxics reduction language?

2. Containers and Liners Do Matter

- What size containers are available - and are they really needed?
- Are the current RMW containers step-ons or open/lidless?
- Can any newly purchased containers be made out of the highest percentage possible of recycled materials?
- Are clear bags used for the regular solid wastes and recyclables?
- Are non-toxic bag dyes and lettering inks used for the Red Bags?

3. Location, Location, Location

- Where can one larger RMW container be centrally located to replace numerous patient-room containers? Utility rooms? Specially constructed nonpublic areas?
- Has a facility-wide waste-container inventory spreadsheet been made that includes the container size, number of containers, and specific days serviced per week for each department?

- Will a reconfiguration in location of step-on and open containers improve waste segregation and meet facility needs?
- Involve employees in container placement -- they use the containers. Remember, there may be some resistance to change, but patience, perseverance, and education go a long way.

4. Sharps Management

- Are sharps disposed with the RMW?
- Does a current contract or regulation specify that sharps and RMW be disposed together -- or is this convention?
- Can a sharps container reuse program be implemented with the incumbent contractor or required on the next contract bid?
- Who currently changes out the sharps containers? Is it facility staff or a contracted company? And what are the pros and cons regarding safety and liability issues?
- Can sharps containers be made out of the highest percentage possible of recycled materials?

5. Where Are the Suction Canisters Going?

- Can the suction canisters be treated to render them non-infectious and disposed with the regular solid waste?
- Does a current contract or regulation specify that suction canisters and RMW be disposed together -- or is this convention?
- Can a cost-effective suction canister treatment program be introduced that renders the contents non-infectious and non-toxic, does not impact the sewer system, and can be used with relatively little effort on the part of staff?

6. Safe, Efficient Pick-up Schedules

- Do the internal disposal routes and schedules need adjustment or complete change?
- If a contracted housekeeping company is used, are their employees "on-board" with facility waste reduction practices and changes as they impact staff and jobs?
- Are there any related union issues that warrant discussion?
- Are ergonomics considered when waste pick-ups and routes are scrutinized?

7. Communication Is Key

- Are all regulated compliance requirements in place?
- Are signs and labels available in non-English translations, in addition to universal symbols?
- Do labels, signs, and containers match by color for each waste stream?
- Do all containers that require bio-hazard sticker symbols have them visibly attached?

8. What Waste Education Does for All Employees

- Knowledge helps with employee program cooperation.
- Cooperation helps with swift implementation and "no surprises."
- Education reduces wastes and increases safety.
- Reduced waste and increased safety means cost savings.
- Education and re-education is an on-going process in healthcare facilities impacted by constant turnover—staff, per diems, students, patients, and the transient public.
- Get employees engaged and thinking about their waste habits by having someone routinely walk the floors and review the trash situation by department.

- Ask a lot of questions -- and keep asking them.

9. The P and 3Rs... Prevent, Reduce, Reuse, Recycle

- Continue to monitor, and educate staff, and reduce wastes.
- Talk to procurement administrators, contractors, and vendors and require "less packaging" and "take back" policies for deliveries that include components such as shrink wrap, strapping, and pallets, or use reusable crates for all shipments instead of corrugated boxes.
- Learn from other source/waste/toxics reduction programs run by hospitals, industry, and government. What works for them may work for your facility.
- Whenever possible, phase in reusables and buy recycled products.
- Start in-house material and chemical exchange programs.
- Start recycling programs for corrugated paper, computer and mixed paper, metal cans, and glass bottles. Institute food composting and make food donations to food banks.
- Tie waste contracts to market prices for recyclable commodities, as printed in professional publications.

10. How Do You Define Success?

The less RMW, the more solid waste. The less solid waste, the more recyclables. The less initially purchased, the less total waste to dispose.

Reference

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