



Medical Waste Roundtable
Minutes of March 4, 2020
Pease Public Library: 1 Russell St. Plymouth, NH 03264

Participants Present (see attached sign in sheet)

Host Organizations Present:

LRPC Staff

Paige Wilson, Assistant Planner
Jessica Bighinatti, Assistant Planner

NRRA Staff

Cindy Sterling, Grants Manager/Senior Educator
Ben Perham, Educator Assistant

Introductions:

Paige Wilson- Lakes Region Planning Commission

Cindy Sterling- Northeast Resource Recovery Association

All participants introduced themselves, their affiliations, and what they hoped to learn from the roundtable session.

Overview:

Brief introduction of host organizations (Lakes Region Planning Commission and NRRA) services offered and areas served.

Topic Content:

Defining Medical Waste

- Called by many names, clinical waste, biohazardous waste, regulated medical waste, infectious waste, healthcare waste, infectious medical waste, etc.
- Common categories- sharps, infectious waste, radioactive, pathological, etc.
- Common materials - medicines, gloves, syringes, medical bottles, etc.

Generators of Medical Waste

- Common sources - veterinarians, hospitals, nursing homes, tattoo parlors, HIV/AIDs services, blood banks, schools, farmers, etc.

Reviewing Health Risks

- Opioid crisis, sharp-inflicted injuries
- Safe disposal reduces solid waste operator exposure to illicit substances and hazards.

Reviewing Disposal Options

- Viewed 1-minute PSA produced by Windham Solid Waste Management District: Battleboro, VT, 2009
- DEA Drug Take Back program history (April 25th)
- Sharps and drugs brought to local police departments
- Sharps brought to transfer stations (if they have a collection program)
- Wolfeboro- Lakes Region Household Hazardous Product Facility (LRHHPF) – free to Alton & Wolfeboro, all other communities pay a fee
- Bridgewater, NH incinerator- accepts waste from neighboring towns and Plymouth State University.
- Mail back programs – Stericycle, Med Waste Disposal, SafeNeedleDisposal, etc.
- Clear soda bottle VS. Tide Bottle- both are puncture resistant, tide bottle is thicker plastic, soda bottle is clear, and shows that there are needles in the bottle. Would be better to use Tide bottles, due to the thicker plastics. Make sure to tape cap and apply a label stating contents, e.g. “Sharps Do Not Recycle!” dispose in trash.

Discussing Disposal Options

- LRHHPF (Wolfeboro) has collection days 3 times a year. Medical waste must be contained. Background: Medicine collections since 2007, pharmacists and officers on site. Medicines are securely incinerated in Penacook.
- General practice for med waste collection during a household hazardous waste collection day- 1 pharmacist and 2 police officers. Pharmacists are there for classification of medicines - controlled vs. uncontrolled. Police are there for protection. Police take the controlled substances and Hazmat contractor takes the rest.
- Amnesty program provides the freedom for individuals to comfortably bring in their med waste. Original containers (with labels) are imperative for pharmacological classification. It is recommended, but not necessary, to cross name off the label. For example, Ashland Police don't look at labels during drug take back. They accept it all. It could be from anyone. It all ends up in the drug take back box.
- Putting uncontrolled medicine in latex paint (dried/solid) and disposing in MSW is acceptable. Though a controlled substance cannot be disposed of in this manner due to regulations. This disposal option is a bit controversial because of that.
- Effects on the environment- septic tanks, wastewater treatment facilities, incinerators, water cycle diagrams - because people flush them down the drain, they affect the water quality, research regarding aquatic impact is ongoing, incineration can affect the air quality. Toxic exposure to pharmaceutical products released into the environment.
- In 2010, many children's medicines were taken off store shelves = increased awareness regarding medication abuse.
- Contact Bethany Kades (571)-362-8827 to become a drug take back site in NH.

Calculating Cost Options

- Costs with nonmedical use of prescription opioids (health care, criminal justice systems, workplace costs from lost productivity)
 - \$8.6 billion (2001)
 - \$53.4 billion (2006)
- Stericycle products (no home pickup)
 - Sharps disposal by mail (\$4 – \$115)
 - Biohazard bags (\$8 – \$200)
 - Pharmaceutical waste containers (\$15 – \$340)
- DEA drobox costs are unknown at the moment
- Bridgewater incinerator- calculates cost based on the amount of product and frequency brought to facility. The facility incinerates once per month. Contact Kieran Murphy with questions (603) 744-8938 or kieranmurphy7001@gmail.com
- Public funding opportunities- Claremont syringe safety program (a.k.a. needle exchange) is receiving CDC funding, state funding, AND sharp disposal is free from Dartmouth medical, expanding to Grafton county and other LR counties. Focusing on the HIV/Hep C population.
- Yale research will be investigating sharps and opioids use and disposal in NH. Funding available through the CDC – Yale is spending \$2.5 million in research for NH/VT
- Narcan is unregulated, a nasal spray. Police don't carry, they are not medical professionals. Price over \$100 but if you buy in bulk its cheaper.

Regulations:

- Ch 318-B Controlled Drug Act- in depth regulations (gencourt.state.nh.us/rsa/html/nhtoc/nhtoc-xxx-318-b.htm)
- DEA Drug Disposal Information (Handout)- FAQ questions public ask about disposal (deadiversion.usdoj.gov/drug_disposal/)
- No restrictions on mail back obtained from another state.
- epa.gov/

Discussion Points:

- DEA Drug Take Back site (takebackday.dea.gov/) has collection history, site maps and data review (NH compared to other states).
 - Brainstorm reasons for high participation rates in New Hampshire - older demographic, residents are aware of what they are recycling and disposing, importance of recreation/tourism, respect for the environment/landscape.
- NH Diabetes brochure *Don't STICK someone else with your PROBLEM...* needs updating. Past statewide program gave rolls of stickers to put on tide bottles, with the brochure.
- Kristine Nikkita's - creating new tri folds, (HEP C, opioids, hepatitis). They are happy to assist and take information- kristine.nikitas@dhhs.nh.gov
 - Bureau for Infections Disease Control

- Recyclable gloves from Kimberly-Clark “RightCycle” - contact them to discuss costs and shipping fees. (<https://www.kcprofessional.com/umbraco/rightcycle.html>)
- H2RC works with Dartmouth for free sharps disposal.
- Needles come in packages of 25 – 50 – 100 but someone may only need 10 – are there options for ‘donating’ ones that are still usable? Bring them to a syringe exchange? Are there other community options? For example, community kitchens, food pantries, etc. (Regulations?)

- How do we educate folks about safe disposal when in different scenarios outside the home?
 - Patients who self-administer like diabetes blood sugar testing (i.e. – check blood at restaurant before dinner... people are not likely to hold onto the needle in their pocket to dispose of later).

- Stress the needle clips, start thinking of everyone down the med waste chain.
- Cartons of sharps should come with a needle clip. Free needle clips. (Regulations?)
- Casella interested in supporting a needle clip initiative. Need to discuss with corporate.
- Needle clippers can hold ~1500 needle tips (duct tape the small hole when filled)
- Pharmacies should staple ways to dispose of medicines properly to the package of medicine to inform those taking the medications.
- NHDES sharps stickers/labels are available for printing on their website.

- People don’t want to be targeted by labeling their sharps and placing them curbside. Public perception that labeling and separating needle container from household trash is “advertising” their use. Other people may pick up needles from curbside or develop a negative view of the homeowner. How can we work past this?

- Concerns from solid waste staff:
 - Manufacturers and consumers need to be considering what’s happening down the line with recycling and disposal of medical waste
 - Trash is handled SO MUCH – waste haulers, transfer station, vendor, MRFs
 - Compactors crush containers
 - No one knows what happens to it from collection- a bunch of sharps inside a bag, truck compacts it, transfer station compacts it, then to a landfill that compacts it, the “label” doesn’t stick through the whole process.
 - Garbage men use their thigh to throw heavy bags in truck – could easily be pricked - education is important to avoid this issue.

- NRRRA- assists municipalities contract and set up household hazardous waste days.
- LRPC- social media posts about medical waste resources and sharps disposal guidance
- Is it worth it to buy those disposal medications bags and pass them out at HHW events compared to having a med waste collection?
- Resource gaps (biohazard bags, clips, safe syringes) in areas with active drug users. They are not likely to use their money to purchase supplies that will keep things safe and sanitary.
- What about vaping devices? Battery disposal for these devices - rechargeable lithium batteries in most products.

Take Away Points/Next Steps (potential projects/tasks):

- 1) Data collection and spreading awareness
 - a. Reach out to school nurses
 - b. Veterinarians and farmers dealing with animals
 - c. Involve insurance companies
- 2) Ashland PD wants to offer a 24/7 drop box like Plymouth PD, but the department is not open all the time – how do we work around this? What are the options in terms of security and regulation requirements?
- 3) Casella may have funds to sponsor/purchase needle clippers for distribution – connect with David Allen
 - a. More convenient and help with solid waste safety
- 4) Tara Graham (Central NH Community Opioid Response) – looking to expand their syringe takeback program in Grafton County
 - a. Trying to arrange an exchange program in Plymouth but it cannot be within 500 ft of schools. Set up other programs, with drug reduction, training, assistance with addiction.
 - b. Large gap in drug disposal bags, clips, when they are not free.
 - c. Legal IV Drug Users- don't want people to know- private information, not many want to be seen going to police stations as well.
- 5) NCC has available funding through USDA SWMG to purchase disposal supplies (gloves, needle clippers, biohazard bags, etc.) for areas that lack those supplies
- 6) Update syringe brochure (*don't stick someone else with your problem*) – send to PD's for DEA takeback day?
 - a. Use Casella's marketing resources
 - b. Work with Sarah Silk (LRHHPF)
- 7) Ryan Fowler (H2RC/The Claremont Exchange) can travel and do different drug trainings if people are interested (i.e. – administering Naloxone) through Harm Reduction Program