1.0 Purpose

This policy statement explains ADEQ’s current interpretation of requirements for syringes without needles as biohazardous medical waste and medical sharps.

2.0 Definitions

“Biohazardous medical waste” (A.A.C. R18-13-1401(5)) means one of the following:

a. Cultures and stocks: Discarded cultures and stocks generated in the diagnosis, treatment or immunization of a human being or animal or in any research relating to that diagnosis, treatment or immunization, or in the production or testing of biologicals.

b. Human blood and blood products: Discarded products and materials containing free-flowing blood or free-flowing blood components.

c. Human pathologic wastes: Discarded organs and body parts removed during surgery. Human pathologic wastes do not include the head or spinal column.

d. Medical sharps: Discarded sharps used in animal or human patient care, medical research, or clinical laboratories. This includes hypodermic needles; syringes; pipettes; scalpel blades; blood vials; needles attached to tubing; broken and unbroken glassware; and slides and coverslips.

e. Research animal wastes: Animal carcasses, body parts, and bedding of animals that have been infected with agents that produce, or may produce, human infection.

“Medical sharps” (OSHA fact sheet) means objects that can penetrate a worker’s skin, such as needles, scalpels, broken glass, capillary tubes and the exposed ends of dental wires.

“Medical sharps container” (A.A.C. R18-13-1401) means a vessel that is rigid, puncture resistant, leak proof, and equipped with a locking cap.

“Medical waste,” (A.A.C. R18-13-1401) as defined in A.R.S. § 49-701, means “any solid waste which is generated in the diagnosis, treatment or immunization of a human being or animal or in any research relating to that diagnosis, treatment or immunization,
or in the production or testing of biologicals, and includes discarded drugs but does not include hazardous waste as defined in A.R.S. § 49-921 other than conditionally exempt small quantity generator waste.”

“Syringe” (Oxford Dictionary) means a tube with a nozzle and piston or bulb for sucking in and ejecting liquid in a thin stream or fitted with a hollow needle for injecting or withdrawing fluids.

3.0 Directive Statement

This policy interprets ADEQ’s use of the term medical sharps to clarify which syringes are required to be placed in a medical sharps container.

The following syringes do not have to be placed in a medical sharps container:

1. Syringes that have never had a needle (sharp) attached,
2. Syringes where a needle or sharp had been attached and has been separated from the syringe, and that are separated from the syringe so that no stick or puncture hazard remains with the syringe.

Syringes that are not placed in a medical sharps container are still subject to biohazardous medical waste determination in accordance with the definition of biohazardous medical waste.

4.0 Directive Owner (Person Responsible for Implementing & Maintaining the Directive – Title/Unit/Section/Division)

ADEQ’s Waste Programs Division Solid/Hazardous Waste Section Manager is responsible for implementing and maintaining the policy statement.

5.0 Audience

Arizona facilities that generate medical waste.

6.0 Communication & Training

The ADEQ Solid/Hazardous Waste Section Manager and Solid Waste Unit Supervisor will review this statement annually to ensure that Solid Waste Unit staff are aware of its content including procedures for compliance, audit and review.

This policy and any updates will be communicated to medical waste generators through ADEQ’s “gov.delivery” email list, targeted outreach to the healthcare community, solid waste training presentations made by staff, and on-site compliance assistance.

7.0 Compliance & Audit Plan

Prior to each annual review, the ADEQ Solid/Hazardous Waste Section Manager and Solid Waste Unit Manager will review inspections related to medical waste generators to determine how this policy has been impacting inspections. Each annual review shall evaluate whether applicable external stakeholders are aware of the policy and explore methods to increase awareness if needed.

8.0 Review & Revision

This policy will be reviewed annually.

9.0 Additional Documentation
None

10.0 **Approved by:**

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<tr>
<td>Administrative Counsel</td>
<td>Sherri Zendri</td>
<td>Signature</td>
<td>5/2/17</td>
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<tr>
<td>Division Director</td>
<td>Laura Malone</td>
<td>Signature</td>
<td>4/24/17</td>
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11.0 **Historical Note**

[Describes the changes or updates to a directive, which serves as a reference for the reader to understand any past changes.]

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