

Letters to the Editor

A Rose by Any Other Name

To the Editor:

In his most recent article,¹ Dr. Rutala cited the fact that such terms as “hospital waste,” “regulated medical waste,” and “infectious waste” are still poorly defined. However, he failed to make mention of another definition-regulated waste—that is used by the Occupational Safety and Health Administration (OSHA) in its new compliances directive.² By OSHA’s definition, regulated waste means “liquid or semiliquid or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semiliquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and micro biological wastes containing blood or other potentially infectious materials.”

According to the information provided by Dr. Rutala, the definition itself of these waste materials seems to be a moot issue. What is important is the effect that the definition may have on their disposal (i.e., requiring sterilization

or permissible incineration).

Interestingly enough, there are two healthcare facilities in this area that have encountered vigorous opposition and criticism from a number of community groups to their applications to build incinerators intended to be used for medical waste materials. What is happening locally is more than likely occurring in communities everywhere and evidently accounts for the acronym associated with these situations—NIMBY-Not In My Back Yard. One cannot help but wonder how receptive these opposition groups would be to what Dr. Rutala refers to as “an intensive public education program” to dispel them of their perceived hazards associated with the disposal of these materials.

In anticipation of rapidly escalating costs and government regulations focusing on the disposal of waste materials generated by hospitals, a new administrative speciality is emerging in the healthcare industry. Specifically, it is identified as waste management. This being the case, it would appear that it has been decided that the solution to the waste issue is one of managing its disposition rather than attempting to reduce it at the source of its generation.

While addressing the Association of Operating Room Nurses at their annual convention last year, Dr. Rutala commented that he

“does not expect many operating room disposable items to be replaced with reusables.” Admittedly, source reduction of the myriad products used in hospitals today is no easy task. Perhaps the most formidable challenge is to be found in changing the deep-rooted behavioral attitudes of personnel and their habitual single-use, throw-away mentality.

Actually, the term “disposable” does not correctly describe that which we are throwing away. Because these items are of a quality that cannot be burned and cannot be buried, wouldn’t it seem that labeling them as being disposable to be a misnomer? Perhaps they should more appropriately be referred to as “onetime” or “single-use” products.

Aside from the problems and costs associated with doing away with waste generated by their use, no mention has been made at this point of their initial cost. With the spiraling costs of healthcare, this is unquestionably worthy of consideration.

While in St. Louis, Missouri, several months ago to speak at the 100th anniversary of the Washington University School of Medicine, Dr. C. Everett Koop was asked these questions: ‘Why do we have this healthcare crisis? What are the forces behind it?’ In responding, the eminent doctor astutely

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stated that, "Another issue is the cost of surgical material. We have become a disposable society. We suddenly are presented with a whole world of plastics in hospitals that you didn't ask for. You have your own plastic bed pan, your own plastic spittoon, toothbrush, soap dish, plastic tubes, plastic needles, plastic everything. And because they are disposable, our society thinks they must be cheap. They are extraordinarily expensive."³

There is no doubt that today's concern for the environment is accompanied by a clear and distinct message. The surprise may be that we could conceivably find a real economic as well as environmental benefit in the reprocessing of reusables.

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REFERENCES

1. Rutala WA, Mayhall CG, Society for Hospital Epidemiology of America. Medical waste. *Infect Control Hosp Epidemiol.* 1992;13:38-48.
2. Occupational Safety and Health Administration, Occupational Exposure to Bloodborne Pathogens; Final Rule. 29 CFR Part 1910. *Federal Register.* 5664175 64182.
3. Koop speaks out on health care crisis. *St. Louis Post Dispatch.* November 9, 1991.

The authors reply.

The term "regulated waste" as defined by the Occupational Safety and Health Administration (OSHA)¹ was not used in the Society for Hospital Epidemiology of America (SHEA) position paper on medical waste because the OSHA final rule had not yet been published when the paper was submitted to the *Journal* in October 1991. Regarding the issue of source reduction, the intent of the SHEA position paper as described in the

introduction was "to summarize the available scientific data with respect to the public health and environmental hazards associated with the disposal of medical waste, and to present conclusions as to its public health importance." Thus, while I and my colleagues have stated on two occasions^{2,3} that we believe that proper hospital waste management must include methods to reduce the total output of waste and recycle or reuse medical materials when feasible, it was not the purpose of this paper to discuss this important issue.

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REFERENCES

1. Occupational Safety and Health Administration, Occupational Exposure to Bloodborne Pathogens; Final Rule. 29 CFR Part 1910.1030. *Federal Register.* 566400464182.