

## GREGORY AND ADAMS, P.C.

PAUL H. BURNHAM  
DANIEL L. CONANT  
TREVOR CONLOW§  
SUSAN L. GOLDMAN  
J. VANCE HANCOCK  
J. CASEY HEALY  
MICHAEL LAMAGNA\*  
DERREL M. MASON\*  
MATTHEW C. MASON\*  
JAMES D'ALTON MURPHY\*Ⓢ  
KATHLEEN L. ROYLE \*  
RALPH E. SLATER  
ROGER R. VALKENBURGH \*

ATTORNEYS AT LAW  
190 OLD RIDGEFIELD ROAD  
WILTON, CT 06897  
(203) 762-9000  
FAX: (203) 834-1628

ESTABLISHED 1964

NEW YORK OFFICE:  
399 KNOLLWOOD ROAD - SUITE 201  
WHITE PLAINS, NY 10603  
(914) 848-5000

WWW.GREGORYANDADAMS.COM

JULIAN A. GREGORY  
(1912 - 2002)

THOMAS T. ADAMS  
(1929 - 2015)

PLEASE REPLY TO SENDER:  
JAMES D'ALTON MURPHY  
DIRECT DIAL: 203-571-6309  
jmurphy@gregoryandadams.com

\* ALSO ADMITTED IN NEW YORK

Ⓢ ALSO ADMITTED IN VERMONT

§ ADMITTED IN NY AND NJ ONLY

August 2, 2022

### **By E-mail and Hand Delivery**

Planning and Zoning Commission

Town Hall Annex

238 Danbury Road

Wilton, CT 06897

Attn: Mr. Michael E. Wrinn – Director of Planning and Land Use Management

Re: Hartford HealthCare Corporation – Resolution #0722 – 495SP  
Premises: 50 Danbury Road, Wilton, Connecticut

Dear Director Wrinn:

To satisfy a condition of approval for the premises in the subject line, as noted in Special Permit #495 and Resolution #0722 – 495SP, we write to confirm that Hartford HealthCare and its affiliate, Soundview Medical, will not store medical waste or controlled substances on the exterior of the 50 Danbury Road premises. For additional information regarding Hartford HealthCare's medical waste and medication handling and disposal processes, I enclose one copy of each of the following:

1. Letter from Eliana Jaramillo, Multispecialty Practice Administrator at Hartford HealthCare, dated July 26, 2022.
2. Hartford HealthCare Regulated Medical Waste Plan, revised March 3, 2022, effective March 11, 2022.

Planning and Zoning Commission  
August 2, 2022  
Page 2 of 2

Please contact me if you have any questions or would like additional information.

Respectfully submitted,  
Gregory and Adams, P.C.

By: James D'Alton Murphy  
James D'Alton Murphy

JD'AM/dc  
Enclosures

cc: David Webber, Esq. – Hartford HealthCare  
Ms. Eliana Jaramillo – Hartford HealthCare  
Ms. Jennifer Murnane – Concord Healthcare

M:\Clients\Hartford HealthCare 2022\2022 Application for Special Permit\Post Approval Conditions materials\HHC Medical Waste Disposal Transmittal Ltr.doc



Hartford Healthcare Medical Group

July 26, 2022

RE: Medical Waste Transportation and disposal

**Medical Waste-** Stericycle weekly pickups on Wednesday.

**Medication disposal company-** Clean harbors monthly pickups or as needed.

1. Healthcare Facility Contact person Karen Gensler
2. Healthcare Facility Phone Number: 203-838-4000
3. Regulated Medical Waste Transportation and Disposal Companies used:

Stericycle, Inc  
28161 North Kelth Drive  
Lake Forest, IL 60045

Clean Harbors Environmental  
51 Broderick Road  
Bristol, CT 06010

If you have any question, please contact me at 203-692-5802

Sincerely,

Eliana Paramillo, Administrator

A document for: HHC Medical Group



Title: Regulated Medical Waste Plan\_HHC

Original Creation Date: 4/1/2021  
Review Date: Click here to enter a date.  
Revision Date: 3/3/2022

Final Approval Date: 3/3/2022

Effective Date: 3/11/2022

### **Purpose**

To define, establish and implement a plan for the management of regulated medical waste which includes; infectious, biomedical, pathological, sharps and chemotherapy waste according to State of Connecticut regulations 22a-209-15. Controlled substance disposal is included.

### **Scope**

This plan is to be followed by each HHC entity that generates regulated medical waste and controlled substances disposal as defined below. This includes any off-site or affiliated Hartford Healthcare location. For the purposes of this plan the term regulated medical waste and biomedical waste can be used interchangeably.

### **Regulated Medical Waste (RMW)**

1. Regulated Medical Waste includes the following:
  - a. Biomedical waste that is a liquid or semi-liquid blood, body fluid or other potentially infectious material
  - b. Contaminated items that could release blood or other potentially infectious material in a liquid or semi-liquid state if compressed
  - c. Items dripping and/or saturated with blood or other potentially infectious material.
  - d. Contaminated sharps
  - e. Pathological waste containing tissues, blood or other potentially infectious material
  - f. Microbiology waste containing blood or other potentially infectious material
  - g. Chemotherapy (trace/residual) waste

### **Controlled Substances (CRSRX)**

- a. A drug or other **substance** that is tightly **controlled** by the government because it may be abused or cause addiction.

### **Biomedical Waste**

1. Biomedical waste is defined as untreated solid waste, any disposable container or reusable container that has not been decontaminated, containers generated while administering medical care or the performance of medical research involving humans or animals, including infectious waste, pathological waste and chemotherapy waste.
2. Biomedical waste does not include:
  - a. Solid waste that is a hazardous waste or a regulated radioactive material
  - b. Discarded materials used for personal hygiene, such as diapers, facial tissues, and

- sanitary napkins, unless such materials are from isolation waste
- c. Samples of biomedical waste collected and transported by department personnel for enforcement purposes
  - d. Excluded body fluids such as feces, urine, nasal secretions, sputum, sweat, tears, vomitus, saliva, and breast milk, unless any such excluded substance contains visible blood or is isolation waste.
  - e. Pathological waste does not include formaldehyde or other preservative agent, or a human corpse or part thereof regulated pursuant to Section 7-64 or Chapter 368i, 368j or 368k of the General Statutes.
  - f. Broken glassware shall not be deemed a sharp unless it is known to be contaminated with an infectious agent.

### **Blood Product**

1. A blood product is any substance derived from human blood, including but not limited to plasma, platelets, red or white blood cells and interferon. Blood and blood product waste is disposed of in red biohazard waste containers.

### **Body Fluid**

1. A body fluid is any substance which emanates or derives from the human body, including but not limited to blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, and pericardial fluid. Suction canister waste that has not been solidified is a body fluid waste. *This definition excludes feces, urine, nasal secretions, sputum smear, tears, vomitus, saliva, breast milk; unless the excluded substance contains visible blood.*
2. All untreated liquid or semi-liquid wastes consisting of blood, blood products, body fluids and excreta may be disposed of into the sanitary sewer system by following this process:
  - a. Don gloves, eye protection (i.e. face shield or goggles) and gown
  - b. Hold container no higher than 12 inches above the water level to avoid splash.
  - c. Carefully pour contents away from yourself into the hopper or toilet and flush.
  - d. Decontaminate area as necessary; sanitize or wash hands.
3. If visible blood in container, discard in biomedical waste (red bag). If no visible blood in a body fluid container, discard as regular trash. Suction canister waste must be solidified before disposal as a regulated medical waste.

### **Chemotherapy Waste**

1. Any waste that has come in contact with an antineoplastic agent during the preparation, handling or administration of such an agent. Chemotherapeutic wastes are contained in a yellow container and shall be disposed of by incineration. For trace non-sharp or "soft" chemotherapy wastes a yellow bag may be used. For any syringes hard yellow plastic container with lids will be used.
  - a. Examples of this category include:
    - i. Access device.
    - ii. Intravenous tubing
    - iii. Intravenous solution bags.
    - iv. Any disposable items contacted with oncolytic agent.
2. Exemptions
  - i. Any un-administered dose of a chemotherapy drug or un-used portion of a drug from the pharmacy will be handled and disposed of as a bulk hazardous waste. This waste can

be disposed of into the Hazardous Waste Black RCRA container. This waste is NOT considered a residual (yellow container) and must be disposed of as a bulk hazardous waste.

- ii. Chemo Spills-All Items involved in the clean-up of chemotherapy spills, such as gloves, gowns and absorbent materials. Refer to *Hazardous Medication Management* \_HHC

### **Infectious Waste**

1. Infectious waste is that which is contaminated with body fluids from a *communicable* disease. All waste items used in the care of the patient is considered biomedical waste. Upon discharge, the sharp container must be changed. The diseases include anthrax, Congo-Crimean hemorrhagic fever, Ebola, Lassa fever, Marburg fever, rabies and smallpox waste which is capable of causing an infectious disease.
2. Infectious waste also includes the following:
  - a. Discarded cultures or stocks of infectious agents/biologicals, including human and animal cell cultures from clinical, hospital, public health, research and industrial laboratories; wastes from production of biologicals; discarded etiologic agents; discarded live or attenuated vaccines or serums; and discarded culture dishes or devices used to transfer, inoculate, or mix cell cultures.
  - b. Body fluids, waste blood products, containers, and any disposable items that are saturated or dripping with blood or body fluid or that were saturated or dripping with a body fluid and have since caked with dried body fluid.
  - c. Discarded used sharps and any residual substances.
  - d. Isolation wastes, those wastes from patients with highly communicable diseases discarded as Biosafety Level 4.
    - i. Examples are: Ebola, Marburg, etc.
  - e. Material collected during or resulting from the cleanup of a spill of infectious waste.
  - f. Wastes that are neither hazardous waste nor radioactive material and are mixed with infectious waste.

### **Pathological Waste**

1. Pathological waste is any human tissue, organ, or body part removed during surgery, autopsy, or other medical procedure. This does not include formaldehyde or other preservative agent or a human corpse or part thereof. Pathological waste shall be disposed of only by incineration. Any pathological waste is to be discarded of according to the following:
  - a. Pathological waste is placed into a bag labeled as bio hazardous.
  - b. This bio hazardous bag is placed into a cardboard container, lined with a red bio hazardous labeled bag, with a lid
  - c. The lid/cardboard box is equipped with both an "incinerate only" and "path or pathological waste only" label.

### **Sharps**

1. Sharps are items capable of causing a puncture or cut, including but not limited to hypodermic needles, scalpel blades, suture needles, disposable scissors and razors, surgical staples, skin clips, trochars, lancets, and ampules. A syringe, regardless whether a hypodermic needle is attached thereto, shall be deemed a sharp.
2. These items are discarded in a labeled, sealed, rigid, leak and puncture resistant container (sharps container) available in each patient/exam/operating room, medical area, and on each medical cart and crash cart. The sharps containers are then sealed

and transported to the sharps holding areas by Environmental Services colleague or other designee.

3. Refer to **Table 1** that breaks down disposal methods for respective waste types.

### **Controlled Substance Disposal**

1. Disposal Management; only applicable when CSRX cannot be returned to the pharmacy.
  - a. Containers are placed in med rooms, pharmacy and other secure locations for the collection and disposal of controlled substances.
  - b. The containers are to be placed into use by adding water to the noted fill line and the date listed on the container.
  - c. The containers are to be changed by Environmental Services (EVS) when they are full or in poor condition.
  - d. Each container renders the substances unrecoverable.

### **Storage of Biomedical Waste**

1. Biomedical waste shall be stored such that other materials may not become mixed with such waste, and shall be stored in areas which are accessible only to those persons who are authorized by the generator, transporter, or solid waste facility operator, as applicable, to handle biomedical waste. Any outdoor storage area, such as a dumpster, shed or trailer, shall be locked.
2. Biomedical waste shall be stored in a manner and location that maintains the integrity of its packaging and provides protection from water, precipitation and wind.
3. All areas used for the storage of biomedical waste shall be constructed of finished materials that are impermeable and capable of being easily maintained in a sanitary condition.
4. Biomedical waste shall be stored only in a non-putrescent state; to maintain a non-putrescent state, biomedical waste may be refrigerated during storage.
5. A sign displaying the universal biohazard symbol shall be posted wherever biomedical waste is stored.
6. Biomedical waste shall not be compacted or subjected to violent mechanical stress during storage.
7. Biomedical waste shall be stored in a manner that provides protection from animals and does not provide a breeding place or food source for insects or rodents.

### **Pick-Up/Off-Site Disposal**

1. Once the regulated medical waste containers are full, the bags are to be tied, bins secured and removed from the point of generation to the storage/shipping area by Environmental Services colleague or designee.
2. For body fluids that are not disposed of by sewerage, body fluids in quantities greater than 20 cubic centimeters shall be placed in containers that are break-resistant and tightly lidded or stoppered and then placed inside the biomedical waste shipping package.
3. All packaging and labeling will be done according to EPA, CT DEEP and DOT regulations in a designated area.
4. Regulated Medical Waste containers must remain closed/covered unless entering waste into the container.

### **Labeling of Waste**

1. Biomedical waste must be placed into biomedical waste containers which are red in color and marked with a biohazard symbol. All such containers are lined with a red plastic bag and marked with a biohazard label.

## **Management of Blood and Body Fluid Spills**

1. Blood spill kits are not provided or required. For information on how to clean a spill that contains blood and body fluid please refer to the "Clean-up of Blood and Body Fluid" policy.

## **Responsibility**

1. All colleagues who discard regulated medical waste are responsible for entering the waste into the correct receptacle and understanding the protocols within this plan. Annual training will occur in Hartford Healthcare Annual education module via electronic platform.
2. Environmental Service Director is responsible for the management of this plan.
3. Environment of Care Committee at each local entity will annually monitor compliance with the Regulated Medical Waste Management Policy.

## **Training**

1. Colleagues who package the waste for disposal will have an annual review of those packaging protocols.
2. Those colleagues who sign a regulated medical waste manifest are required to have Department of Transportation (DOT) training every 3 years.
3. All training must be documented.

## **Manifests**

1. All medical waste manifests from the Regulated medical waste vendor, for each and every shipment will be collected, signed and reconciled. The paperwork will be kept for a minimum of 3 years.
2. Environmental services will keep on file and update the authorization form annually which lists all colleagues who are trained and authorized to sign the regulated medical waste manifest, block 15. Use the template in this policy to complete. Also see attachment for example of medical waste manifest.

## **Reporting**

1. Each month Environmental Services will record/document the number of pounds each facility has generated of regulated medical waste. Where applicable, this number will be reported to Environment of Care Committee monthly. Number is recorded from the regulated medical waste shipping manifests.
2. At the end of each calendar year, if an entity generates an exceedance of 50 pounds in any one month, a report will be sent to the CT Department of Environmental Protection (CT DEEP) no later than January following the reporting calendar year, listing the amount of biomedical waste generated at that site. The report will state how many pounds were generated for that calendar year.
3. Environmental Services Director or designee will submit the annual report and use the template included in the policy to complete.
4. CT DEEP will submit annually, to each entity that generates over 50 pounds of regulated medical waste in any one month, an invoice for the fee of being a generator of such waste. Environmental Services is responsible to pay this fee.

**Table 1: Regulated Medical Waste Table**

<b>Waste Items Generated</b>	<b>Red Sharps Container</b>	<b>Red Plastic Bag Biomedical Waste</b>	<b>Black or Clear Bag/Regular Trash</b>	<b>Chemo Waste/ Yellow bag</b>	<b>Chemo Waste/ Yellow Hard</b>
------------------------------	-----------------------------	---	---	--------------------------------	---------------------------------



					Plastic Container
Gauze/dressing - <b>not</b> dripping or saturated with blood or body fluids			X		
Gauze/dressing - dripping with blood or body fluids		X			
Empty Chemotherapy syringe or vial					X
Full or partially full Chemotherapy waste in the form of IV bags or vials	This waste is considered hazardous and will be discarded in appropriate BLACK hazardous waste RCRA container.				
Empty "soft" Chemotherapy encountered gloves, gowns and IV tubing				X	
Used or broken ampule	X				
Empty Glass vial			X *COVID-19 vaccine vials are an exception and should be discarded as waste pharmaceutical		
Trocar	X				
Wire Guides for introducer			X		
Disposable razors, scissors	X				
Guide wire, Pacing Wire			X		
Needle, syringe, lancet	X				
Scalpel	X				
Suture needles, suture material	X				
Blood bag, blood tubing		X			
IV tubing			X		

IVs, central lines, POCs		X			
Syringes	X				
Suction canister - solidified waste		X			
Surgical/sump drain		X			
Surgical drapes - caked or dripping with blood or able to release blood if compressed		X			
Pleuravac/Hemovac		X			
Gowns/gloves/masks - caked or dripping with blood		X			

**Appendices:**

**Appendix A:** Yearly Total Biomedical Waste (RMW) Generation Report

**Appendix B:** Establishment of Authorized Personnel to Sign Regulated Medical Waste (RMW) Manifests

**Required information for Administrative documents:**

**Content Expert/Department:** Jessica Gunn- System Director of Environment of Care and Regulatory Compliance

**Related Documents:** If applicable- list documents by entity or N/A

**Replaced Documents:**

HHC	Regulated Medical Waste Plan_HHC
Select an Entity.	Enter the name of the replaced document or N/A
Select an Entity.	Enter the name of the replaced document or N/A
Select an Entity.	Enter the name of the replaced document or N/A

**Review Period:** Three Years

Department of Energy and Environmental Protection  
Solid Waste Management Unit  
79 Elm Street  
Hartford, CT 06106-5127

Hartford Healthcare (*insert entity name*)  
(*Insert entity address*)

INSERT DATE

RE: Yearly Total Biomedical Waste (RMW) Generation Report

1. Reporting Period, Calendar Year (CY) \_\_\_\_\_
2. Total amount of RMW generated by pounds during CY reporting period: \_\_\_\_\_
3. Healthcare Facility Contact person \_\_\_\_\_
4. Healthcare Facility Phone Number: \_\_\_\_\_
5. Regulated Medical Waste Transportation and Disposal Companies used:

Stericycle, Inc  
28161 North Keith Drive  
Lake Forest, IL 60045

Clean Harbors Environmental  
51 Broderick Road  
Bristol, CT 06010

If you have any question, please contact me at (*insert phone number*).

Sincerely,

\_\_\_\_\_  
Name/Title

INSERT DATE

Hartford Healthcare (insert entity name)  
(insert entity address)

RE: Establishment of Authorized Personnel to Sign Regulated Medical Waste (RMW) Manifests

To Whom It May Concern:

This letter serves as documentation to identify personnel at Hartford Healthcare (*insert entity name*) who are authorized to sign regulated medical waste manifests in accordance with the Regulations of Connecticut State Agencies (RCRA) 22a-209(15)(i) Appendix I, Box 15. It is my understanding that the personnel listed below are knowledgeable of the classification, management, packaging and labeling requirements associated with regulated medical waste.

By signing below, personnel certify that they are familiar with the State and Federal regulated waste regulations and have read and understand the information and objectives included in the Regulated Medical Waste Management Plan prepared for the facility.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

INSERT NAMES HERE of  
Authorized/Trained Colleagues

•

If you have any question, please contact me at (XXX) XXX-XXX.

Sincerely,

\_\_\_\_\_  
Name/Title