

Committee of Experts on the Transport of Dangerous Goods and on the Globally Harmonized System of Classification and Labelling of Chemicals

23 June 2016

Sub-Committee of Experts on the Transport of Dangerous Goods

Forty-ninth session

Geneva, 27 June-6 July 2016

Item 3 of the provisional agenda

Listing, classification and packing

Comments on 2016/9 and INF.10: Packagings for Infectious Waste

Transmitted by the expert from the United Kingdom

Introduction

1. The United Kingdom studied the papers ST/SG/AC.10/C.3/2015/48, informal documents INF.30 and INF.59 (48th session), ST/SG/AC.10/C.3/2016/19 and informal document INF.10 (49th session) and took part in the lunchtime working group of the 48th session of the Sub-Committee. The United Kingdom is appreciative of the points raised in those papers and the possible solutions expounded.

2. Having carefully listened to the views expressed by the expert from the WHO, particularly regarding the existing text and its intended application. The United Kingdom is of the opinion that the proposed solutions contained within ST/SG/AC.10/C.3/2016/9 and informal document INF.10 (49th session) are not the best way forward. Building on some of the ideas put forward by the Canadian expert in informal document INF.10 (49th session), specifically the creation of a new UN entry and the development of a new packing instruction, the United Kingdom therefore offers the following alternative solution for consideration by the Sub-Committee.

3. The primary issue has arisen from the application of the text in paragraph 2.6.3.5.1 and the problems that health authorities have in applying either 2.6.3.5.3 (decontamination) or 2.6.3.2.3.3 (neutralisation) given the large quantities of soft material produced every hour from treating a single patient with a highly infectious condition. Paragraph 2.6.3.5.1 assigns Category A waste to either UN2814 or UN2900, both of which require UN packaging according to Chapter 6.3.

4. Chapter 6.3 packaging was only intended to contain small amounts of these substances, which present a high risk to the population if exposure occurs. Therefore, very stringent packing provisions, testing and controls are in place for these substances. The tests are designed to demonstrate that even under adverse conditions exposure will not occur.

5. Paragraph 2.6.3.5.1 also deals with waste of category B. However, it does not assign it to UN3373, instead assigning category B to a UN number specifically for Category B waste – UN3291. The packing instructions for these two UN numbers are different, thereby acknowledging that different conditions exist in transport for “pure” Category B substances and waste that may contain Category B material.

6. Considering the various proposals and contingency plans that have been reviewed by the United Kingdom, it is clear that the health professions do not want to downgrade the waste from Category A. At the same time, the health professions do not see Category A clinical waste as presenting the same hazard as the substances described in paragraph 4 above. Given the nature of the transport operations and the final destination of Category A clinical waste – usually an incinerator, a more pragmatic solution is required for coping with outbreaks of highly infectious diseases.

Proposal

7. The expert from the United Kingdom therefore asks the Sub-Committee to consider the following:

- The creation of a new UN number for CATEGORY A CLINICAL WASTE UNSPECIFIED N.O.S;
- Allocation of Packing group I;
- Retention of the basic requirement for 3 layers of packaging (one of which may be flexible);
- Allocation to either modified packing instructions P621 / LP621 or new packing instructions based on P621 and LP621. (Note there would not be an IBC packing instruction, because the three layers of packaging principal does not meet the definition of an IBC);
- Adjustment of paragraph 2.6.3.5.1 to reflect the new UN number; and
- There may need to be a note in the packing instruction or a special provision to deal with liquids in the waste.

Justification

8. In the United Kingdom’s view, this proposal;

- Follows throughout the existing principals of the UN;
- Does not alter or confuse Chapter 6.3 testing and marking provisions;
- Provides a level of safely in transport, that UK health professionals see as appropriate and proportionate to the risk; and
- Allows for the development of packaging solutions that can meet both healthcare and waste management constraints.

9. If the Sub-Committee agrees to this approach, to create a new UN entry and packing instruction, the United Kingdom proposes to draft a text. And then circulate this to those in the Sub-Committee who are interested by way of a short term correspondence group, for comment before submitting a formal proposal for the next meeting of the Sub-Committee.