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Item 5 (b) of the provisional agenda

PROPOSALS FOR AMENDMENTS TO RID/ADR/ADN* **

Infectious waste of UN No. 3291

Transmitted by the Government of Switzerland

SUMMARY

Executive summary:	Ensure and facilitate the return of UN No. 3291 wastes carried by medical personnel during interventions with patients.
Action to be taken:	Introduce a special provision in chapter 3.3 allowing for the transport of UN No. 3291 wastes.
Related documents:	None.

* In accordance with the programme of work of the Inland Transport Committee for 2006-2010 (ECE/TRANS/166/Add.1, programme activity 02.7 (c)).

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Introduction

1. The carriage of UN number 3291 (BIO) MEDICAL WASTE, N.O.S., Class 6.2, Packing group II, poses the following problem for members of the medical professions.
2. Home nurses or doctors who travel by car and provide professional care for their patients are apparently not subject to ADR as long as they are carrying ready-for-use products such as vaccines, various blood components and other substances (under 2.2.62.1.9 and 2.2.62.1.5.5). This relates to goods that are for use at the patients' homes, or even in laboratories, for analysis. As for used materials, the situation is not the same. While it may be true that a nurse or doctor is probably not subject to ADR on the way to see a patient, once there, their use of standard medical materials will produce waste that may potentially be subject to ADR.
3. While the dressings, diapers and other materials covered by No. 18 01 04 as per the list of wastes annexed to European Commission decision No. 2000/532/EC are specifically exempted (2.2.62.1.11.2), that is not the case for No. 18 01 01, on wastes (sharps) that pose a risk of injury, apart from those under 18 01 03, which refers to "sharps", needles and blades, etc. In fact, it appears that the latter cannot be completely exempted from the regulation (except in the case addressed by 2.2.62.1.11.3, but this relates to decontamination that can hardly be undertaken at the patient's home).
4. Such waste cannot be carried under the "Exemptions related to dangerous goods packed in limited quantities" (chapter 3.4), because column (7a) of table A reads "LQ0". This amounts to considering that such wastes must be carried at least in accordance with the conditions set out in 1.1.3.6.2.
5. The constraints relating to this mode of transport seem hardly appropriate for a home nurse or doctor. Indeed, from a practical standpoint, it would be unlikely that such persons would travel with a fire extinguisher and a correctly filled in transport document.
6. On the other hand, in relation to the packing, we should note that "Sharpsafe" type boxes are now in common use, and are generally in conformity with ADR (UN type 3H2/Y2...). Once full, the "Sharpsafe" box is usually disposed of in a hospital, clinic or doctor's office, which subsequently uses a waste collection company that, being a transporter, is for its part subject to RID/ADR and to the regulations on special waste.
7. As for the extinguisher, in the case of ADR, under special provision S3 of chapter 8.5, it is not required.
8. Within the limits set by 1.1.3.6, the only requirement that would apparently be difficult to meet would be the establishment of a correctly filled in transport document.
9. It would seem appropriate to exempt members of professions such as those mentioned above from certain provisions of RID/ADR relating to waste that is covered by No. 18 01 01 and that falls under the heading of UN number 3291 (BIO) MEDICAL WASTE, N.O.S., Class 6.2, Packing group II (thus, infectious substances of Category B). Provided a maximum quantity is

established and safety and identification criteria are guaranteed (packagings, labels in accordance with 6.2 and UN numbers), there is every reason to believe that the health professionals generating such waste should be capable of ensuring that carriage takes place properly in all respects.

10. Such professionals are clearly qualified. They are aware of the precautions to be taken with these “sharps” and of the risks that they pose. The quantities carried are relatively small. The items are most often packed appropriately in a UN packaging. Waste is always a tricky question, especially given the temptation to dispose of it in the patient’s household waste receptacle, for example. Requiring a transport document would seem to do nothing to make the carriage of such objects more safe.

11. This kind of activity apparently does not concern any means of transport other than road transport. While possible, carriage by rail or boat does not seem to be a widespread practice in the medical profession. This question should therefore be settled directly by WP.15, in the related provision of ADR. Our proposal can, however, also be incorporated into RID.

Proposal

12. Add special provision XYZ to chapter 3.3, as follows:

“XYZ Carriage of waste from health-care activities that involve a risk of infection and are assimilated to UN number 3291, when performed by professionals in their personal vehicles or in service vehicles as part of their health-care activities, and when the transported mass is less than or equal to 15 kg, shall not be subject to the provisions of 5.4.1.”

13. Insert, under UN number 3291, in column (6) of chapter 3.2, table A, a reference to special provision XYZ.

Safety

14. Not impaired. On the contrary, by simplifying the regulation, this will make it easier to bring such waste back into a supervised system.

Feasibility

15. As this entails simplification, there are no problems foreseen. It is also relatively easy to verify that the mass does not exceed 15 kg.
