



150 YEARS
OF ADVANCING
PUBLIC
HEALTH

Massachusetts Department of Public Health

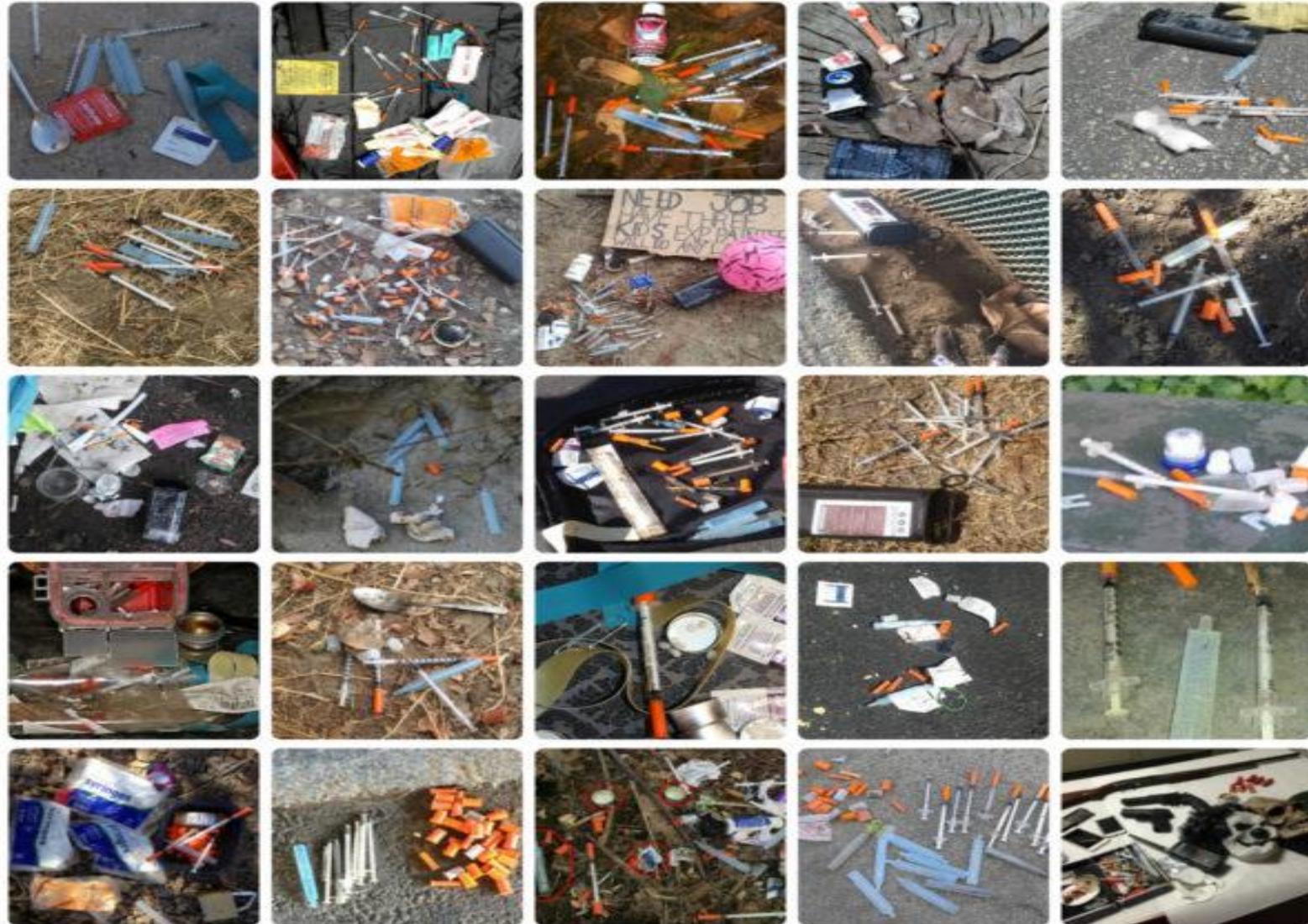
Sharps Community Model Programs

MHOA – April 2021

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Presentation Objectives

- Definitions in 480.000
- Lean Six Sigma Project Overview
- Community Model Programs Overview
- Community Model A
- Community Model B
- Community Model C
- Community Model D
- Summary
- Q&A



Definition of Sharps in 480.000

- Sharps - Discarded medical articles that **may cause puncture or cuts**, including, but not limited to, all needles, syringes, lancets, pen needles, pasteur pipettes, broken medical glassware/plasticware, scalpel blades, suture needles, dental wires, and disposable razors used in connection with a medical procedure.



Definition of Home Sharps and Kiosk in 480.000

- Home Sharps (HS). All spent non-commercially generated, hypodermic needles and lancets that have been used or are not in their original, intact and sealed packaging and that result from personal use or from pets at a residence or outside the home. The term Home Sharps does not include needles or lancets generated by home health aides, visiting nurses, or any other person providing a professional service in a private residence.
- Kiosk. A secured, leak-proof receptacle or collection drop box, the contents of which are inaccessible to unauthorized personnel, designed to temporarily store approved sharps containers prior to pickup and transportation for treatment in accordance with 105 CMR 480.000.

Lean Six Sigma Project

- My project was titled Optimizing internal process of fielding residential sharps disposal concerns.
- My problem was a small piece of a very big pie and what I found was that in mitigating my part, I needed to also address the whole pie.
- Problem –
 - CSP manages the regulations for medical and biological waste and keeps track of all the residential sharps disposal sites statewide through a Sharps List. The list contains the towns names and addresses of the drop-off locations
 - CSP receives numerous calls from various stakeholders regarding their disposal concerns, calls from cities with and without programs
 - Specifically, 40% of the calls received in a 6 months period were regarding this matter
 - One such call leads to several others in an attempt to mitigate the problem

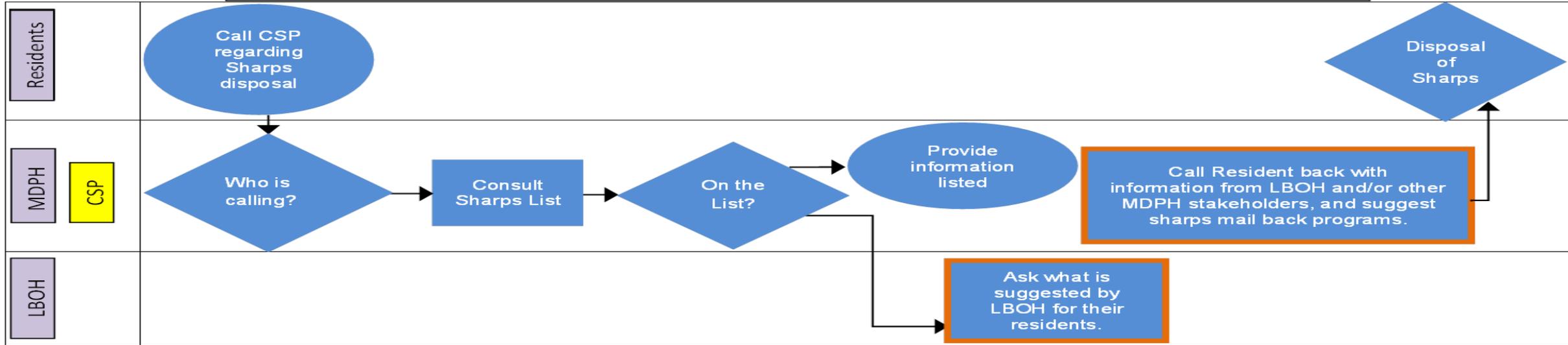
Lean Six Sigma Project

Goal-

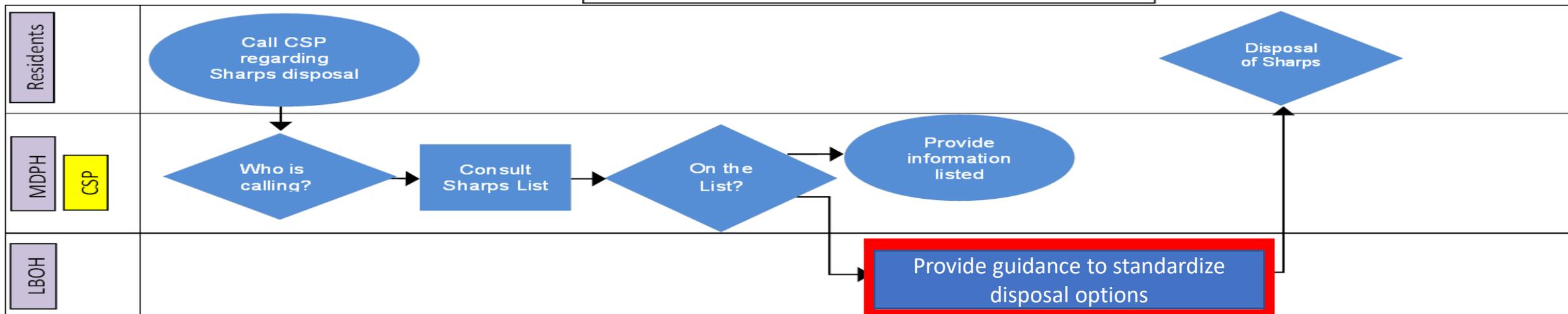
- Decrease the number of calls to CSP
- Define the role the Department plays in this process of maintaining, implementing, or promoting a residential sharps disposal program
- Identify multiple candidates to serve as models of methods for implementing and sustaining a program

Optimizing internal process of fielding residential sharps disposal concerns

CURRENT PROCESS of Fielding Sharps Disposal Calls at Community Sanitation Program



Proposed Improvements to the CURRENT PROCESS

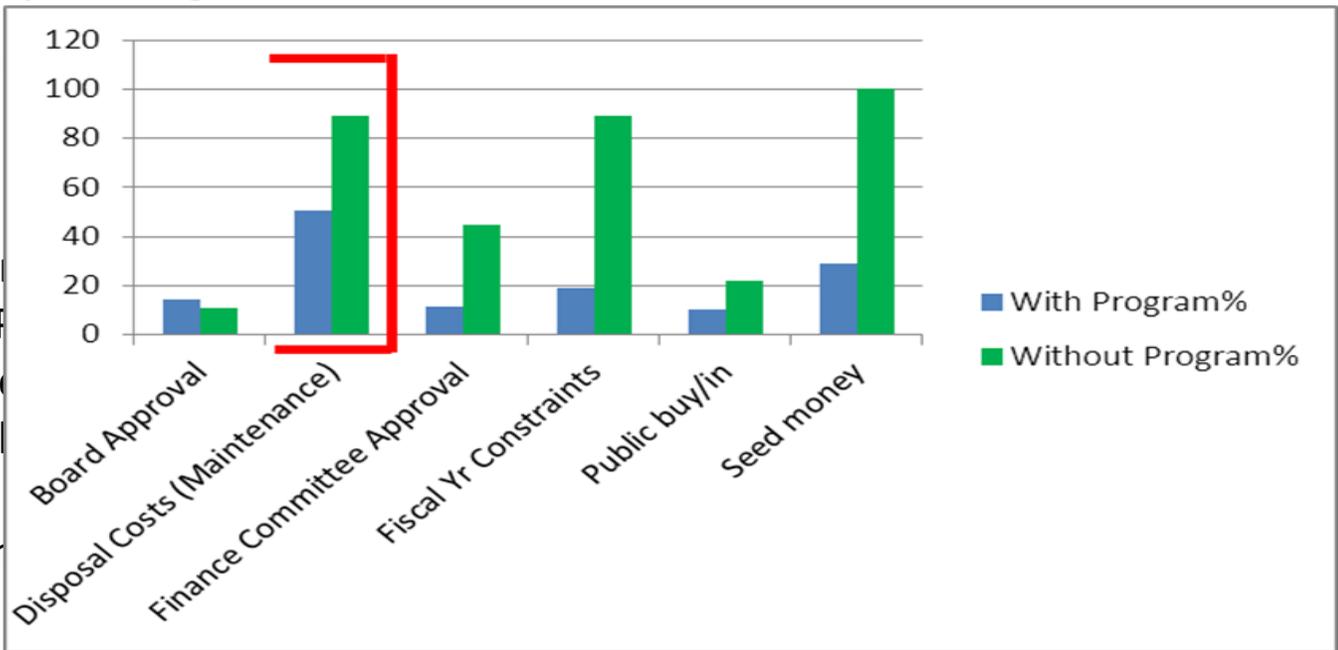
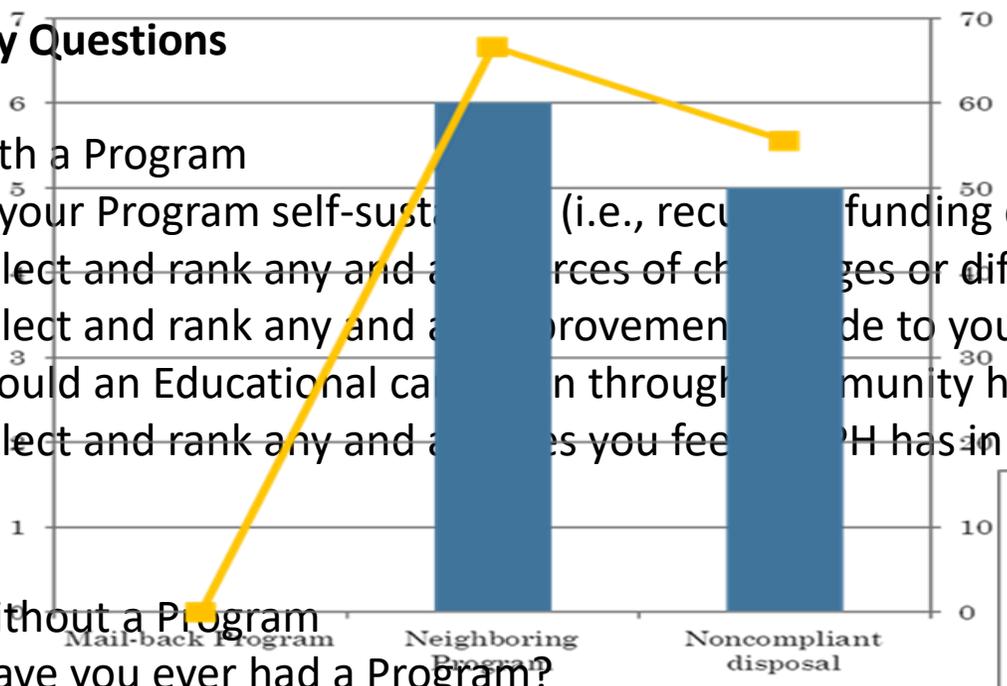


Optimizing internal process of fielding residential sharps disposal concerns

Survey Questions

- With a Program
 1. Is your Program self-sustaining (i.e., recouping funding every fiscal year)
 2. Select and rank any and all sources of challenges or difficulties experienced while implementing your Program?
 3. Select and rank any and all improvements made to your Program since implementation.
 4. Would an Educational campaign through community health services help promote and increase awareness of your Program?
 5. Select and rank any and all roles you feel MDPH has in your Program.

- Without a Program
 1. Have you ever had a Program?
 2. Has there been any discussions about creating a Program?
 3. Select and rank any and all barriers to you creating a Program?
 4. Select and rank any and all current known disposal methods.
 5. Would an Educational campaign through community health services help promote and increase awareness of your Program?
 6. Select and rank any and all roles you feel MDPH has in your Program.



Sharps Collection Centers – Word Cloud



Community Model Programs Overview

- With the many programs currently implemented: we are still experiencing –
 - Lack of resources – seed money
 - Lack of program support – no buy-in from the administration/community
 - Inadequate resources – sustainability
 - Labor intensive – multiple aspects to manage (containers, kiosk, pick-up schedules, record keeping)
- How can CSP Help?
 - Support and Provide Opportunity
 - What is working; Why/How?
 - BOH – started a program in the last 4 years
 - Regionalize DPW
 - BOH + Hospital + Fire Department partnership
 - BOH + Pharmacy + Waste Industry partnership

Community Model A – Board of Health

- Model A overview
 - Population served ~34,000
 - This community had a program but was cut for budget reasons.
 - Personnel changes resulted in reevaluation of community needs and gaps in services. The program was reinstated.
 - ~\$5000/year spent by the Health Department
 - Completely free service for the community
 - The Health Department created an Enterprise fund
 - Fund is considered the best practice to promote and maintain long-term financial sustainability for community services. It is a separate accounting and financial reporting mechanism for which revenues and expenditures are segregated from all other governmental activities.
 - An enterprise fund identifies the total direct and indirect costs to provide the service and the sources and amounts of revenues that support the service for which a fee is charged in exchange for service.

<https://www.mass.gov/files/documents/2017/10/11/best-practice-enterprise-funds.pdf>

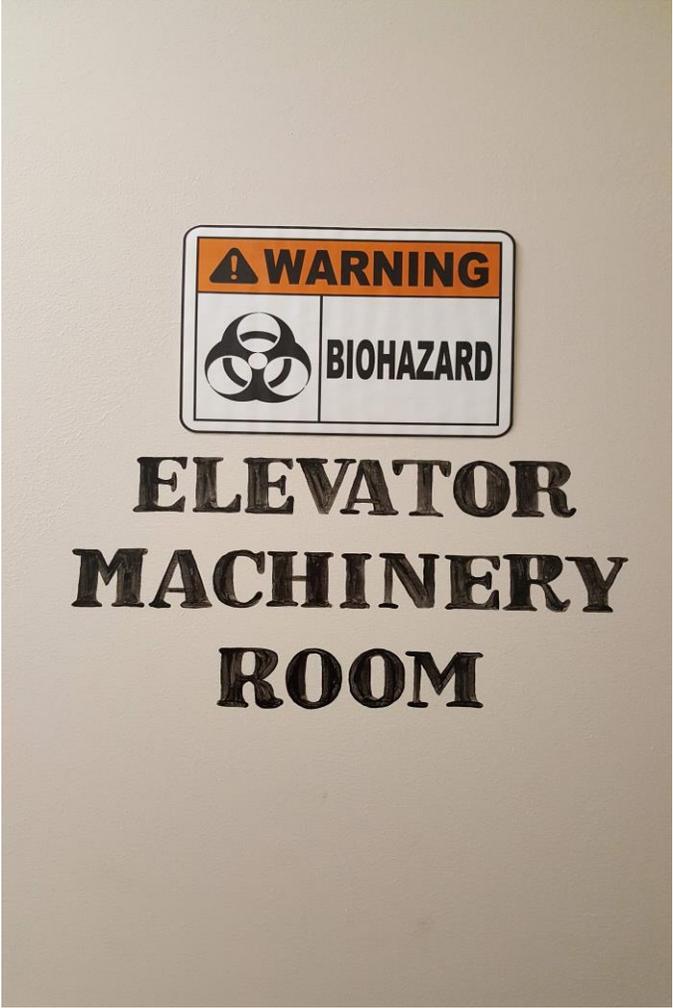
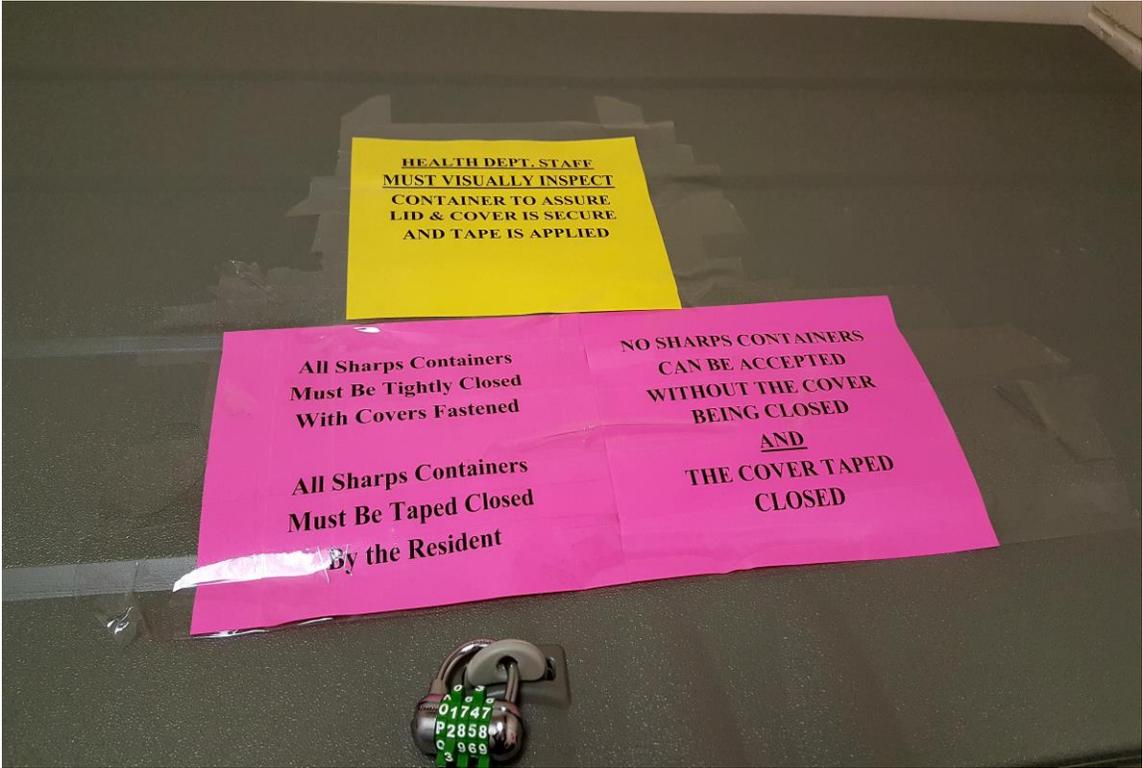
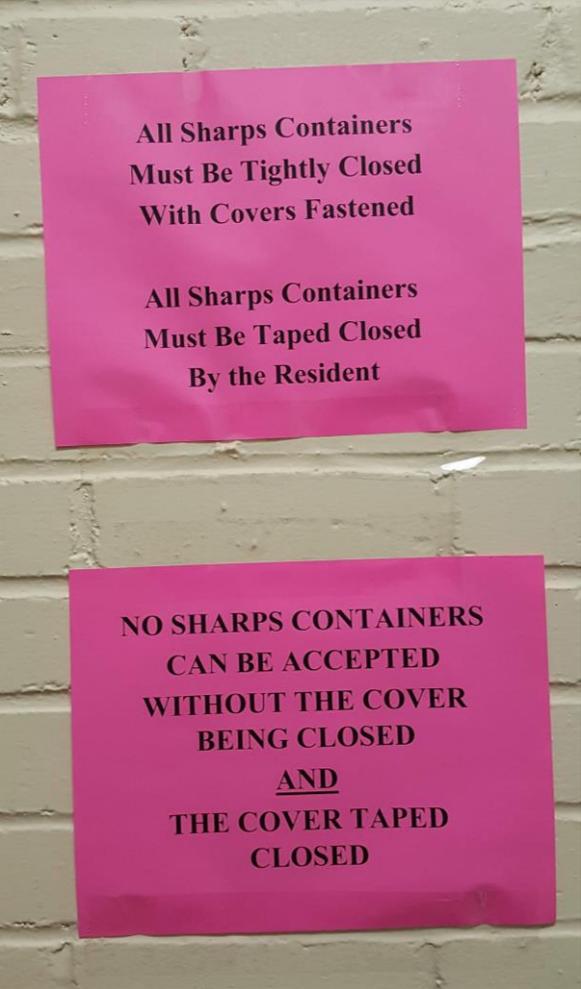
Community Model A – Board of Health

- Bought containers and services through the Statewide Contract – FAC-82
- Promotion
 - Publicized through city Resource Fairs, Police and Fire Departments
 - The local Public Health nurse reaches out to the aging population to talk about the program, the use of the containers (how and which), and remind them to blackout personal information
- Policies and Procedures
 - Bloodborne Pathogen training for all staff who will be associated with this waste stream
 - Restricted access storage area
 - Signage and Record keeping
 - Tools to assist with the operation and a spill kit

Community Model A – Board of Health

- When asked what they would like other cities and towns considering starting a program know about the process –
 - Positive impact on the community, providing a needed service
 - Garner public buy-in which leads to a positive outlook on local health, and further collaborations between the community and BOH, and
 - It isn't scary

Community Model A – Board of Health



Community Model A – Board of Health



Community Model Program B – Regionalized DPW

- Model B Overview
 - Population served ~50,000,
 - Regionalized DPW program was the perfect forum to launch a Sharps Collection Center at multiple locations.
 - They started with a Mail-back program but was hard to maintain, too expensive and was not being used by the community as expected.
 - The OSD Statewide contract FAC-82 made it feasible to buy the containers and retain a haulers services, so the DPW changed the way it provided the service.
 - ~\$7000/year spent by the DPW and a completely free service for the communities
- Promotion (Most time spent at this phase – a constant practice)
 - Publicized by handing out / posting flyers at ALL the local pharmacies, veterinarians, schools (goes home to the parents) and the community gathering areas.
 - At doctors' offices – took the time to speak to the receptionists, nurses to help spread the word to their patients etc.
 - Handed out free containers at the Police departments to publicize the program, also gave out containers to the officers for their cruisers, to local workers etc.

Community Model Program B – Regionalized DPW

- Policies and Procedures
 - Bloodborne Pathogen training for all staff who will be associated with this waste stream
 - Restricted access storage area
 - Signage and Record keeping
 - Tools to assist with the operation and a spill kit
- When asked what they would like other cities and towns considering starting a program know about the process –
 - **Worker Safety !**

Community Model Program B – Regionalized DPW

Do not leave any sharps boxes outside this office or building. Do not leave sharps boxes with any other office in the building.

It is against state law and our program could be shut down if this continues to happen.

Before bringing in your sharps, call to make sure the office will be open:

**-FREE-
SHARPS COLLECTION PROGRAM**

[Redacted] manages a program for the collection and disposal of residential needles and lancets.

Three sizes of sharps box are available at the sites listed below:
1 gallon, 1 quart, and travel case.

Sharps boxes may be picked up and dropped off at:

[Redacted]

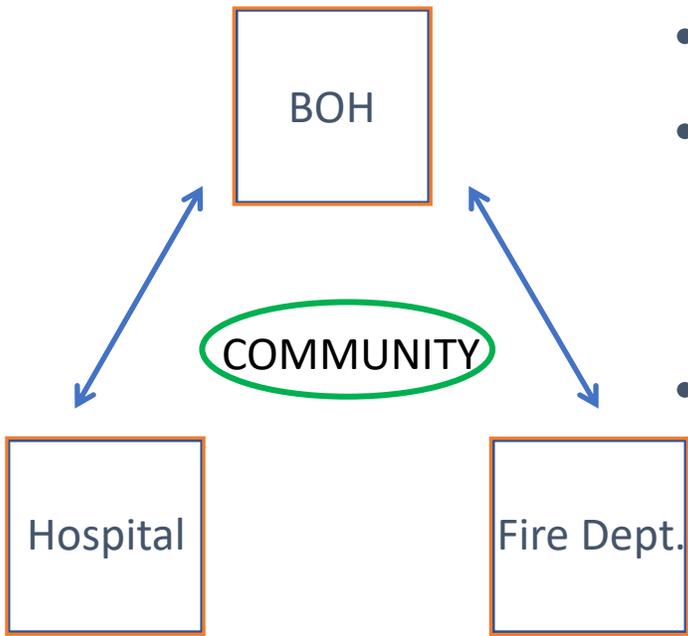
Did you know that 600,000 to 800,000 needlestick injuries occur in the U.S. annually? Healthcare workers, recycling and sanitation workers all suffer when needles are disposed of improperly. This free program allows residential users of needles and lancets to dispose of them safely and legally. In Massachusetts, it is against the law to throw sharps in the trash.

FREE

For more information, contact [Redacted]

Community Model Program C – BOH + Fire Department + Hospital

- Population served ~18,000
- A collaboration between THREE different public health entities.
- A community service initiative that allows the hospital to provide a service and the town to promote public health.



- How does this work –
 - The hospital funds the initiative to achieve its community service measures. (Scheduled Sharps pick-up costs)
 - The Fire department provides the safe space to house the kiosk and maintains the record-keeping logs.
 - The BOH oversees the whole collaboration and provides additional support as needed (Initially purchased the kiosk through a DPH mini-grant).

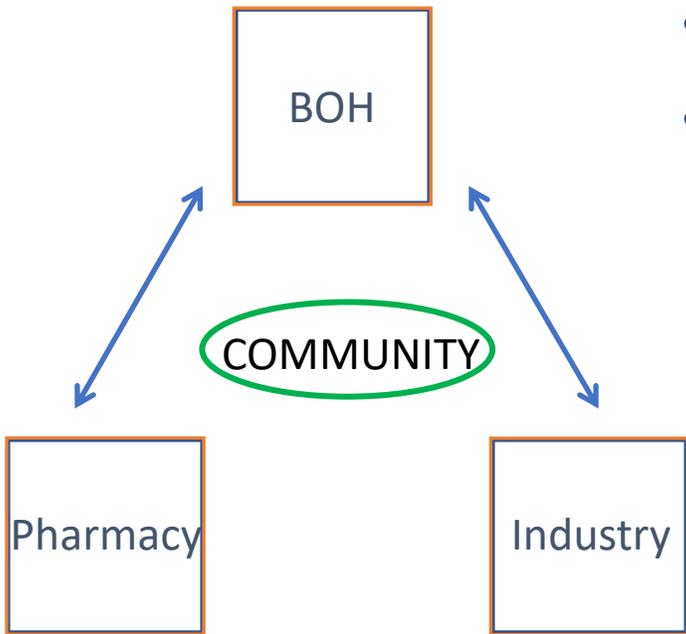
Community Model Program C – BOH + Fire Department + Hospital

- Policies and Procedures
 - Bloodborne Pathogen training for all staff who will be associated with this waste stream
 - Restricted access storage area
 - Signage and Record keeping
 - Tools to assist with the operation and a spill kit
- When asked what they would like other cities and towns considering starting a program know about the process –
 - When opportunity knocks !



Community Model Program D – BOH + Pharmacy + Waste Industry

- Population served ~17,000
- A collaboration between THREE different public health entities.
- Again, a community service initiative that allowed for a partnership between the BOH, a local pharmacy and a Waste company.



• How does this work-

- The BOH purchased the kiosk through DPH mini-grant.
- They also set up a Revolving account to continue to fund the initiative, along with charging for containers.
- The Pharmacy provides a safe, centralized location for the Kiosk.
- BOH has also solicited a 3rd party Waste company to pick-up the sharps when the kiosk is full and haul the waste.
- All record keeping is managed by the BOH.

Community Model Program D – BOH + Pharmacy + Waste Industry

- Policies and Procedures
 - Bloodborne Pathogen training for all staff who will be associated with this waste stream
 - Restricted access storage area
 - Signage and Record keeping
 - Tools to assist with the operation and a spill kit
- When asked what they would like other cities and towns considering starting a program know about the process –

• ASK AROUND,
you never know who is willing to help



Summary – Operational Services Division (OSD)

- The OSD helps municipal organizations access competitive Statewide Contract pricing, streamline purchasing and procurement processes, and find grant opportunities through COMMBUYS, the Commonwealth of Massachusetts' online procurement platform.
- The Local Government Enablement team is committed to introducing COMMBUYS to your city or town to realize these benefits.
 - A team of experienced implementation specialists work with local government leadership to review all of COMMBUYS' many features.
 - They identify those best matched to the needs of the organization and integrate the COMMBUYS buying practices.
 - An Account Manager is available to assist with implementation, training, marketing, and vendor involvement.

Summary – Operational Services Division (OSD)

- The FAC- 82 and 110 contract include services in the categories of Hazardous/Universal, Medical, Electronic Waste Disposal and Emergency Response.
- Within the Medical Waste categories, some of the services include-
 - Category 4a: Sharps Collection and Disposal (including Sharps Kiosk)
 - Category 4b: Sharps Mail-In
 - Category 6: Medical Waste Collection and Disposal
- Vendors under state contract related to Sharps collection and disposal are –
 - Stericycle,
 - Clean Harbors Environmental Services, and
 - United Medical Waste Management.



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Thank You

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DPH blog

<https://blog.mass.gov/publichealth>



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