PURPOSE. This document provides the regulatory background and disposal guidance for sharps administered to children in military Child Development Facilities (including Child Development Centers and Supplemental Programs and Services Facilities).

REFERENCES. See Appendix A for a list of reference information.

POINTS OF MAJOR INTEREST AND FACTS.

BACKGROUND

Child Development Services (CDS) personnel are not licensed health practitioners. However, CDS caregivers have a responsibility to administer medicines for certain illnesses on behalf of a child’s parents while the child is at the CDS facility. In these situations, the CDS caregiver is an agent acting on behalf of the Family and the care is an extension of the parental responsibilities that would otherwise be conducted in the Family residence.

Medical treatment facilities and licensed health practitioners who practice health care on the military installation are required to manage healthcare wastes according to State-specific medical waste regulations. These regulations do not extend to wastes generated in Family residences, hotels, (e.g., installation lodging, both Department of Defense-operated and privatized), barracks, and other non-medical locations on the installations except where noted in REGULATED MEDICAL WASTE REGULATORY REVIEW below. Medical waste regulations and budget requirements restrict the medical treatment facility’s ability to accept sharps generated in residential areas. This document will address acceptable means available to CDS and Family members for safe sharps disposal.

Child Development Services personnel must comply with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standard (BBPS) requirements to protect CDS employees from occupational health exposures when administering medication with sharps to children in CDS facilities. Safe sharps management must be included in the employee Exposure Control Plan maintained by the CDS facility. The OSHA BBPS specifies requirements for sharps collection and labeling addressed in this document.
WASTE DEFINITIONS

a. Household Waste. The Environmental Protection Agency (EPA) Resource Conservation and Recovery Act, Title 40 Code of Federal Regulations (CFR) Part 261, Section 261.4(b)(1) defines household waste as “any material (including garbage, trash, and sanitary wastes in septic tanks) derived from households, including single and multiple residences, hotels and motels, bunkhouses, ranger stations, crew quarters, campgrounds, picnic grounds, and day use recreation areas.”

b. Licensed Health Practitioner. A medical doctor or nurse practicing under a license issued by the governing Health Authority in his or her respective state.

c. Regulated Medical Waste. The EPA does not regulate the disposal of medical wastes, and therefore, does not provide a regulated medical waste (RMW) definition. The OSHA BBPS, Title 29 CFR Part 1910, Section 1910.1030(b), defines “regulated waste” as “liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid 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 microbiological wastes containing blood or other potentially infectious materials.” Generally, state RMW regulations incorporate the OSHA BBPS regulated waste definition, or a variation of it, into state-specific RMW definitions and classifications of contaminated wastes, but limit the RMW definition to wastes generated during licensed medical treatment and/or medical research. Regulated medical waste is also referred to in some state regulations as infectious waste or biomedical waste.

d. Regulated Medical Waste Generator. Each state regulates the collection, generation and disposal of RMW through its solid waste management program and/or the public health authority. Each state is responsible for defining who is a RMW generator and whether the regulations exclude household waste generators. In general, a RMW generator is a medical treatment facility or medical research facility and any licensed healthcare provider that generates wastes during medical treatment and/or medical research.

e. Sharps. The OSHA BBPS, Title 29 CFR Part 1910, Section 1910.1030(b), defines “sharps” used on patients as a type of “regulated waste” called contaminated sharps. The term “sharps” includes syringes, hypodermic needles, scalpel blades, and lancets.
REGULATED MEDICAL WASTE REGULATORY REVIEW

Regulated Medical Waste Generator Status. Any time that a CDS facility treats a child and generates used sharps, personnel will follow OSHA BBPS requirements to collect the contaminated needles and to protect employees and children from exposure through use of approved collection containers. When CDS personnel are ready to discard sharps collection containers, the applicable state RMW regulations will apply. States classify RMW as a special classification of solid waste. The EPA does not regulate RMW treatment and disposal. States have the option to enact RMW regulations but are not required to meet any minimum Federal standards for RMW treatment and disposal. Consequently, a wide variety of RMW definitions and terms are in effect throughout the 50 states. One consistent requirement in all the state regulations is that the RMW regulations only apply to defined RMW generators. The U.S. Army Public Health Center (APHC) conducted a RMW regulatory review to determine whether CDS facilities would be classified as RMW generators, and if the sharps generated in CDS facilities would require RMW management and treatment. The regulatory review determined that all states incorporated a definition for household/residential waste and granted household wastes applicable exemptions/exclusions from the RMW regulations.

According to all 50 state RMW regulations, CDS facilities are not RMW generators because they are not licensed healthcare facilities/research laboratories and CDS employees are not licensed health practitioners. Instead, the administration of medications by CDS personnel on behalf of parents is an extension of activities conducted in Family residences. These residential activities meet the EPA definition of household waste generation (see EPA HOUSEHOLD WASTE CLARIFICATIONS below). Therefore, CDS facilities will not become registered RMW generators, will not pay state RMW waste generator permit fees, and are not required to use licensed RMW disposal companies. Also, used sharps resulting from treating children in CDS facilities are not RMW; instead, they are household waste, which most state RMW regulations exclude from regulation.

State Household Sharps Requirements. Disposal of sharps into landfills without using rigid, puncture-resistant, sealed containers exposes landfill equipment operators to potential contaminated needle sticks. This has become a growing concern for state regulators. As a result, numerous states have implemented restrictions and/or alternative disposal options for home sharps disposal. These disposal restrictions/alternatives acknowledge the sharps are not RMW but may require household waste generators to use special containers, label the containers, take the sharps containers to authorized collection points, and/or use mail-back programs. Child Development Services facility personnel must review and comply with any local and state requirements for household sharps disposal as well as review disposal guidance.
prescribed in WASTE MANAGEMENT below (see Appendix A for links to state regulations). State regulatory examples for household sharps generators include:

a. Oregon regulations require households to put used sharps into leak-proof, rigid, puncture-resistant, red containers that are taped closed or tightly lidded to prevent loss of the contents. Residents must take the containers to special landfills or sharps collection sites.

b. Maine, Michigan, New Hampshire, South Carolina, and Tennessee regulations require households to place used sharps into rigid, puncture-resistant containers such as empty detergent bottles with screw caps prior to disposal in regular trash.

c. South Carolina regulations provide a recommended label to print out and attach to a rigid, puncture-resistant container.

d. California, Florida, and Massachusetts require communities to offer needle collection points for household sharps generators. Michigan, Washington, and Wisconsin regulations allow for the voluntary establishment of such needle collection points.

e. Wisconsin regulations prohibit landfilling of sharps. Household generators must take used sharps to established sharps collection points or use sharps mail-back programs.

ENVIRONMENTAL PROTECTION AGENCY HOUSEHOLD WASTE CLARIFICATIONS

The majority of state solid waste regulations incorporated the EPA household waste definition (see Waste Definitions above) or a variation of it into their solid waste regulations. As community waste collection events began across the country for various types of waste, the EPA issued several clarification documents pertaining to whether a household waste retains its household waste status in different disposal situations. These clarification documents provide relevant regulatory insight, in the absence of state guidance, into situations where the parents of a child transport a sharps container to and from a CDS facility and to situations where a parent and/or CDS facility personnel transport a sharps container to an authorized household sharps collection site. Both situations would be permissible according to the EPA solid waste guidance. The RMW Regulatory Review did not identify any state regulations contradicting these EPA clarification policies.
a. Clarification of Issue Pertaining to Household Hazardous Waste Collection Programs. On November 1, 1988 the EPA Office of Solid Waste and Emergency Response (OSWER) issued a memorandum, OSWER Policy Directive No. 9574.00-1. This directive allows household wastes to remain exempt as household wastes when transported to a community hazardous waste take back event.

b. Proper Management and Disposal of Waste Unused Flameless Ration Heaters (FRHs) at Military Installations. On October 29, 2004 the OSWER issued a response letter to related correspondence from the Army on disposal of FRHs. The interpretation allows Soldiers to dispose of FRHs anywhere on the installation as household waste. Although this is a response to a hazardous waste question, the EPA response allowed Soldiers to dispose of the item anywhere on the installation as household waste as long as it was a personal use item. A similar situation exists with the sharps, which are not regulated as stringently, being used for personal use on the installation in locations that meet the Household Waste definition (see WASTE DEFINITIONS above).

c. Household Hazardous Waste Exemption for Pharmaceuticals Collected via Drug Enforcement Agency-Approved Take-back or Collection Programs. On October 2, 2015, the EPA OSWER issued a policy directive memorandum to reiterate that the EPA household hazardous waste exemption applies to pharmaceuticals collected via Drug Enforcement Administration (DEA) approved take-back collection programs. The third paragraph of the memorandum states, “This exclusion applies even when household hazardous wastes are collected outside the home such as the current pharmaceuticals collected at DEA authorized collection receptacles.”

**SHARPS CONTAINER SELECTION, PLACEMENT, STORAGE AND HANDLING**

Sharps containers serve as an engineering control to isolate and reduce the hazard of contaminated needle sticks to employees and children in CDS facilities. Parents will provide sharps containers for care of their children and maintain primary responsibility for disposal detailed in WASTE MANAGEMENT below. However, the CDS facility must approve sharps container selections to ensure each container meets OSHA BBPS requirements for safe sharps handling in the CDS facility. Therefore, careful consideration and consultation must occur between CDS personnel and parents to ensure the chosen sharps containers will meet all of the CDS facility requirements.
Sharps Container Selection. The U.S. Food and Drug Administration (FDA) evaluated and approved commercially available sharps containers for safety and effectiveness during use by healthcare professionals and the public. All FDA-approved containers are referred to as “FDA-cleared sharps containers”. Pharmacies, medical supply companies, healthcare providers, mail-back companies, and online merchants offer a variety of shapes and sizes, including smaller travel sizes to use while away from home. The FDA-cleared sharps containers are marked with the required OSHA biohazard label and a fill line. The fill line is a mark on the container designed to prevent personnel from overfilling the container. Overfilled containers allow sharps to protrude and create the potential for a needle-stick to occur.

Although most states accept the use of rigid, closeable detergent bottles for home sharps collection, they are not preferable in the CDS facility because they lack some of the added safety features provided by the FDA-cleared sharps containers such as specially designed flaps and lids that facilitate one-handed disposal and spill prevention. Also, container flaps and lids prevent people from reaching their hands into the container – a possible issue when dealing with small children. These features serve as additional engineering safety controls.

Selected sharps containers must comply with the requirements in 29 CFR 1910.1030(d) and (g). The sharps container must be: (1) capable of holding the syringes used on the child; (2) capable of fitting into the designated treatment and storage areas in the CDS facility as detailed in Sharps Container Placement and Sharps Container Storage; (3) closeable; (4) rigid and puncture resistant; (5) leak-proof on the sides and bottom; and (6) labeled or color coded to meet OSHA BBPS requirements. [Note: the container must display the OSHA biohazard symbol while it is in the CDS facility to indicate the hazard (black symbol with orange or red background)]. Personnel can affix a label if the container used does not have a pre-printed marking/label. Figure 1 provides an example of the OSHA biohazard label.

![Figure 1. OSHA Biohazard Label](image-url)
Sharps Container Placement. During use, the OSHA BBPS requires sharps containers to be: (1) upright, (2) easily accessible, and (3) located as close as feasible to the immediate area where the sharps are used. Sharps placement in a CDS facility will depend on the designated treatment area. It may be more protective of the staff and children to designate a secure location that is off limits to children and parents (such as a staff rest room or a sick child holding area) where staff members can administer the medication to the child and secure the sharps container away from other children. The selected treatment area must have surfaces that can be easily cleaned and disinfected.

Designate a treatment location, and then establish a spot in the treatment area where the sharps container can be positioned upright, to allow one-handed disposal immediately after treatment. Personnel must not eat or drink in this location. If the container remains in this spot, the lid must be fitted with safety flaps to prevent unintended spills and exposures, or if no safety flaps are present, the container must be closed when not in use. Personnel must take great care not to tip the container over during use.

Sharps Container Storage. Personnel may store sharps containers in locations other than the designated treatment area and carry them to/from the treatment area at select times when needed. Child Development Services facility staff must secure the sharps containers to prevent children and unauthorized staff members and parents from accessing them. If the designated treatment area is off limits to children and unauthorized adults, it would be an acceptable location. If not, authorized CDS staff members must move the sharps containers to an appropriate storage area when not in use. The location could be a locked storage cabinet or restroom vanity. Do not store sharps containers holding contaminated syringes with any food, drinks, medications, eyewashes, or topical creams/lip balms.

Personnel must close the sharps container prior to any movement to prevent spillage or protrusion of contents during handling, storage, and transport.

Safe Sharps Handling. Needle sticks create occupational exposures to potentially infectious diseases. Safe sharps handling measures are essential to injury prevention. If a CDS facility begins to administer medications with syringes, management must update the Exposure Control Plan in accordance with 29 CFR 1910.1030(c) to indicate the hazards and the methods used to communicate the hazard to applicable personnel. The CDS personnel will adhere to the following safe sharps handling requirements:

a. Personnel will not bend, shear, break, recap, or remove contaminated needles from disposable syringes.
b. Personnel will immediately place contaminated syringes into an appropriate sharps container after administering the medication. Always keep syringes out of reach of children.

c. If a rare event occurs where a needle must be recapped, use the one-handed method: place the cap on the counter, then pick up the syringe and feed the needle into the cap while keeping your free hand out of the way.

**WASTE MANAGEMENT**

Collect the sharps in approved, closable, rigid, puncture-resistant, leak-resistant containers with secure lids or caps. The containers must comply with the requirements in 29 CFR 1910.1030(d) and (g). Remove and seal the sharps container lid/cap when it is either ¾ full or it is filled to the line indicated by the manufacturer. If the lid/cap is capable of loosening during movement, secure it with tape. If a detergent bottle is used in lieu of a preferred, FDA-cleared sharps container, mark it with “Not for Recycle” to avoid diversion to a recycling facility.

Do not discard the sharps container in an installation trash dumpster unless it is the parents’ residential trash container and the state allows household sharps disposal in the residential trash. Placement of a sharps container in a dumpster on the installation (not in the housing area) will be identified as a violation of the installation RMW management regulations and draw unnecessary regulatory scrutiny for the medical treatment facility.

Three waste disposal options are available for sharps collected in CDS facilities: residential disposal, sharps mail-back programs, or authorized sharps collection points. Review the state and local requirements to determine the best disposal option.

a. Residential Disposal. When sharps are generated during treatment of a child at the CDS facility, the CDS personnel should send the sharps container home with the child’s parents for residential waste disposal (if permissible in the State). Mark or label the sharps container with permanent marker or a label that states, “Waste Household Sharps.” The parents can then dispose of it in their residential trash or seek disposal through options b and c below if residential disposal is not permissible/preferred.
b. Sharps Mail-back Program. Sharps container mail-back programs offer sharps containers for purchase. An empty container will arrive in a box with a mailing label. Retain the box and the label for use when the container is full or ready for disposal because they are labeled and marked to comply with US Postal Service® regulations. To discard the sharps container: (1) close the container and tape if necessary, (2) put it inside the shipping box, (3) seal the box, (4) affix the preprinted label and (5) take it to the post office for shipment back to the company. The company will ensure proper treatment and disposal.

c. Sharps Collection Point. If sharps collection points are available nearby, parents/or CDS personnel may take the sharps containers to the collection point. To discard the sharps container: (1) close the container, (2) tape the cap/lid if necessary, (3) label/mark it with the words “Waste Household Sharps”, and (4) transport it to the sharps collection point with care to prevent accidental exposures during transport. This waste does not require a RMW shipping manifest. Personnel do not require Department of Transportation training to transport this waste.

POINT OF CONTACT

For additional information, contact the APHC Waste Management Division at 410-436-3651.

Dated: November 2016
Prepared By: APHC Waste Management Division
APPENDIX A

References

Army Public Health Center (Provisional). Fact Sheet 37-034-1010, Household Medical Sharps Management.


Coalition for Safe Community Needle Disposal. www.safeneedledisposal.org


TIP No. 37-055-1116


EPA. 2015. OSWER Memorandum, Subject: Household Hazardous Waste Exemption for Pharmaceuticals Collected via Drug Enforcement Agency Approved Take-back or Collection Programs.


TIP No. 37-055-1116


State Medical Waste Regulations

Alabama
Department of Environmental Management, Land Division, Solid Waste Program, Division 13, Solid Waste Definitions
Regulation: ADEM Administrative Code Rule 335-13-1-.03 (63) Household Waste and (85) Medical Waste Generator
Medical Waste Program, Division 17
Regulation: ADEM Administrative Code Rule 335-17-1.02(22) (Medical Waste Generator definition exempts single Family residential waste)
http://www.adem.state.al.us/alEnviroRegLaws/default.cnt

Alaska
Department of Environmental Conservation, Solid Waste Management Regulations:
Title AAC 60.990 (61) Household Waste and (78) Medical Waste
Title 18 AAC 60.030 (Definitions exempt household waste from medical waste)
http://www.legis.state.ak.us/basis/folioproxy.asp?url=http://wwwjnu01.legis.state.ak.us/cgi-bin/folioisa.dll/aac/query=[JUMP:'Title18Chap60']/doc/{@1}/hits_only?firsthit

Arizona
Department of Environmental Quality, Solid Waste Management Regulation: Title 18 Article 14, Biohazardous Medical Waste and Discarded Drugs,

Arkansas
http://www.healthy.arkansas.gov/aboutADH/Pages/RulesRegulations.aspx
TIP No. 37-055-1116

**California**
Department of Health Services, Medical Waste Management Program
Regulation: California Health and Safety Code, Sections 117600-118360
http://www.cdph.ca.gov/certlic/medicalwaste/Pages/default.aspx
Definitions 117670, 117671, and 117705
For an explanation of home-generated sharps exemption:
http://www.cdph.ca.gov/programs/aids/Pages/OASADisposal.aspx
For specific local requirements go to:
http://www.cdph.ca.gov/certlic/medicalwaste/Pages/LEAs.aspx

**Colorado**
Department of Public Health and Environment,
Hazardous Materials and Waste Management
Regulation: 6 CCR 1007-2; Part 1 Regulations Pertaining to Solid Waste Sites and Facilities, Section 13 Infectious Waste Disposal,
Subsection 13.1.2 (Household medical waste generator exemption)
https://www.colorado.gov/pacific/cdphe/solid-waste-regulations

**Connecticut**
Department of Environmental Protection, Solid Waste Management
Regulation: Chapter 446d, Section 22a—209-15(a) (Biomedical waste generator definition includes a residential waste exemption)
http://www.ct.gov/deep/cwp/view.asp?a=2718&q=325464&deepNav_GID=1639#Statutes
http://www.ct.gov/dep/cwp/view.asp?a=2718&q=325340&depNav_GID=1646

**Delaware**
Department of Natural Resources and Environmental Control,
Waste Management Section 1300
Regulation: 1301 Regulations Governing Solid Waste, Section 11, Special Wastes Management Part 1 – Infectious Waste, 11.4.1.7 (household waste exemption)
http://regulations.delaware.gov/AdminCode/title7/1000/1300/1301.shtml#TopOfPage
www.dnrec.state.de.us/dnrec2000/Divisions/AWM/hw/sw/guides/infwaste.htm

**Florida**
Department of Environmental Protection, Department of Health
Regulation: FAC 64E-16, Biomedical Waste, 64E-16.001(4) and (5) (home use exempt)
FAC 64E-16.002(12) (home user defined)
http://www.doh.state.fl.us/environment/community/biomedical/index.html
Georgia
Department of Natural Resources, Environmental Protection Division
Regulation: Chapter 391-3-4-.15, Solid Waste Management, Biomedical Waste
GAC 391-3-4-.15(3)(c) (residential use exemption)
http://rules.sos.state.ga.us/gac/

Hawaii
Department of Health – Title 11, Solid and Hazardous Waste Branch,
Office of Solid Waste Management, Chapter 58.1, Solid Waste Management
Control
Regulation: HAR 11-58.1-03 (medical waste definition only addresses waste
from medical, veterinary, or immediate care facilities)
Office of Health Care Assurance, Chapter 104.1, Management and Disposal of
Infectious Waste
Regulation: HAR 11-104.1

Idaho
Department of Health and Welfare
Regulation: IDAPA 16.03.14, Rules and Minimum Standards for Hospitals in
Idaho,
Household exemption defined at:
https://www.deq.idaho.gov/waste-mgmt-remediation/solid-waste/medical-

waste.aspx

Illinois
Chapter XIV - Environmental Protection Agency
Regulation: Title 35 IAC, Subtitle M: Biological Materials, Chapter I: Pollution
Control Board, Subchapter b: Potentially Infectious Materials, Parts 1420-1422
(Definition of potentially infectious medical waste includes household exemption)
http://www.ipcb.state.il.us/SLR/IPCBandEPAEnvironmentalRegulations-
Title35.aspx

Indiana
State Department of Health, Title 410, Article 1, Communicable Disease Control,
Rule 3 Infectious Waste
Regulation: 410 IAC 1-3-7 (Defines regulated medical waste facilities –
household is not listed)
http://www.in.gov/legislative/iac/iac_title?iact=410
Iowa
Department of Natural Resources
Regulation: IAC 567-100, Chapter 100, Environmental Protection Commission
(Definitions, forms and rules of practice defines special waste – exempts
domestic waste generation)
100&pubDate=03-24-2010

Kansas
Medical Services Waste Division of Health and Environment,
Bureau of Waste Management
Regulation: KAR Article 29, Part 2, Standards for Management of Solid Waste,
Chapter 28-29-27 (Medical services waste definition only covers waste from
inpatient and outpatient medical care)

Kentucky
Kentucky Department for Environmental Protection, Division of Waste
Management
Regulation: Title 401, Chapter 49:005(1)(78) (House hold waste not included in
regulated entities)
http://waste.ky.gov/RLA/Pages/medical_waste.aspx
http://waste.ky.gov/RLA/Documents/Table%201%20- %20Regulatory%20Overview%20of%20Medical%20Waste%20in%20Kentucky.p df
http://www.lrc.state.ky.us/kar/title902.htm

Louisiana
Office of Public Heath
Regulation: Title 51, Public Health Sanitary Code, Part XXVII Management of
Refuse, Infectious Waste, Medical Waste and Potentially Infectious Medical
Waste
(Defines medical waste as being generated from the operation of medical offices,
programs and facilities - no mention of household generators)
TIP No. 37-055-1116

Maine
Department of Environmental Protection
Bureau of Remediation and Waste Management
Regulation: Title 06-096 Chapter 900, Biomedical Waste Management Rules, 4.A and 12(A)(4) (Exempts household waste, but requires households to put sharps into rigid bottles with caps.)
http://www.maine.gov/sos/cec/rules/06/096/096c900.doc

Maryland
Department of Health and Mental Hygiene, Department of Environment Regulation: COMAR Title 26, Department of the Environment, Subtitle 13, Disposal of Controlled Hazardous Substances, COMAR Title 26.13.11.03(A)(1) (Household waste exemption)
http://www.dsd.state.md.us/COMAR/ComarHome.html

Massachusetts
Department of Public Health, Community Sanitation Program Regulation: 105 CMR 480.000, Minimum Requirements for the Management of Medical or Biological Waste (State Sanitary Code Chapter VIII) 105 CMR 480.004 (exempts residential waste except home sharps) 105 CMR 480.125 (B) (requires home sharps to go to collection centers or mail back programs)
http://www.mass.gov/eohhs/docs/dph/regs/105cmr480.pdf

Michigan
http://www.michigan.gov/deq/0,1607,7-135-3312_4119---,00.html

Minnesota
Pollution Control Agency Regulation: Minnesota Administrative Rule Parts 7035.9100-9150 7035.9100 Scope (exempts household waste from regulation)
https://www.revisor.mn.gov/rules/?id=7035&view=chapter
Mississippi
State Department of Health
Regulation: “Adopted Standards for the Regulation of Medical Waste” in Health Care Facilities Licensed by the State Department of Health
http://www.msdh.state.ms.us/msdhsite/index.cfm/30,116,83.pdf/licensureinfectreg%2Epdf
Mississippi Department of Environmental Quality website states household sharps exempt from regulation at:
http://www.deq.state.ms.us/MDEQ.nsf/page/SW_SharpsDisposal
Medical Waste Fact Sheet:
http://www.deq.state.ms.us/mdeq.nsf/pdf/SW_MDEQMedicalWasteFactSheet/$File/MedWasteFactSheet.pdf?OpenElement

Missouri
Department of Natural Resources, Division 80 – Solid Waste Management
Regulation: 10 CSR 80-7, Infectious Waste Management
10 CSR 80-7.010(1)C(2) (exempts single Family residential waste if sharps packaged in sealed, rigid, puncture-proof containers required by 10 CSR 80-7.010(1)B.)
http://www.sos.mo.gov/adrules/csr/current/10csr/10csr.asp

Montana
Title 17 Department of Environmental Quality, Chapter 50 Solid Waste Management
Regulation: ARM 17.50.1501(2)(b) (exempts waste generated by households)
http://mtrules.org/gateway/ruleno.asp?RN=17%2E50%2E1501
Title 75 Environmental Protection, Chapter 10 Waste and Litter Control, Part 10 Infectious Waste Management Act
Regulation: MCA Title 75-10-1003 and 1004
http://leg.mt.gov/bills/mca_toc/75_10_10.htm

Nebraska
Department of Environmental Quality, Solid Waste Management Department
Regulation: Title 132, Chapter 1 Definitions and Chapter 13 Special Wastes
Chapter 1, Section 049 (defines household waste),
Chapter 1, Section 053 (defines infectious waste)
Chapter 13 Section 004, Special Wastes, 007.01 (exempts household waste)
http://nlc1.nlc.state.ne.us/epubs/E6500/R015.0132-2006.pdf
http://www.deq.state.ne.us/Publica.nsf/1ddd539d20b2b73986256870007b30a8/081310bb5e07a8048625696d0057ed27
Nevada
Division of Environmental Protection, Bureau of Waste Management
Regulation: Chapter 444 Sanitation, Sections 581, 589, 646, and 662
(household waste defined and not included in special waste regulations for medical waste)
ndep.nv.gov/bwm/special.htm
http://www.leg.state.nv.us/NAC/NAC-444.html

New Hampshire
Department of Environmental Services, Division of Waste Management,
Chapter Env-Sw 900 - Management of Certain Wastes, Part 4 Infectious Wastes
Regulation: Env-Sw 904.01(b)(3) (exempts household waste, but requires collection in sealed, puncture resistant containers and prefers mail back programs)

New Jersey
Title 7 Environmental Protection, Chapter 26 Solid Waste,
Subchapter 3A Regulated Medical Waste
Regulation: NJAC 7:26-3A.5 Definitions (“Generator” excludes households exercising home self-care; “Home self-care” defines residential home care.)

New Mexico
Title 20 Environmental Protection, Chapter 9 Solid Waste, Part 8 Special Waste Requirements, Section 13 Infectious Waste
Regulation: NMAC 20.9.8.13A(1)(a)-(w) (defines all applicable infectious waste generators – households are not included.)
http://164.64.110.239/nmac/_titles.htm
New York
Title 6 Department of Environmental Conservation, Chapter IV Quality Services, Subchapter B Solid Wastes, Part 360 Solid Waste Management Facilities Regulations: 360-1.2(b)(86) (household waste defined), 360-10.2 (RMW definitions refers to 360.17), 360-17.2(h)(2)(i)(b) (excludes household waste from RMW regulation)
http://www.dec.ny.gov/chemical/9082.html
http://www.dec.ny.gov/chemical/8789.html
http://www.dec.ny.gov/regulations/regulations.html
Title 10 Department of Health, Chapter II Administrative Rules and Regulations, Subchapter I Environmental Health, Part 70 Regulated Medical Waste Regulation: NYCRR Title 10 Part 70, Regulated Medical Waste

North Carolina
Department of Environmental Quality, Solid Waste Management, Title 15A, Department 13, Subchapter 13B Solid Waste Management Regulation: 15A NCAC 13B.120(4) (medical waste definition refers to G.S. 130A-290)
North Carolina State Statute, Chapter 130A – Public Health, Article 9 Solid Waste Management, Part 1, Section 290 Definitions Rule: G.S. 130A-290(17a) (definition of medical waste exempts household waste)

North Dakota
State Department of Health Title 33, Division of Waste Management, Article 20 Solid Waste Management and Land Protection Act, Chapter 12 Regulated Infectious Waste Regulation: NDAC Chapter 33-20-12-02.9 (permits household waste that includes infectious medical waste to be landfilled)
TIP No. 37-055-1116

Ohio
Ohio Environmental Protection Agency – Title 3745, Division of Solid and Infectious Waste Management, Chapter 27 Solid and Infectious Waste Regulations
Regulation: OAC 3745-27-03(A)(10) (exempts self-care residential wastes)
http://codes.ohio.gov/oac/3745-27

Oklahoma
Department of Environmental Quality
Title 252, Chapter 515 Management of Solid Waste, Subchapter 23 Regulated Medical Waste Management
Regulation: OAC 252:515-21-1(e)(3) (exempts household waste, even when it includes RMW from treatment in the residence)
http://www.deq.state.ok.us/rules/515.pdf

Oregon
Oregon Health Authority – Public Health Division
Chapter 333, Division 56 Infectious Waste Management
Regulation: OAR 333-56-0010 thru 0050 (0050 requires sharps management by all generators)
http://www.oregonlaws.org/ors/459.386
Chapter 340 Department of Environmental Quality, Division 93 Solid Waste
Regulation: OAR 340-093-0190(1)(d)(B) (sharps placed in required containers can go into special landfill cells without treatment)
http://www.deq.state.or.us/lq/sw/infectiouswaste/index.htm

Pennsylvania
Department of Environmental Protection, Bureau of Waste Management
Title 25, Part I, Subpart D, Article VIII, Chapter 271 General Waste Provisions and Chapter 284 Infectious and Chemotherapeutic Waste
Regulation: PAC 271.1 (defines home self-care and infectious waste, infectious waste definition includes exemption for home self-care wastes)
PAC 284.1 Scope incorporates PAC 271
http://www.pacode.com/secure/data/025/chapter271/chap271toc.html
http://www.pacode.com/secure/data/025/chapter284/chap284toc.html
Puerto Rico
Environmental Quality Board
Regulation for the Management of Non-Hazardous Solid Waste, Chapter V, Rule 580
http://www.temasactuales.com/assets/pdf/gratis/ReglDSNP.pdf
Additional Guidance:

Rhode Island
Department of Environmental Management, Office of Waste Management,
Medical Waste, Section 2.4 RMW Exclusions and Exemptions (b) excludes
household medical waste from regulation
Regulation: DEM-DAH-MW-01, Rules and Regulations Governing the
Generation Transportation Storage, Treatment, Management and Disposal of
Regulated Medical Waste
http://www.dem.ri.gov/documents/regulations/index.php#waste

South Carolina
Department of Health and Environmental Control, Land and Waste Management
Chapter 61, Article 105 Infectious Waste Management
Regulation: R 61-105E(2)(d) (exempts infectious wastes generated in private
residences)
http://www.scdhec.gov/Agency/RegulationsAndUpdates/LawsAndRegulations/L
WM/

South Dakota
Department of Environment and Natural Resources
Title 74, Article 27, Chapter 7
Regulation: ARSD 74:27:07:01 (definition of Medical/Infectious Waste adopts
definition from 40 CFR 60.51c which excludes household waste as defined in 40
CFR 261(b)(1))
Tennessee
Department of Environment and Conservation, Division of Solid Waste Management
Department 400, Division 11, Chapter 1 Solid Waste Processing and Disposal Regulation: Rule 0400-11-01-.01(2) (medical waste definition (e) defines sharps used in patient care)
Rule 0400-11-01-.04(2)(k)4.(i) (sharps must be in puncture-proof container prior to landfilling)

Texas
Texas Commission on Environmental Quality, Municipal Solid Waste Division
Title 30, Chapter 330, Subchapter A General Information
Regulation: 30 TAC 330.3(85)(A) and (B) (medical waste definitions includes exclusions for Family dwellings and lodging locations)
http://www.tceq.texas.gov/permitting/registration/medical_waste/mw.html
http://www.tceq.texas.gov/permitting/registration/medical_waste/mw_amIregulated.html

Utah
Department of Environmental Quality, Division of Solid and Hazardous Waste
Title R315, Rule 316 Infectious Waste Requirements
Regulation: UAC R315-316-1(2) (exempts healthcare facilities that generate less than 200 lbs/month and households)
http://www.rules.utah.gov/publicat/code/r315/r315-316.htm

Vermont
Natural Resources, Department of Environmental Conservation, Waste Management Division, Chapter 6 Solid Waste Management Rules
Regulation: VSWMR 6-201 “Regulated Medical Waste” (b)(5) (exempts waste from the home)
http://dec.vermont.gov/laws
http://www.anr.state.vt.us/dec/wastedis/solid/pubs/PROCEDFinal2.pdf
Virginia
Department of Environmental Quality, Waste Management Board
Title 9, Agency 20, Chapter 120 Regulated Medical Waste Management
Regulation: 9 VAC 20-120-130C.2 Exclusion (excludes household waste but requires use of puncture-resistant containers and labeling)
http://law.lis.virginia.gov/admincode/title9/agency20/chapter120/

Washington
Department of Health Statutes
Title 70 Public Health and Safety, Chapter 95K Biomedical Waste Law: RCW 70.95K.030 Residential Sharps Disposal (forbids disposal in household waste if collection services exist)
http://apps.leg.wa.gov/RCW/default.aspx?cite=70.95K

West Virginia
Department of Health and Human Resources
Title 64, Series 56 Infectious Medical Waste Regulation: CSR 64-56-2.2a (exempts household waste, requires use of puncture-resistant container for sharps),
http://www.wvdhhr.org/wvimw/index.asp

Wisconsin
Department of Natural Resources, Environmental Protection-Solid Waste Management, Chapter 526 Medical Waste Management Regulation: NR 526.04(2) (exempts home generators but places safety and collection requirements in NR 526.06, .07(1), .08, .10(3) and NR 526.13 on sharps collection and disposal)
Wyoming
Department of Environmental Quality, Solid and Hazardous Waste Division
Environmental Quality, Solid Waste Management, Chapter 1 General Provisions
Regulation: Chapter 1, Section 1 (I)(ii) (exempts household waste)
Additional Guidance: