



Controlled Monitoring Site Waste Management

Technical Information Paper No. 13-035-1114

1. Purpose. This document provides guidance for collecting and managing waste generated at controlled monitoring sites (CMS). It is not intended to change any existing Department of Defense (DoD) directives, policies, or procedures provided by Combatant Commands, CONPLANS, or OPORDs in the Area of Operation or the AFRICOM Area of Responsibility.

2. Applicability. This information is applicable to DoD-owned facilities. There is an expectation that personnel involved with waste management activities have been trained with the proper use of personnel protective equipment (PPE) respirator protection program, working with hazardous materials, and hazards associated with waste management and disposal practices.

3. Background. The Army's role in Operation United Assistance is the provision of coordinated logistics, training, and engineering support to the U.S. Agency for International Development (USAID) in West Africa to assist in the overall U.S. Government Foreign Humanitarian Assistance/Disaster Relief efforts to contain the spread of the Ebola Virus. By Army policy, troops returning from operations in support of the fight against the Ebola virus outbreak in West Africa will be monitored in a controlled setting for a period of 21 days as a precautionary measure. These personnel are expected to be monitored according to risk category, from "no risk" to "low risk." High risk exposures will be screened out prior to arriving at the installation and not located at the CMSs. During the 21 day period, the health of the troops is carefully monitored on a daily basis to ensure that any potential infection is quickly identified, so that the patient can be evacuated to an appropriate treatment facility and the risk of transmission minimized.

4 Waste Generation and Disposal. Soldiers will be living and working in the CMS and will generate regular trash throughout the course of their stay. Dining facility waste and general activity waste such as paper will be generated and collected as regular solid waste (trash). The supporting installation will provide solid waste removal services.

The CMS is considered living quarters similar to barracks. As such, wastes generated from the barracks are considered household wastes. Two main medical missions will be conducted at the CMS: routine medical care, including sick call, and twice daily temperature screening of all personnel. This assessment includes temperature checks and questions for overall health. Waste generated while providing routine care will be collected and managed as regular solid waste. This waste is regular trash and does not pose an Ebola risk to handlers/transporters.

If at any time an individual previously identified “low risk” is reclassified to be “high risk”, the individual will be moved to the military treatment facility (MTF) isolation unit immediately with infection control precautions implemented. Waste generated from diagnoses at the CMS will be transported with the patient to isolation unit. The MTF EVD waste management procedures address reclassification of the EVD waste at the MTF if a negative diagnosis of the patient is determined.

5. Patient Belongings. Collect and double-bag all patient belongings from the CMS, pending results of the EVD test. If the result is positive, the personal effects will be managed as EVD waste. There are some small personal items that may warrant disinfection, such as money or passports. The PHC TIP sheet on Handling Personal Effects provides this guidance:

http://phc.amedd.army.mil/PHC%20Resource%20Library/TIP_No_37-033-1014-Handling_Personal_Effects_from_Ebola_Infected_Patients.pdf.

In the event of a positive EVD test result, bed linens should be managed as EVD waste. Mattresses that are covered with plastic or other impermeable material may be disinfected.

6. Point of Contact. The point of contact for this information is the Army Institute of Public Health, Hazardous and Medical Waste Program, 410-436-3651 or DSN 584-3651.

Endnotes:

¹<http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>

² <http://www.cdc.gov/quarantine/air/managing-sick-travelers/ebola-guidance-airlines.html>

³http://www.epa.gov/oppad001/list_g_norovirus.pdf

⁴<http://www.phac-aspc.gc.ca/lab-bio/res/psds-ftss/ebola-eng.php>

⁵http://www.nclonline.com/products/view/MICRO_CHEM_PLUS_

⁶ATP 4-02.84/MCRP 4-11.1C/NTRP 4-02.23/AFMAN 44-156_IP, *Multiservice Tactics, Techniques, and Procedures for Treatment of Biological Warfare Agent Casualties*, March 2013, Appendix B

⁷FM 3-11.5/MCWP 3-37.3/NTTP 3-11.26/AFTTP(I)3-2.60, *CBRN Decontamination: Multiservice Tactics, Techniques, and Procedures for Chemical Biological Radiological and Nuclear Decontamination*, April 2006, page E-2

⁸40 Code of Federal Regulations, Part 503, Rules on lime stabilization of biosolids

⁹TM 3-34.56/MCIP 4-11.01, *Waste Management for Deployed Forces*, July 2013, Chapters 3 and 6

¹⁰<http://www.who.int/csr/resources/who-ipc-guidance-ebolafinal-09082014.pdf>, page 9

Appendix A

References

Department of the Army. (2013, May 10). *Property accountability policies*. AR 735-5.

Department of the Army. (2013, August 15). *Procedures for safeguarding, accounting, and supply control of comsec material*. TB 380-41.

Department of the Army. (2013, July 19). *Waste management for deployed forces*. TM 3-34.56/MCIP 4-11.01. Chapters 3, 6.

Departments of the Army, Marine Corps, Navy, Air Force. (2013, March). *Multiservice tactics, techniques, and procedures for treatment of biological warfare agent casualties*. ATP 4-02.84/MCRP 4-11.1C/NTRP 4-02.23/AFMAN 44-156_IP. Appendix B

Departments of the Army, Marine Corps, Navy, Air Force. (2006, April). FM 3-11.5/MCWP 3-37.3/NTTP 3-11.26/AFTTP(I)3-2.60, *CBRN decontamination: Multiservice tactics, techniques, and procedures for chemical biological radiological and nuclear decontamination*. E-2.

Department of Defense. (2011, February 15). *Use of open-air burn pits in contingency operation. (incorporating Change 3, effective July 3, 2014)*. DoD 4715.19.

United States Department of Health and Human Services. Centers for Disease Control and Prevention. (2014). *Ebola guidance for airlines: Interim guidance about ebola infection for airline crews, cleaning personnel, and cargo personnel*. Retrieved from <http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>

United States Department of Health and Human Services. Centers for Disease Control and Prevention. (2014). *Ebola guidance for airlines: Interim guidance about ebola infection for airline crews, cleaning personnel, and cargo personnel*. Retrieved from <http://www.cdc.gov/quarantine/air/managing-sick-travelers/ebola-guidance-airlines.html>

United States Department of Health and Human Services. Centers for Disease Control and Prevention. (2014). *Information for healthcare workers*. Retrieved from <http://www.cdc.gov/vhf/ebola/hcp/index.html>

United States Department of Health and Human Services. Centers for Disease Control and Prevention. (2014). *Protecting healthcare personnel*. Retrieved from <http://www.cdc.gov/HAI/prevent/ppe.html>

TIP No. 13-032-1014

United States Department of Health and Human Services. Centers for Disease Control and Prevention. (2014). *Sequence for putting on personal protective equipment (ppe)*. Retrieved from <http://www.cdc.gov/vhf/ebola/pdf/ppe-poster.pdf>

United States Environmental Protection Agency. Office of Pesticide Programs. (2009, January 9). *List G: EPA's registered antimicrobial products effective against norovirus (norwalk-like virus)*. Retrieved from http://www.epa.gov/oppad001/list_g_norovirus.pdf

World Health Organization. (2014, August). *Interim infection prevention and control guidance for care of patients with suspected or confirmed filovirus haemorrhagic fever in health-care settings, with focus on ebola*. 9.