



n e w s

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DPH tightens control of medical waste

Not a single Massachusetts beach was closed because of medical waste last summer.

That fact may surprise many people because news stories about east coast beaches were sometimes confusing. This state was one of many where medical debris was found, but in nowhere near the amounts that prompted beach closings in New York and New Jersey.

"The amount of medical waste washed up in Massachusetts was only about 1% of all the waste that floated ashore on our beaches," said Howard Wensley, DPH's Director of Community Sanitation. "Other items included tampon applicators, plastic bags, aluminum cans, et cetera." More than once last summer, the Department rushed to investigate reports of "medical debris" only to discover that tampon applicators, glow sticks, onion bags or other trash had been misidentified. One report of "floating surgical gloves" turned out to be nothing more menacing than seaweed.

Despite these mistakes, some medical debris was found on beaches last year and a few items have already been found this year. The risk of infection from this medical waste is minimal because blood-borne viruses (like HIV and hepatitis B virus) die quickly when exposed to sunlight, air and water. However vanishingly small the risk of infection, the Department agrees with beachgoers: medical waste does not belong on our state's beaches.

"Our concern is that the potential for infection exists, so we want to pre-

vent it *before* it happens. That's what public health is all about," Wensley explained. To that end, DPH has developed a two-pronged approach to dealing with improper disposal of medical waste.



The first prong is a plan developed in collaboration with DEQE and the MDC for tracing the source and properly disposing of medical waste found on beaches. The plan includes instructions for local boards of health and police chiefs on how to collect, store and transport these materials safely. Any traceable medical waste will be turned over to local police to be documented and secured as evidence.

continued on page 2

the corner office

Recent months have seen considerable debate over the best method for slowing the spread of the AIDS virus among intravenous drug users. When charged by the Legislature's Joint Committee on Health Care to develop a proposal to address this question, the Department pulled together a group that included substance abuse treatment providers and AIDS advocacy and provider groups, among others.

This group unanimously developed and submitted a plan for drug treatment on demand. It also reported its inability to agree on the proposal to provide addicts with clean needles. Unfortunately, the focus of public attention has been drawn to the debate over needles rather than the unanimous call for treatment on demand.

Drug treatment is an effective way to stop the spread of the AIDS virus. Fewer addicts in treatment test positive for the virus than addicts not in treatment. In the Project Trust Program at Boston City Hospital, 35% of the addicts not in treatment were positive for the AIDS virus, compared to only 15% of those in treatment or recovering. An addict in treatment is more likely to be employed, less likely to be arrested, and generally more responsible in all areas of life. Education about preventing AIDS is more effective when an addict is drug-free than when he or she is still using. Even during a relapse, this education can save an addict's life.

Drug treatment is the only approach that addresses both deadly epidemics, drug addiction and AIDS. Residents

continued on page 3

Let's eat out

Whether you brown-bag a tuna sandwich, toss a few burgers on the backyard grill, or fill a picnic basket with fried chicken, cole slaw, potato salad and pie, eating outdoors is one of the pleasures of warm summer weather.

Unfortunately, rain isn't the only thing that can spoil a good picnic or cookout. Many of our favorite summer foods are also the favorite breeding grounds of bacteria that can cause food poisoning. The most common culprits are meat, poultry, fish, shellfish, and anything made with eggs, mayonnaise, or dairy products. But if you follow the guidelines below, you can enjoy these foods without worry.

Prepare with care. Wash your hands thoroughly before touching any food. Wash them again, along with all dishes, cutting boards, and utensils used, immediately after preparing raw meat, poultry, seafood or eggs.

Cook it completely. Complete cooking will kill any harmful bacteria in meat, poultry, eggs, fish and shellfish. If the meat is red, the

poultry is pink or the eggs are runny, they aren't done yet.



Keep hot foods hot and cold foods cold. Eat hot foods immediately after you cook them. Keep salads and other cold foods — including food cooked ahead of time for picnics — in

the refrigerator or cooler until you are ready to serve. Put leftovers back in the fridge or cooler as soon as the meal is over.

If your favorite summer meal is a cookout, remember that you're dealing with fire. Set the grill on a level surface away from walls, overhanging branches, and anything else that might burn. Keep kids and pets away from the grill so they don't burn themselves or tip it over.

Never add lighter fluid to coals that are already lit. If the fire hasn't caught well enough, add dry twigs or bits of paper to the base of the coals.

When you're done, soak the coals with water and let the grill cool overnight. Never bring used charcoal indoors. Coals that feel dry and cold can still be smoldering inside, creating deadly carbon monoxide.

If you follow these simple guidelines for your picnics and barbecues, the only thing you'll have to worry about is the weather.



Front-page news!

An article written by Janice Mirabassi of the Department's Statewide Comprehensive Injury Prevention Program (SCIPP) was front-page news in a recent issue of the *New England Educator*. The article, called "Is Your Playground Safe?," shatters some common myths about the causes of playground injuries. Contrary to popular belief, the environment in which children play can pose more hazards than risk-taking or lack of supervision. Some of the most common injury-producing playground problems are unyielding surfaces (such as concrete and asphalt) and deteriorating or poorly designed equipment. The article also reveals that, of playground injuries requiring hospital treatment, 76% resulted from a fall. The types of injuries that sent children to the hospital included open wounds (29%), head injuries (20%), and fractured limbs (20%). The lion's share of hospital-treated injuries involved only a few types of playground equipment: swings, slides, monkey bars and seesaws.



medical waste (continued)

The second prong is a proposal to expand medical waste regulations to cover small generators. Massachusetts was one of the first states to regulate infectious wastes, describing in detail the approved methods of disposal: incineration; or disinfection, grinding of any "sharps" (such as needles and scalpels), and shipment to a landfill. The regulations also require a cradle-to-grave paper trail so any mis-handled waste can be traced.

Only large generators of medical waste — hospitals and clinical laboratories — are covered by the current regulations. The expanded version, expected to take effect this summer, would cover all generators except households. These regulations should ensure that medical waste from doctors, dentists, veterinarians and other small generators is properly disposed of, not left in dumpsters or curbside trash where children and animals can easily get

into it and spread it around.

With the labeling requirements and tracking system in place, medical waste that is improperly disposed of can be traced and the violators fined or prosecuted under DEQE's solid waste regulations.

Although there are no regulations covering medical waste from households, the Department is urging doctors to teach their patients how to safely dispose of syringes used for insulin and other medications. DPH recommends that used needles and syringes be kept soaking in bleach and water inside a coffee can or wide-mouthed jar. Once the container is full, it should be tightly capped before disposal in the home rubbish. The puncture-proof container protects trash haulers from the needles; if it breaks open, the bleach solution guarantees that the needles have been completely disinfected.

corner office (continued)

of communities where substance abuse and the related crime, violence and poverty are serious problems have fought for decades for more treatment services. We must dedicate our energies to addressing these concerns as we fight the AIDS epidemic.

Some claim that clean needle programs are an effective way to draw addicts into treatment, but such strategies are meaningless where treatment slots are unavailable. In Massachusetts, we need more drug treatment just to meet the current demand. Many of the estimated 40,000 addicts in this state are already on waiting lists, often waiting weeks or months for drug treatment.

Rapid increases in treatment are possible. We can be proud that the Department, with the support of the

Dukakis administration and the Legislature, has increased the number of IV drug addicts served in publicly funded programs from 7,800 in 1987 to more than 15,000 this year.

(Another 5,000 people are served by privately funded drug treatment programs.) Despite this dramatic increase, the waiting list is still 1,000 names long, and does not include those addicts who have become discouraged and are no longer on the list.

We have an opportunity right now to address both the AIDS and the drug abuse epidemics, which our drug treatment plan was designed to do. The state's fiscal constraints force us to focus on strategies that save both lives and money, and drug treatment on demand is one such strategy. If we fail to seize this opportunity, if

we concentrate our attention on just one epidemic and not the other, if we ignore the very real concerns of the communities that have lived with the social and economic problems associated with drug addiction, then we will have failed to respond to these epidemics with our best.

The clean needle issue may divide us, but the obligation to offer treatment unites us. Treatment on demand is not a "pie in the sky" idea, and needle distribution is not the only, nor the best, nor even the cheapest option available. Treatment on demand is both an attainable goal and the very best we have to offer the people of Massachusetts.



Deborah Prothrow-Stith

Lyme time

Late May until early fall is the season of peak activity for the tiny ticks that carry Lyme disease. It is also the season when people spend the most time working and playing outdoors where the ticks can get at them.

Lyme disease is a bacterial infection that is not fatal but can be painful and potentially debilitating. In many (but not all) infected people, the first sign is a rash that begins as a small red area and spreads out, often fading in the center so it resembles a donut. Other early symptoms — fever, headache, fatigue, aching joints and muscles, sore throat, swollen glands — resemble the flu. These and other symptoms vary in severity and may come and go on their own. However, even if the symptoms disappear, early diagnosis and treatment with antibiotics are essential to prevent the arthritis, neurological complications, and cardiovascular problems that can develop in later stages of Lyme disease.

The only way to get Lyme disease is by the bite of an infected tick. In Massachusetts, the tick carrier is no bigger than a poppy seed. These ticks cling to vegetation in and near wooded areas, grass and brush. Lyme-carrying ticks are spreading inland and have now been found in

most regions of the state, so anyone spending time outdoors should take preventive measures.

The ticks neither jump nor fly; the only way they can transfer themselves to you is by direct contact. You can keep them off your skin by wearing long-sleeved shirts and tucking your pants into your socks. The tiny ticks will be easier to spot if you wear light colors. Insect repellants made with DEET (check the label) will also help protect you.

At the end of any day you spend outdoors, check yourself and your children for ticks. Their favorite spots are the legs, sides, arms and underarms, but they can be anywhere on the body. If you find a tick, use tweezers to grip its body firmly and pull it straight out. Drown the tick in alcohol or kerosene, wash your hands, and apply antiseptic to the bite.

Finding an embedded tick does not necessarily mean you will get Lyme disease. Not all ticks are infected, and even those that are must be attached for 12 or more hours to transmit the infection. If a rash or flu-like symptoms do develop, see a doctor promptly for evaluation and treatment.

Water safety

For tots

- A toddler can drown in less than an inch of water, in less time than it takes to answer the telephone.
- Pools, bathtubs and beaches are the obvious hazards, but small children have also drowned in toilets, buckets, diaper pails, and picnic coolers.
- Supervising small children in or near the water means constant eye contact. Being within earshot isn't enough; a child who falls in or slips under won't be able to yell for help.

For everyone

- Even good swimmers can drown. Always swim with someone else, and get out of the water if you feel tired.
- If you jump into a pool or off a boat or dock, jump feet first the first time. Diving head first when you're not sure of the depth or what's under the water can leave you crippled — or dead.
- Always wear a life vest when you go boating, waterskiing or windsurfing.
- Drinking and boating is as dangerous as drinking and driving. If you've been drinking, let someone else handle the boat.

spotlight

There are many state employees who perform with excellence each and every day. As in any system, however, many of those who excel may go unrecognized. For this reason, the Commonwealth's Performance Recognition Program was created to acknowledge and reward those employees. Commissioner Prothrow-Stith has made the final selections for this year's award recipients from DPH. They are:

The Brookdale Training Group of Cushing Hospital
Mary Carter, Janitor, Center for Disease Control
The Case Management staff, Bureau of Parent, Child and Adolescent Health
The Community Assessment Unit staff, Division of Environmental Epidemiology and Toxicology
The Clinical Laboratory staff of Shattuck Hospital
Blake Mollieur, Executive Director, Western Massachusetts Hospital
David Mulligan, Director, Substance Abuse Services
Shoshana Rosenfeld, Adolescent AIDS Educator, AIDS Program
Carol Weisberg, Deputy Budget Director, Central Office
The WIC Program staff
The Women's Health Unit staff
Phyllis Zeuli, Assistant Registrar, Vital Records

These and all other state employees awarded the Commonwealth's Citation for Outstanding Performance are eligible for the Manuel Carballo Governor's Award for Excellence in Public Service. Only ten of these prestigious awards are given each year, based on nominations made by the heads of state agencies. This year, the Commissioner has nominated David Mulligan. As Director of Substance Abuse Services, Mulligan has exemplified the very highest standards of public service.

The Department extends its congratulations and thanks to all recipients for their unwavering commitment to the Department and the residents of Massachusetts.

by the way

Insurance news

The Group Insurance Commission has announced that the State Hancock Plan will increase its monthly premium effective July 1, 1989. (You may have noticed the bigger deduction in your paycheck this month.) The following rates reflect this increase:

Basic Life Insurance Plus	Individual	Family
Hancock without CIC*	\$20.22	\$46.37
Hancock with CIC*	\$30.65	\$70.57
Hancock with CIC* and MNA**	\$30.90	\$70.82

*Catastrophic Illness Coverage **Medically Necessary Abortion

The monthly premium for HMOs remains 40¢. However, pending legislation (the 90:10 bill) would require all state employees to pay 10% of their health insurance premium, regardless of which plan they carry. For more information, please call GIC's Public Information Unit at (617) 727-2310.

Reminder to supervisors

Supervisors should discuss attendance records with employees during the final stage of the EPRS evaluation and complete the attendance profile at the bottom of the EPRS forms. For a copy of your division's Sick Leave Utilization Report, please contact your deputy commissioner, assistant commissioner or division director.

Student coverage

If your health plan provided coverage for a dependent student who recently graduated, she or he needs new coverage. Call the Group Insurance Commission's Student Unit at (617) 727-4990 to find out what the options are.

Calendar

June 30

Deadline for filing applications for the Social Worker IV **Civil Service Exam**. This exam is for state service positions and requires a \$20 examination fee. For more information on this and other Civil Service exams, please call the Department of Personnel Administration's Exam Bureau at (617) 727-7579.

June 30

Come to the **Annual Summer Cookout** at the State Lab! There'll be a disc jockey, road race, tug of war, volleyball, plenty of food and more, for only \$10 per person (only \$4 for children under 12). There will also be a sports challenge this year, so get your teams ready! Contact John Sorrentino's office at (617) 522-3700, x106, for more information.

July 15

NAGE (Bargaining Units 1, 3 and 6) open enrollment for **union dental plans** begins. Information on both open and closed plans will be mailed to members' homes during the first few weeks of July. For more information, call NAGE at (617) 268-5002.

A note to our readers

Like summer clothes, **DPH news** will be shorter and lighter during July and August. We'll be back to full length in the fall.



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