



**Economic and Social
Council**

Distr.
GENERAL

ECE/TRANS/WP.15/AC.1/2008/22
23 June 2008

ENGLISH
Original: FRENCH

ECONOMIC COMMISSION FOR EUROPE

INLAND TRANSPORT COMMITTEE

Working Party on the Transport of Dangerous Goods

Joint Meeting of the RID Committee of Experts and the
Working Party on the Transport of Dangerous Goods

Geneva, 15-19 September 2008
Item 5 (a) of the provisional agenda

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

Pending issues

Infectious waste of UN No. 3291

Transmitted by the Government of Switzerland

SUMMARY

<i>Executive summary:</i>	Ensure and facilitate the return of UN No. 3291 wastes carried by medical personnel during interventions with patients.
<i>Action to be taken:</i>	Introduce a special provision in chapter 3.3 allowing for the transport of UN No. 3291 wastes.
<i>Related documents:</i>	ECE/TRANS/WP.15/AC.1/2008/1. Informal document INF.29 (March 2008).

* 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)).

** Circulated by the Intergovernmental Organisation for International Carriage by Rail (OTIF) under the symbol OTIF/RID/RC/2008/22.

Introduction

1. Some support was voiced for the proposal submitted in document ECE/TRANS/WP.15/AC.1/2008/1, aimed at ensuring and facilitating the return of UN No. 3291 waste transported by medical personnel during their interventions with patients. Comments were made by Belgium in informal document INF.29 of the March 2008 session, and by other delegations during the session.
2. Belgium invoked a reference to 1.1.3.6 in stating that the proposal should not be adopted, and that it should be transferred to the RID Committee of Experts and WP.15. However, the proposal contained no reference to 1.1.3.6. The reference was made only in the justification of the proposal.
3. Belgium is partially correct in referring the question to WP.15 and to the RID Committee of Experts, as the table in 1.1.3.6 was introduced into RID with the aim of setting limits to the total exemption of 1.1.3.1 (c). On the other hand, in ADR, 1.1.3.6 subjects the packaging to the requirements for packaging, labelling and transport documents, and makes mandatory the presence of an extinguisher, along with other safety provisions. Thus, the two situations are indeed different.
4. Nonetheless, it would appear to be possible and more appropriate to find a common solution for both modes of transport. That is why our proposal has been separated from the one referring to 1.1.3.6.
5. As demonstrated in the discussion at the March session, the interpretation and the scope of 1.1.3.1 (c), which had been put forward as a solution to exempt such transport, are still the subject of controversy. For this reason, the solution whereby such transport is left up to the interpretation of the authorities would lead in some countries to a deadlock. We therefore believe a harmonized and clear solution is preferable.
6. Belgium and others had suggested placing this exemption in section 2.2.62 instead of adopting a special provision, as industry professionals are unfamiliar with RID-ADR-ADN texts. While we support respect for the ADR framework, and although the professionals in question already apply some provisions and benefit from exemptions in parts of ADR other than 2.2.62, we can still come to an agreement to move forward on the question of introducing the exemption in 2.2.62.
7. We can agree to drop the wording “in their personal vehicles or in service vehicles”.
8. As for the quantity that may be exempted and the conditions of transport, clearly, the Belgian proposal is not appropriate for a harmonized solution, as the provisions of 1.1.3.6 are different in RID and ADR. Furthermore, in 1.1.3.6 of RID there are no conditions of transport different from those in RID, apart from the set quantities. Thus, all the provisions, including those relating to the transport document, must be fulfilled. The transport document cannot be drawn up by the persons concerned in cases where health-care waste is returned. We therefore would tend to favour setting a quantity. We are presenting two possible options. The first maintains the quantity that we believe provides ample coverage of the profession’s needs. The second refers to the quantities in 1.1.3.6, as proposed by Belgium.

Proposal 1

9. Add a new 2.2.62.1.11.5, as follows:

“Carriage of waste from health-care activities that involve a risk of infection and are assimilated to UN No. 3291, when performed by professionals 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.”

10. Insert, for UN No. 3291, in chapter 3.2, table A, column (6), the reference to special provision XYZ.

Proposal 2

11. Add a new 2.2.62.1.11.5, as follows:

“Carriage of waste from health-care activities that involve a risk of infection and are assimilated to UN No. 3291, when performed by professionals as part of their health-care activities, and when the transported mass does not exceed the quantity set out in 1.1.3.6.3, shall not be subject to the provisions of 5.4.1.”

Safety

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

Feasibility

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