

Ebola brought users, processors and the government around the same table

Behind the stately façade of the Institute of Tropical Medicine (ITM) in Antwerp, every day hundreds of experts work in the areas of research, education and services relating to Tropical Medicine. The ITM is made up of three scientific departments, a specialist outpatient clinic and various supporting services, which together employ a 500-strong workforce.

One such expert is Kathleen Anthonis, who runs the 'Safety, Health & Environmental Services' division at the ITM and who encounters sometimes unusual requests from the hospital sector as part of this role. For instance, the ITM was recently asked questions about the packaging and transport of waste that could potentially be contaminated with Ebola.



Kathleen Anthonis
Head of 'Safety, Health & Environmental Services'

How do these types of requests end up at the ITM?

"Our services receive many requests from many sectors. As the Institute of Tropical Medicine is a reference centre for 'working with biological agents', our experts regularly respond to these types of requests for advice. Including during the Ebola outbreak in West Africa. We were asked what should be done with potentially contaminated waste from a patient infected with Ebola. This was a genuine risk, as Belgium was continuing to maintain air links with a number of affected countries such as Guinea, Sierra Leone and Liberia. Guidelines were issued that hospitals were required to follow when treating potential Ebola patients. However, caring for

Institute for Tropical Medicine. Together with this task force we came up with an alternative packaging method that guaranteed safe transport to the Indaver facilities in Antwerp where safe and compliant treatment is guaranteed. Our advice was to opt for triple-layered packaging based on the existing yellow WIVA containers. Indaver and Febem (the Belgian federation of waste collectors) worked together to ensure that the new working procedure (published under the code M281) also complied in terms of modes of transport and dimensions.

Was this a unique situation?

Absolutely - it is very rare for all parties, namely companies, researchers, the

More information:
www.info-ebola.be and more specifically the section on the 'Code of good practice':
<http://www.info-ebola.be/procedures> (click on waste transport).

The multilateral agreement M281 was published on the UNECE website via www.unece.org.

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However, caring for these patients involved **very high volumes** of waste such as masks, aprons, shoe covers, treatment supplies and so on.
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these patients involved very high volumes of waste such as masks, aprons, shoe covers, treatment supplies and so on. These items needed to be packed into relatively small containers, which meant that the potentially contaminated material had to be manually compressed to fit everything inside. This can cause a 'bellows' effect with a potential risk of infection.”

Were no alternatives available?

"No. None of the safe packagings available on the market that complied with the ADR regulations (Category A – class 6.2) had a sufficiently large volume content (editor's note: 30 litres) and a sufficiently large opening. So we had to look for a safe alternative in accordance with the transport regulations. There were two ways of doing this: either by applying for a national derogation, or by entering into a multilateral agreement with another ADR treaty state. We opted for the latter and formed an ad-hoc task force with environmental, safety and ADR experts from academic hospitals and the

government and the hospitals, to come together to search for a solution. Users and regulators took part in consultations, on an equal footing, to openly exchange ideas and solutions. It was very satisfying to witness the practical results of this process. Not just in Flanders (editor's note: this packaging was used for instance at the University Hospitals Leuven for a suspected Ebola patient. However, we have never had a positive Ebola patient in Belgium) but also in the Netherlands where the University Medical Center Utrecht was able to immediately bring the solution we created into use. The solution devised in Belgium was also adopted and endorsed by Germany, the Netherlands, Switzerland and Luxembourg. The Ebola exercise is a great example of how existing or even new regulations need to be continually re-assessed based on user experience.