

Procedures To Apply For A Major Change To Facility's Infectious Medical Waste Management Plan

1. Provide a notice of intent to the persons on the enclosed mailing list. A sample of the required letter is enclosed, "Notice of intent to apply for a major change."
2. Submit to the Infectious Medical Waste Program:
 - a completed application for major change,
 - two copies of an updated Infectious Medical Waste Management Plan, and
 - a copy of the letters required in #1 above.

When it is determined that the application package is complete you will be notified in writing to publish a class II legal advertisement (see enclosed sample) in a paper of local circulation, and in the paper of adjoining counties when the site is within two (2) miles of a county line.

3. Publish the class II legal advertisement. The ad must run twice, seven days apart. After the second publishing date, submit a notarized certification of publication of the class II legal ad.
4. Send a second letter to persons on mailing list (see enclosed sample second letter), and submit a copy of that correspondence to the Infectious Medical Waste Program.
5. Post a copy of the complete application package at the county courthouse, at the city/town hall, and the primary county library. This package must contain: the application for permit, a copy of the approved management plan, a topographical map with the location of the facility marked, a reference to the dates of all previously published public notices, and a statement that any interested party may submit a written comment to the applicant or to the Infectious Medical Waste Program.

Note: the application package should be posted when first ad is published, and may be removed after the permit is issued or denied.

Thirty days following the publication of the second class II legal advertisement, if no hearing is requested and any comments received do not indicate a problem with the proposal, the Secretary will approve the proposed major change.

If a hearing is requested the Secretary will conduct a hearing in the county of your proposed facility. As soon as the Secretary receives a request for a hearing a notice of hearing will be published in a newspaper of local circulation announcing the hearing. Following the hearing the Secretary will rule on the acceptability of the permit application.

Note: Upon completion of major change you will need to contact the Infectious Medical Waste Program to schedule an inspection before any new treatment method is put into operation.

Major Change - defined in Section 4.16 of the West Virginia Infectious Medical Waste Rule:

- Installing a new unit for the treatment of infectious medical waste or replacing existing units, not including improvements or repairs to existing units, as determined by the secretary;
- Changing the location of treatment; or
- Permanently increasing the volume of infectious medical waste by at least twenty percent (20%), if the amount of the increase is fifty (50) pounds or more.

How To Obtain A Copy Of 64CSR56, the West Virginia Infectious Medical Waste Rule

All official copies of the Rule should be obtained from the West Virginia Secretary of State's office. You can order a printed hard copy of the Rule by contacting the Secretary's office.

Building 1, Suite 157K
1900 Kanawha Blvd., East
Charleston, WV 25305-0770
E-mail: wvsos@secretary.state.wv
Phone: (304) 558-6000

The Rule is also available for download in WordPerfect and MS Word formats the Secretary of State's web site:

<http://apps.sos.wv.gov/csr/verify.asp?TitleSeries=64-56>

CONTACT MAILING LIST

Salutation	Name	Address	City	State	Zip Code
Sirs	WV Environmental Council	2206 Washington Street	Charleston	WV	25311
Ms.	Rachel Belcher, MCCA	144 Willodbrook Road	Princeton	WV	24740
Mr.	Frederick Daugherty	Route 4, Box 210	Philippi	WV	26416
Mr.	Tom Degen	HC 75, Box 324	Chloe	WV	25235
Mrs.	Mary Poling	Rt. 1, Box 331	Moatsville	WV	26405
Mr.	William Poling	Rt. 1, Box 331	Moatsville	WV	26405
Ms.	Peggy Sjoberg	P.O. Box 4242	Clarksburg	WV	26302

Infectious Medical Waste Management Plan

- 5.1. All infectious medical waste management facilities shall develop an infectious medical waste management plan.
- 5.2. The infectious medical waste management plan shall set forth policies and procedures for managing infectious medical waste which are consistent with this rule and shall include, at a minimum, the following:
 - 5.2.a. A projection of the weight of the infectious medical waste which will be generated monthly;
 - 5.2.b. A description of infectious and noninfectious medical waste handling, storage, separation and volume-reduction procedures;
 - 5.2.c. The methods which will be used to treat the infectious medical waste;
 - 5.2.d. Transportation method;
 - 5.2.e. Manifest systems and labeling;
 - 5.2.f. Disposal methods consistent with Section 10.4 of this rule;
 - 5.2.g. The name, address, telephone and fax numbers and public service commission or other permit or license number of any infectious medical waste transporter, if applicable;
 - 5.2.h. Training procedures, including an outline of training programs, and procedures for the certification of personnel involved in the treatment of infectious medical waste;
 - 5.2.i. The name, address, telephone and fax numbers of the person responsible for infectious medical waste management at the generator or the facility, and the name, address, telephone and fax numbers of an alternate person to contact in the event the manager is not available;
 - 5.2.j. Policies requiring that no infectious medical waste will be knowingly transported or knowingly received by the generator or facility without being packaged and labeled in accordance with this rule;
 - 5.2.k. Contingency plans for effective action to minimize damage from any interruption in treatment, storage or disposal of infectious medical waste;
 - 5.2.l. A description of the procedures used to:
 - 5.2.l.1. Prevent hazards in loading and unloading operations;

- 5.2.1.2. Prevent run-off from infectious medical waste handling areas to other areas of the facility or environment;
 - 5.2.1.3. Prevent contamination of water supplies;
 - 5.2.1.4. Mitigate effects of equipment failure and power outages; and
 - 5.2.1.5. Prevent exposure of personnel to infectious medical waste;
 - 5.2.m. Procedures for continuity of operations during a change of ownership;
 - 5.2.n. Any other information pertinent to the evaluation of compliance with this rule.
- 5.3. Infectious medical waste management facilities which are willing to accept infectious medical waste generated off-site for treatment shall also include the following in their infectious medical waste management plan:
- 5.3.a. Procedures for receiving off-site infectious medical waste which are consistent with this rule;
 - 5.3.b. A statement as to whether the facility plans to receive from off-site more than thirty-five (35) percent by weight of the total amount of infectious medical waste treated at the facility;
 - 5.3.c. A statement that the facility will not knowingly accept any infectious medical waste which is not properly packaged and labeled in accordance with Section 6 of this rule;
 - 5.3.d. Procedures for keeping records in accordance with Section 13 of this rule;
 - 5.3.e. Procedures for returning manifests to the generator after treatment of the infectious medical waste;
 - 5.3.f. Procedures for reporting to the secretary as required by this rule; and
 - 5.3.g. Procedures to be followed for closure of the facility including, but not limited to, notification of all facilities using the treatment service thirty (30) days prior to closure.

**MAJOR CHANGE
SAMPLE LETTERS**

Notice of Intent to Apply for Approval of a Major Change to Management Plan

(Names on mailing list provided by IMW Program),

It is the intent of (facility) to make application to the Department of Health and Human Resources' Infectious Medical Waste Program for approval of a major change to our Infectious Medical Waste Management plan. This letter is being sent to you as required by the Infectious Medical Waste Rule 64CSR56 Section 4.4. Any questions concerning this proposal should be directed to (name, address, phone number and fax number of facility contact person).

Sincerely,

Second Letter

(Names on mailing list provided by IMW Program)

Attached is a copy of the information that is to be published in the (name of newspaper where the notice will be published as a Class II legal advertisement) by (facility) as part of the application process required for approval of a major change to the Infectious Medical Waste Management plan at (facility). This letter is being sent to you as required by the Infectious Medical Waste Rule 64CSR56 Section 4.11. And questions concerning this proposal should be directed to (name, address, phone number and fax number of facility contact person).

Sincerely,

MAJOR CHANGE
LEGAL AD REQUIREMENTS

A class II legal notice must be published once a week for two successive weeks, pursuant to Section 59-3-1 of the West Virginia State Code. The minimum content of all notices shall be as specified in section 4.11.c. of 64CSR56. The following is an example:

Facility name located at facility location is applying to the West Virginia Infectious Medical Waste Program located at Capitol & Washington Streets, 1 Davis Square, Suite 200 Charleston, West Virginia 25301-1798, for a Major Modification of its Infectious Medical Waste Management Plan. This major modification is being sought to change (methods, location) of infectious waste treatment employed from method currently employed to new method, or permanently increase the amount of Infectious Medical Waste generated at this facility. The following is an estimation of the waste generated at the facility:

- 1. cultures and stocks of microorganisms and biologicals _____
- 2. blood and blood products _____
- 3. pathological wastes _____
- 4. sharps _____
- 5. other _____

The following is an estimate of wastes that will be received from off-site:

- 1. cultures and stocks of microorganisms and biologicals _____
- 2. blood and blood products _____
- 3. pathological wastes _____
- 4. sharps _____
- 5. other _____

The following site improvements will be made to accommodate our new treatment process or increase in volume. Further information on the proposed project can be obtained by contacting facility contact at address, phone, fax. Copies of the application are available at the county courthouse, the city city/county building, the county County Public Library, and at the Office of Environmental Health Services located at Capitol & Washington Streets, 1 Davis Square, Suite 200 Charleston, West Virginia 25301-1798.

Previous notices and articles concerning this project were published on dates. Written comments shall include a concise statement of the nature of the issues raised and shall be submitted to the Secretary of the Department of Health and Human Resources, Infectious Medical Waste Program within thirty (30) days of this publication at the address above. Anyone may request a hearing on this proposal by submitting the same to the Secretary with a concise statement of the issues raised at the address above within the thirty (30) day comment period.

Provide a description of the general location of the project facility and include any streams within the vicinity, and include a 2"X 2" Map with Latitude and Longitude indicating the center of the project.

IW-14
01/10

West Virginia Department of Health and Human Resources
Office of Environmental Health Services
Infectious Medical Waste Program

Application For A Major Change

Current IMW Permit No. _____ FEIN _____

Owner _____ Agent _____

Name of Facility _____

Type of Facility _____ Units _____

Address _____ City _____ State _____ Zip _____

Location _____

Telephone No. _____ Fax No. _____

Contact Person _____ Title _____

Email address _____

Briefly describe the major change.

Date of Application

Signature of Applicant
() Owner () Agent

Mail completed application to: Infectious Medical Waste Program
Office of Environmental Health Services
1 Davis Square, Suite 200
Capitol & Washington Streets
Charleston WV 25301-1798

Attach **two (2)** copies of an updated infectious medical waste management plan and copies of the letters sent to those on the notification mailing list.

For Department Use Only

Date application and plan received _____ Notices mailed _____

Date reviewed _____ By _____ Date plan approved _____

Date notified to publish _____ By _____ Dates ad published _____

Hearing requested _____ Date of notice _____ Date held _____

Date major change approved _____ By _____

Date denied _____ By _____ Attach denial letter.