

Authorized Signature

**TITLE 64
LEGISLATIVE RULE
BUREAU FOR PUBLIC HEALTH
DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

**SERIES 56
INFECTIOUS MEDICAL WASTE**

FILED

2016 APR 28 P 12:21

OFFICE WEST VIRGINIA
SECRETARY OF STATE

§64-56-1. General.

1.1. Scope. This legislative rule establishes requirements regarding the generation, handling, storage, transportation, treatment and disposal of infectious medical waste.

1.2. Authority. -- *W. Va. Code* §§ 16-1-4, 20-5J-6(a) and 22-18-7(d). Related - *W. Va. Code* §§ 20-5J-1, *et. seq.*, 20-5K-1, *et. seq.*, and 22-18-1, *et. seq.*

1.3. Filing Date. -- April 28, 2016

1.4. Effective Date. -- July 1, 2016

§64-56-2. Applicability; Exemptions; Enforcement.

2.1. Applicability.

This rule applies to: any person who generates, handles, stores, transports, treats or disposes of infectious medical waste, or who proposes to do so, except as specified in Section 2.2. of this rule.

2.2. Exemptions.

2.2.a. Individual households in which infectious medical waste is generated by a member of the household during self health care or by the provision of health care services within the residence shall be exempt from the requirements of this rule, except that the householder shall place sharps in a container with a high degree of puncture resistance prior to discarding them.

2.2.b. Ambulance or rescue services shall be exempt from the requirements of this rule, except that all infectious medical waste generated in an ambulance or rescue vehicle shall be packaged as required by Section 6.2 of this rule and delivered to a permitted infectious medical waste management facility.

2.3. Enforcement. This rule is enforced by the Secretary of the Department of Health and Human Resources.

§64-56-3. Definitions.

3.1. Animal Carcasses, Body Parts, Bedding and Related Wastes. -- Any animal carcasses, body parts, and bedding of animals that are known to have been exposed to infectious agents during

research, production of biologicals, testing of pharmaceuticals, or for any other reason.

3.2. Blood and Blood Products. -- Liquid waste human blood and blood products in a free-flowing or unabsorbed state.

3.3. Commercial Infectious Medical Waste Management Facility. -- Any infectious medical waste management facility at which thirty-five per cent (35%) or more by weight of the total infectious medical waste stored, treated, or disposed of by said facility in any calendar year is generated off-site.

3.4. Cultures and Stocks of Microorganisms and Biologicals. -- Discarded cultures, stocks, specimens, vaccines and associated items likely to have been contaminated by an infectious agent, discarded etiologic agents, and wastes from the production of biologicals and antibiotics likely to have been contaminated by an infectious agent.

3.5. Disposal. -- The discharge, deposit, injection, dumping, spilling, leaking or placing of any infectious medical waste into or on any land or water so that such infectious medical waste, or any constituent thereof, may be emitted into the air, discharged into any waters, including groundwater, or otherwise enter into the environment. (See Section 5.7 of this rule.)

3.6. Generator. -- Any person whose act or process produces infectious medical waste.

3.7. Hazardous Waste.-- Waste as defined in W.Va. Code § 22-18-3(6) and Hazardous Waste Management System Rule (33 CSR 20).

3.8. Hospital. -- An institution which is primarily engaged in providing to patients in the institution, by or under the supervision of physicians, diagnostic and therapeutic services for medical diagnosis, treatment and care of injured, disabled or sick persons or services for the rehabilitation of injured, disabled or sick persons. This term also includes psychiatric and tuberculosis hospitals.

3.9. Infectious Agent. -- Any organism such as a virus or bacteria that is in such quantity that it is capable of being communicated by invasion of and multiplication in body tissues and capable of causing disease or adverse health impact in humans.

3.10. Infectious Medical Waste. --

3.10.a. Infectious medical waste is medical waste which is capable of producing an infectious disease. Medical waste shall be considered capable of producing an infectious disease if it has been, or is likely to have been, contaminated by an organism likely to be pathogenic to healthy humans, if such organism is not routinely and freely available in the community, and such organism has a significant probability of being present in sufficient quantities and with sufficient virulence to transmit disease.

3.10.b. For the purposes of this rule, infectious medical waste includes the following materials:

3.10.b.1. Cultures and stock of microorganisms and biologicals;

3.10.b.2. Blood and blood products;

3.10.b.3. Pathological wastes;

3.10.b.4. Sharps;

3.10.b.5. Animal carcasses, body parts, bedding and related wastes;

3.10.b.6. Isolation wastes;

3.10.b.7. Any residue or contaminated soil, water, or other debris resulting from the cleanup of a spill of any infectious medical waste; and

3.10.b.8. Waste contaminated by or mixed with infectious medical waste.

3.10.c. For the purposes of this rule, infectious medical waste does not include the following materials:

3.10.c.1. Human remains and body parts being used or examined for medical purposes which are under the control of a licensed physician or dentist and are not abandoned materials;

3.10.c.2. Human remains lawfully interred in a cemetery or in preparation by a licensed mortician for interment or cremation;

3.10.c.3. Used personal hygiene products, such as diapers, facial tissues and sanitary napkins;

3.10.c.4. Gauze and dressing material, containing small amounts of blood or other body secretions with no free flowing or unabsorbed liquid;

3.10.c.5. Hair, nails, and extracted teeth;

3.10.c.6. Waste generated by veterinary hospitals, except for waste meeting the criteria found in Sections 3.10.b.1, 3.10.b.4, or 3.10.b.5 of this rule; and

3.10.c.7. Medical tubing and devices with a signed and dated certification by the facility which states: "I hereby certify under penalty of law that this waste has not been contaminated with infectious medical waste, as defined in Infectious Medical Waste, 64CSR56."

3.10.d. Infectious medical waste contaminated with radioactive waste is considered to be radioactive waste and is subject to State and federal law and regulation as radioactive waste.

3.10.e. Infectious medical waste:

3.10.e.1. Which demonstrates the characteristics of ignitability, corrosivity, reactivity, or toxicity as defined in 40 C.F.R. Part 261, Subpart C, or which is contaminated with RCRA hazardous waste listed in 40 CFR Part 261, Subpart D is considered to be hazardous waste and is subject to regulation under State and federal hazardous waste. *W. Va. Code § 22-18-1, et seq., W.*

Va. Code R. §§ 33-20-1, et seq., and 45-25-1, et seq., and 40 C.F.R. Parts 260 - 279.

3.10.e.2. Which is contaminated with a hazardous waste listed in 40 C.F.R. Part 261, Subpart D that is listed solely because it exhibits one or more characteristics of ignitability, corrosivity, or reactivity as defined under 40 C.F.R. Part 261 Subpart C, is not a hazardous waste if the waste no longer exhibits any characteristic of hazardous waste identified in that subpart.

3.11. Infectious Medical Waste Management Facility. -- An infectious medical waste facility which generates, handles, processes, stores, treats or disposes of infectious medical waste, including all land and structures, other appurtenances, and improvements thereon, used for infectious medical waste.

3.12. Isolation Wastes. -- Wastes generated from the care of a patient who has or is suspected of having any disease listed as Class IV in "Classification of Etiologic Agents on the Basis of Hazard," published by the United States Centers for Disease Control.

3.13. Manifest or Shipping Document. -- The written or electronic documents used for identifying the quantity, composition, and the origin, routing, and destination of infectious medical waste during its transportation from the point of generation to the point of off-site treatment or disposal.

3.14. Medical Waste. -- Infectious and noninfectious solid waste generated in the course of the diagnosis, treatment or immunization of human beings or animals, or in research pertaining thereto, or in the production or testing of biologicals. The term "medical waste" does not include low-level radioactive waste, any hazardous waste identified or listed under Subtitle C of the federal Resource Conservation and Recovery Act of 1976, 42 U.S.C. § 6921 et seq., as amended, or any household waste as defined in the regulations promulgated pursuant to Subtitle C of that Act.

3.15. Non-commercial Infectious Medical Waste Management Facility. -- Any infectious medical waste facility at which less than thirty-five per cent (35%) by weight of the total infectious medical waste stored, treated or disposed of by said facility in any calendar year is generated off-site.

3.16. Noninfectious Medical Waste. -- Any medical waste not capable of producing an infectious disease or infectious medical waste which has been rendered noninfectious. Noninfectious medical waste is considered solid waste for purposes of this rule.

3.17. Off-Site. -- A facility or area for the collection, storage, transfer, processing, treatment, or disposal of infectious medical waste which is not on the generator's site, or a facility or area that receives infectious medical waste for storage or treatment that has not been generated on-site at that facility or area.

3.18. On-Site. -- The same or geographically contiguous property which may be divided by a public or private right-of-way, provided the entrance and exit between the properties is at a cross-roads intersection, and access is by crossing, as opposed to going along, the right-of-way. Non-contiguous properties owned by the same person but connected by a right-of-way controlled by said person and to which the public does not have access, is also considered on-site property. Hospitals with more than one (1) facility located in the same county shall be considered one (1) site.

3.19. Pathological Waste. -- Human pathological wastes, including tissues, organs, body parts, and containers of body fluids, exclusive of those fixed in formaldehyde or another fixative.

3.20. Person. -- Individual, partnership, corporation, society, association, government body or other legal entity.

3.21. Secretary. -- The Secretary of the Department of Health and Human Resources or his or her designee.

3.22. Sharps. -- Discarded articles that may cause punctures or cuts and that have been used in animal or human patient care or treatment, or in pharmacies or medical, research or industrial laboratories, including, but not limited to, hypodermic needles, syringes with attached needles, scalpel blades, lancets and broken glassware.

3.23. Small Quantity Generator. -- Any generator of infectious medical waste who generates fifty (50) pounds or less during a one (1) month period.

3.24. Storage. -- The containment of infectious medical waste on a temporary basis. Storage shall not constitute disposal of the waste. The containment of infectious medical waste during off-site transport is considered to be a form of storage.

3.25. Subtitle C. -- Subtitle C of the federal Resource Conservation and Recovery Act of 1976, 42 U.S.C. § 6921 et seq., as amended.

3.26. Transport. -- The movement of infectious medical waste from one location to another, except for on-site movement of infectious medical waste.

3.27. Transporter. -- A person engaged in the off-site transportation of infectious medical waste.

3.28. Transport Vehicle. -- A motor vehicle, aircraft, boat, barge or rail car used for the transportation of cargo by any mode. Each cargo-carrying body shall be considered a separate transport vehicle.

3.29. Treatment. -- Any method, technique or process, including neutralization, designed to change the physical, chemical or biological character or composition of any infectious medical waste so as to render such waste noninfectious.

3.30. "Waste" -- Any garbage, refuse, sludge from a waste treatment plant, water supply treatment plant or air pollution control facility and other discarded material including solid liquid, semisolid or contained gaseous material resulting from industrial, commercial, mining and agricultural operations and from community activities, but does not include solid or dissolved material in domestic sewage, or solid or dissolved materials in irrigation return flows or industrial discharges which are point sources subject to permits under Section 402 of the federal Water Pollution Control Act, as amended, or source, special nuclear or by-product material as defined by the federal Atomic Energy Act of 1954, as amended.

§64-56-4. Permit Application and Approval Procedures for Non-Commercial Infectious Medical Waste Management Facilities.

4.1. This section applies only to non-commercial infectious medical waste facilities. No person may own, construct, modify or operate an infectious medical waste management facility, nor shall any person store, transport, treat or dispose of any infectious medical waste without first obtaining a permit from the Secretary, unless exempted by Sections 2.1., 2.2. or 4.17. of this rule.

4.2. No person shall begin physical construction of a new non-commercial infectious medical waste management facility without having received a permit.

4.3. The owner of a non-commercial infectious medical waste management facility shall be responsible for insuring that the facility has a permit.

4.4. The owner of an infectious medical waste facility shall provide public notice of intent to apply for a permit.

4.4.a. Public notice shall be given by any method reasonably calculated to give actual notice of the action in question to the persons potentially affected by it, including press releases or any other forum or medium to elicit public participation.

4.5. The applicant for a permit for a non-commercial infectious medical waste facility shall maintain a public participation file. This file shall contain a summary of all comments and responses received during the pre-application public notification phase by the facility. This file shall be submitted to the Secretary by the applicant with the application.

4.6. An application for a permit shall be submitted to the Secretary on forms prescribed by the Secretary and shall include the following:

4.6.a. The name, mailing address, and location of the facility, using latitude and longitude to the nearest second, for which the application is submitted;

4.6.b. The name, mailing and email addresses and telephone numbers of the owner of the facility;

4.6.c. The name, mailing and email addresses and telephone numbers of the manager of the facility, if different from the owner;

4.6.d. A copy of the proposed infectious medical waste management plan as required by Section 5 of this rule;

4.6.e. A copy of the public participation file; and

4.6.f. Information needed to demonstrate that the facility will be operated in compliance with this rule.

4.7. For new non-commercial infectious medical waste management facilities, the application shall be accompanied by a copy of a topographic map or equivalent showing the facility and the area

one thousand (1,000) feet around the facility site with the following information included:

4.7.a. The map scale and date;

4.7.b. Land uses (e.g. any established zoning for residential, commercial, agricultural, recreational, industrial or other designated uses);

4.7.c. The orientation of the map (north arrow);

4.7.d. The legal boundaries of the facility with the latitude and longitude to the nearest second for the site;

4.7.e. Access control (fences, gates); and

4.7.f. Buildings to be used for treatment, storage, and disposal operations and other structures (e.g. recreation areas, run-off control systems, access and internal roads, storm, sanitary, and process sewerage systems, loading and unloading areas, fire control facilities).

4.8. The Secretary shall not begin the evaluation of a permit before receiving a complete application, as determined by the Secretary. Within thirty (30) days of the Secretary's receipt of a permit application, the completeness of the application shall be judged independently of the status of any other permit application or permit for the same facility or activity.

4.9. The Secretary shall not issue a permit before receiving a complete application.

4.10. The Secretary shall have the authority to request supplemental information needed to demonstrate that the facility will be operated in compliance with this rule.

4.11. When the Secretary determines an application for a new non-commercial infectious medical waste facility or a major change to an existing facility to be complete, he or she shall instruct the applicant or permittee to give public notice.

4.11.a. Public comment shall be conducted in accordance with the following guidelines:

4.11.a.1. Public notice shall be given by publishing the public notice as a Class II legal advertisement in a qualified newspaper, as defined in *W. Va. Code* § 59-3-1, serving the county where the facility will be located. That legal advertisement shall also be placed in newspapers of adjacent counties when a proposed facility is within two (2) miles of a county line. The cost of the publication will be the responsibility of the applicant who shall send a certification of publication to the Secretary within twenty (20) days after publication; and any other method reasonably calculated to give actual notice of the action in question to the persons potentially affected by it, including press releases or any other forum or medium to elicit public participation.

4.11.a.2. All public notices issued shall contain the following information:

4.11.a.2.A. The name and mailing and email addresses of the office processing the permit action for which notice is being given;

4.11.a.2.B. The name and mailing and email addresses of the permittee or permit applicant, and if different, of the facility or activity regulated by the permit;

4.11.a.2.C. A description of the activities covered in the application, including the type of technology that will be used to treat infectious medical waste, the types, amounts, and origins of infectious medical waste to be handled, site improvements, and infectious medical waste handling methods;

4.11.a.2.D. The name, mailing and email addresses, and telephone numbers of a person from whom interested persons may obtain further information;

4.11.a.2.E. A general description of the location of the proposed permit area including streams;

4.11.a.2.F. A clear and accurate location map. A map of a scale and detail found in the West Virginia official state highway map is the minimum standard for acceptance. The map size shall be at a minimum two (2) inches by two (2) inches. Longitude and latitude lines and a north arrow shall be indicated on the map, and such lines will cross at or near the center of the proposed permit area;

4.11.a.2.G. A reference to the date of previous public notices relating to the permit;

4.11.a.2.H. That any interested person may submit a written comment on the application, and that such comments shall include a concise statement of the nature of the issues raised;

4.11.a.2.I. That any interested person may submit a written request for a public hearing, and that such request shall include a concise statement of the nature of the issues raised; and

4.11.a.2.J. That the Secretary shall conduct a public hearing within forty-five (45) days in the county where the proposed facility is to be located whenever he or she receives a request.

4.11.a.3. The availability of the application shall include, but not be limited to, copies placed at the courthouse of the county in which the facility is to be located, the city or town hall of any municipal government within two (2) miles of the proposed location of the facility, and the primary public library in the county.

4.11.a.4. Copies of the application shall be available from the Secretary.

4.11.b. If any data, information or arguments submitted during the public comment period raise substantial new questions concerning the proposed major change or new facility, the Secretary shall:

4.11.b.1. Request additional information from the applicant; and

4.11.d.1.A. Reopen or extend the public comment period for thirty (30) days to give interested persons an opportunity to comment on the information or argument submitted; or

4.11.d.1.B. Require a public hearing.

4.11.c. In the event a public hearing is held:

4.11.c.1. Public notice of the hearing shall be given by the Secretary at least thirty (30) days before the hearing;

4.11.c.2. A transcript of the hearing shall be available to the public from the Secretary;

4.11.c.3. At the hearing, any person may make oral comments and submit written statements and data concerning the proposed major changes or new facility. Reasonable limits may be set on the time allowed for oral statements, and the written statements shall be submitted to the Secretary no later than ten (10) days after the close of the hearing; and

4.11.c.4. The Secretary shall act on the permit application within thirty (30) days after the date for the submission of written statements to the Secretary.

4.11.d. In the event a public comment period is held, the Secretary shall act on the permit application within thirty (30) days after the close of the comment period.

4.12. Permits shall be renewed annually prior to expiration. An application for permit renewal shall be submitted thirty (30) days prior to the expiration date of the previous permit. A late fee of 25% for all expired permits listed in this rule will be applied to the permit fee schedule. Payment must be received within 15 days of the expiration date to avoid the late fee assessment.

4.13. An application for an original or renewal permit shall be accompanied by a non-refundable permit fee according to the schedule shown in Table 64-56A found at the end of this rule.

4.14. A permit shall be issued if the facility is, or in the case of a projected facility, is planned to be, in compliance with the applicable provisions of this rule and has submitted the permit fee.

4.15. The Secretary may refuse to grant or renew a permit if an applicant or permittee has attempted to obtain a permit by means of fraud, deceit or material misrepresentation or public comment reveals a situation which would endanger public health.

4.16. A permittee shall submit an application for approval of a major change in the permittee's infectious medical waste management plan before implementing the change. Minor changes in the infectious medical waste plan may be made without notifying the Secretary and shall be included in the next application for permit renewal. All major changes shall be approved prior to implementation: Provided, That, no prior approval is necessary in the case of a hospital which may in an emergency make an immediate change in its plan necessary to protect the safety and care of patients, employees or the public. In such an event, the hospital shall notify the Secretary immediately followed by written notification within fifteen (15) days. An application for approval of any change in the plan which is beyond the control of the permittee shall be submitted within fifteen (15) days of its occurrence. A major change consists of any of the following:

4.16.a. Installing a new unit for the treatment of infectious medical waste or replacing

existing units not including improvements, as determined by the Secretary, or repairs to existing units;

4.16.b. Changing the location of treatment; or

4.16.c. 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.

4.17. Small quantity generators who generate infectious medical waste in the provision of health care services in their own office are not required to obtain a permit. Small quantity generators shall keep their infectious medical waste management plan on file and shall make a copy available to the Secretary on request.

4.18. Permits issued by the Secretary for a non-commercial infectious waste facility are not transferable or assignable and shall automatically become invalid upon a change of ownership or upon suspension or revocation. An existing large quantity generator that changes ownership, however, may continue to operate under the previous owner's permit conditions until such time as the Secretary can process the new permit application required by this section, provided the new owner sends the Secretary a letter in which the new owner:

4.18.a. Advise the Secretary of any change of ownership including any management changes; and

4.18.b. Agree to be bound by the conditions and policies established in the infectious medical waste management plan for that facility by the previous owner until such time as a new management plan can be approved by the Secretary.

§64-56-5. 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 or shipping documents and labeling;

5.2.f. Disposal methods consistent with Section 10.4 of this rule;

5.2.g. The name, mailing and email addresses, and telephone 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, mailing and email addresses, and telephone numbers of the person responsible for infectious medical waste management at the generator or the facility, and the name, mailing and email addresses, and telephone 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.l.2. Prevent run-off from infectious medical waste handling areas to other areas of the facility or environment;

5.2.l.3. Prevent contamination of water supplies;

5.2.l.4. Mitigate effects of equipment failure and power outages;

5.2.l.5. Prevent exposure of personnel to infectious medical waste; and

5.2.l.6. Address spill prevention and spill mitigation procedures;

5.2.l.6.a Include procedure for use of personal protective equipment(PPE); and

5.2.l.6.b. Include contents of the required spill kit, set forth in section 7 of this rule.

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 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 or other shipping documents 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.

5.4. The infectious medical waste management plan shall comply with this rule.

5.5. Infectious medical waste management facilities shall operate in compliance with their infectious medical waste management plan as approved by the Secretary.

5.6. Disposal of untreated infectious medical waste in this State is prohibited.

§64-56-6. Packaging and Labeling.

6.1. General.

6.1.a. The generator of infectious medical waste shall be responsible for ensuring that the packaging and labeling of infectious medical waste is in compliance with this rule and any other applicable state or federal laws or regulations.

6.1.b. Contractors or other agents may provide services to the generator, including packaging and labeling of infectious medical waste: Provided, however, that no contract or other relationship shall relieve the generator of the responsibility for packaging and labeling the infectious medical waste as required by this rule. Nothing in this section shall be construed to prevent or limit any cause of action by a generator against any other party for any reasons for which the law gives a remedy.

6.1.c. No person shall knowingly accept for transportation, storage, treatment or disposal any infectious medical waste that is not packaged and labeled in accordance with this rule. Contractors or other agents may package or repackage infectious medical waste to comply with this rule, if the packaging or repackaging is performed prior to transportation off-site or storage on-site. Proper repackaging of infectious medical waste that has spilled during transportation is required prior to further transportation.

6.2. Packaging.

6.2.a. All infectious medical waste shall be packaged as required by this rule prior to storage, treatment, or transport.

6.2.b. Infectious medical waste shall be contained and sealed on-site in leak-proof plastic bags as required by 49CFR173.197. Free liquids shall be contained in break-resistant, tightly stoppered containers. Heavier materials shall be supported in double-walled corrugated fiberboard boxes or equivalent rigid containers.

6.2.c. Sharps shall be collected at the point of generation in rigid, leak-proof and puncture-resistant containers clearly marked as infectious medical waste. Containers shall be compatible with selected treatment processes to preclude contact with waste materials, and sealed before handling. Sharps containers shall not be completely filled.

6.2.c.1. If the sharps are to be stored or treated off-site, the containers shall be placed inside a plastic bag as specified in Section 6.2.b of this rule. Prior to storage, the plastic bags shall be bound at the gathered open end with tape or another closing device that prevents leakage of liquids. Transporters utilizing properly constructed transport carts for large sharps containers which secure the containers are exempt from this requirement.

6.2.c.2. Sharps which are rendered noninfectious and encapsulated in a solid state on-site may be discarded as solid waste. The encapsulated container shall be labeled in accordance with Section 6.3.b of this rule.

6.2.d. Bags containing infectious medical waste at facilities where on-site treatment will occur shall be red in color except that infectious medical waste that is to be steam treated shall be contained in orange bags and marked with autoclave tape or other heat-activated ink which will indicate whether or not the appropriate temperature, as required by this rule, has been reached. Both red and orange bags shall be imprinted with the international biohazard symbol and the words "infectious medical waste" or "biomedical waste" or "biohazard" or "regulated medical waste". Waste contained in red bags shall be considered infectious medical waste and managed as infectious medical waste. Waste contained in orange bags shall be managed as infectious medical waste prior to steam treatment and as solid waste after steam treatment. This waste shall not be removed from the orange bags and shall not be enclosed in bags of different colors.

6.2.e. Bags containing infectious medical waste which is to be transported off-site for treatment shall be red in color and shall be imprinted with the international biohazard symbol and the words "infectious medical waste" or "biomedical waste" or "biohazard" or "regulated medical waste". Waste contained in red bags shall be considered infectious medical waste and managed as infectious medical waste. In addition to other packaging, all infectious medical waste which is to be transported off-site shall also be packaged in double-wall corrugated fiberboard boxes or equivalent rigid containers. The boxes or containers shall be leak-resistant and lined with a tear-resistant leak-proof plastic bag.

6.2.f. Reusable containers shall be leak-proof and, shall have tight-fitting covers, and shall be kept clean and in good repair. Reusable containers shall be thoroughly washed and disinfected.

Disposable liners, bags or other devices shall be removed and handled as infectious medical waste. Red bags may not be enclosed in bags of different colors.

6.2.g. Disinfection of the container shall be accomplished by one of the following methods:

6.2.g.1. Immersion in hot water at a temperature of at least one hundred and eighty degrees Fahrenheit (180 °F) for a minimum of thirty (30) seconds;

6.2.g.2. Exposure to a chemical sanitizer by immersion in one of the following for a minimum of thirty (30) seconds: hypochlorite solution of one hundred parts per million (100 ppm) available chlorine; iodoform solution of twenty-five parts per million (25 ppm) available iodine; or quaternary ammonium solution of two hundred parts per million (200 ppm) active agent per manufacturer's instructions; or

6.2.g.3. Swabbing or rinsing the container with a chemical sanitizer double the strength specified in Section 6.2.g.2 of this rule or a chemical with equivalent sanitizing capabilities.

6.2.h. Employers shall direct employees packaging infectious medical waste to use personnel protection equipment and shall provide training in its use.

6.3. Labeling Requirements.

6.3.a. Infectious medical waste to be transported off-site shall be labeled prior to being stored on-site or transported off-site. The label shall be securely attached to the outer layer of packaging and shall be clearly legible. Permanent ink shall be used to complete the information on the label and, if handwritten, the label shall be at least three (3) inches by five (5) inches in size. The following information shall be included on the label:

6.3.a.1. The name, address, business telephone numbers of the generator;

6.3.a.2. The name, address, business telephone numbers of all transporters; and

6.3.a.3. The date on which the infectious medical waste was packaged.

6.3.b. Recognizable treated noninfectious medical waste shall be labeled prior to being transported off-site. Treated medical waste that will pass through a screen with a one-half inch (1/2) grid shall be considered not recognizable. The label shall meet the requirements in Section 6.3.a of this rule for infectious medical waste. The following information shall be included on the label:

6.3.b.1. The name, address and business telephone numbers of the generator;

6.3.b.2. The name, address, and business telephone numbers of the facility at which the waste was rendered noninfectious;

6.3.b.3. The weight of the treated noninfectious medical waste and the method of treatment; and

6.3.b.4. A signed and dated certification by the facility where the waste was rendered

noninfectious which states: "I hereby certify under penalty of law that this waste has been rendered noninfectious in accordance with procedures required by Infectious Medical Waste Rule, 64CSR56."

6.4. Facilities that render infectious medical waste non-infectious within their facility, may manifest the entire load of treated waste in lieu of individual bag labeling. The facility shall apply to the Secretary for a waiver with rationale supporting the request. Once approved, the changes and procedures shall be reflected in the Infectious Medical Waste Management Plan. Commercial treatment facilities are exempt from this requirement. Facilities currently in operation at the effective date of this rule that render infectious medical waste non-infectious within their facility are not required to apply for a waiver.

§64-56-7. Management of Spills of Infectious Medical Waste.

7.1. All infectious medical waste management facilities shall provide a spill kit for management of spills of infectious medical waste.

7.2. Large Quantity Generators of infectious medical waste shall keep a spill containment and cleanup kit within the vicinity of any area where infectious medical waste is managed on a bulk storage basis. The location of the kit shall provide for rapid and efficient cleanup of spills anywhere within the area.

7.2.a. The kit shall contain an amount of absorbent material sufficient to have a rated capacity of one (1) gallon of liquid for every cubic foot of infectious medical waste that is normally managed in the area for which the kit is provided or of ten (10) gallons, whichever is less.

7.2.b. The kit shall contain one (1) gallon of hospital grade disinfectant ~~in~~ and a sprayer capable of dispersing its charge in a mist or in a stream at a distance. The disinfectant shall be hospital-grade and effective against mycobacteria.

7.2.c. The kit shall contain enough red plastic bags to enclose one hundred and fifty percent (150%) of the maximum quantity stored. The bags shall meet the requirements in 6.2 of this rule and shall be accompanied by sealing tape or devices and labels or tags. These bags shall be large enough to enclose any box or other container normally used for infectious medical waste management by that facility.

7.2.d. The kit shall contain two (2) new sets of overalls, gloves, boots, caps, and devices to protect the eyes and respiratory tract, and tape for sealing wrists and ankles. The overalls, boots and caps shall be oversized or fitted to the infectious medical waste workers or transporters, and shall be made of materials impermeable to liquids. Boots may be of thick rubber and gloves shall be of heavy neoprene or equivalent material. Boots, gloves and breathing devices may be reused if disinfected between uses.

7.2.e. The kit shall contain an adequate first aid kit and an adequate amount of boundary marking tape.

7.3 Small Quantity Generators of infectious medical waste shall keep a spill containment and cleanup kit within the vicinity of any area where infectious medical waste is managed. The location of the kit shall provide for rapid and efficient cleanup of spills anywhere within the area.

7.3.a. The kit shall contain, at a minimum the following:

7.3.a.1. Two (2) red plastic bags that meet the requirements in 6.2 of this rule;

7.3.a.2. One (1) pair of gloves impervious to moisture;

7.3.a.3. One (1) face mask (surgical type or equivalent);

7.3.a.4. One (1) pair of goggles or equivalent eye protection;

7.3.a.5. Absorbent material capable of absorbing one-half (1/2) gallon of liquid;

7.3.a.6. Spray can of disinfectant effective against tuberculosis/mycobacterium; and

7.3.a.7. A disposable dust pan and broom for sweeping up sharps.

7.3.b. The above items shall be stored in a heavy container with a tight fitting lid, appropriately labeled, and which can be used to contain wastes generated after a clean-up.

7.4. All vehicles transporting infectious medical waste shall carry a spill containment kit in the vehicle whenever infectious medical waste is conveyed. The kit shall contain at a minimum the following:

7.4.a. An adequate amount of absorbent material;

7.4.b. One (1) gallon of hospital grade disinfectant in a sprayer capable of dispersing its charge in a mist or in a stream at a distance. The disinfectant shall be hospital-grade and effective against mycobacteria;

7.4.c. Fifty (50) red plastic bags that meet the requirements in 6.2. of this rule. The bags shall be accompanied by seals and appropriate labels, and shall be large enough to over-pack any container normally transported in the vehicle;

7.4.d. Two (2) new sets of overalls, gloves, boots, caps, face mask, goggles or equivalent eye protection and tape for sealing wrists and ankles. The overalls, boots and caps shall be oversized or fitted to the infectious medical waste workers or transporters, and shall be made of materials impermeable to liquids. Boots may be of thick rubber and gloves shall be of heavy neoprene or equivalent material. Boots, gloves and breathing devices may be reused if disinfected between uses; and

7.4.e. A first aid kit, boundary marking tape and other appropriate safety equipment.

7.5. Immediately following a spill of infectious medical waste or its discovery, all individuals present shall leave the area until any aerosol settles.

7.6. The following procedures for cleaning up a spill shall be implemented:

7.6.a. Put on cleanup outfits as described in Section 7.1.4 of this rule and secure the spill

area from entry by unauthorized persons;

7.6.b. Spray all broken containers of infectious medical waste with disinfectant;

7.6.c. Place broken containers and spillage into red bags;

7.6.d. Disinfect and take other steps necessary to clean up the area;

7.6.e. Clean and disinfect non-disposable items and clothing;

7.6.f. Remove cleanup outfits and place disposable items in a red bag; and

7.6.g. Take prompt steps to initiate procedures for the replenishment of the containment and cleanup kit.

7.7. When a spill involves a single container of infectious medical waste with a weight of less than fifty (50) lbs. and a volume of spilled liquid of less than one (1) quart, the individual responsible for the cleanup may elect to use dress and procedures other than those required by Section 7.1.d of this rule. Any proposed alternate procedures for small quantity spills shall be specified in the infectious medical waste management plan and shall provide protection to the health of workers and the public equivalent to that provided by the procedures specified in Section 7.2 of this rule.

§64-56-8. Storage of Infectious Medical Waste.

8.1. This section is applicable to the storage of infectious medical waste at any time after packaging (sealing) for transport, including time spent during transportation and at all treatment and disposal sites or facilities.

8.2. Infectious medical waste other than sharps shall not be stored for more than thirty (30) days prior to transportation to an infectious medical waste management facility, even if refrigerated: Provided, that the total amount of storage time, including transportation to an infectious medical waste management facility, shall not exceed forty-five (45) days. Facilities that treat infectious medical waste on-site shall not store the infectious medical waste more than thirty (30) days.

8.3. Infectious medical waste shall be stored in a specifically designated area located at or near the treatment site, or at the pickup point if it is to be transported off-site for treatment.

8.4. The manner of storage shall maintain the integrity of the containers; prevent the leakage of waste from the container; provide protection from water, rain and wind, and maintain the waste in a non-putrescent state.

8.5. All storage areas shall be constructed of materials which are durable, easily cleanable, impermeable to liquids, and affords protection from animals and does not provide a breeding place or a food source for insects or rodents.

8.6. Carpets and floor coverings with open seams in which water may be entrapped shall not be used in storage areas. All floor drains shall discharge directly to a sanitary sewage disposal system which is in compliance with Sewage System Rules, 64CSR9 or other containment system which

prevents any spilled materials from reaching the environment.

8.7. All storage areas shall be kept clean and in good repair.

8.8. All storage areas shall have access control that limits access to those persons specifically designated to manage infectious medical waste. The areas shall be posted prominently with the international biohazard symbol and with warning signs located adjacent to the exterior of entry doors, gates or lids which indicate the use of the area for storage of infectious medical waste and that entry to unauthorized persons is denied.

8.9. Infectious medical waste shall not be placed in chutes at any time.

8.10. Compaction of infectious medical waste or subjecting infectious medical waste to mechanical action is prohibited unless as a part of a specific treatment process approved by the Secretary.

§64-56-9. Transportation.

9.1. This section applies to all transportation of infectious medical waste over roads or highways within West Virginia, regardless of point of origin or intended disposal, except as specified in Sections 9.2 and 9.3 of this rule.

9.2. A small quantity generator may transport his or her infectious medical waste to a permitted infectious medical waste management facility, or may arrange for transport by his or her employee as follows:

9.2.a. An employee who transports the infectious medical waste shall be trained in the proper handling of infectious medical waste as required by this rule; and

9.2.b. The infectious medical waste shall be delivered within forty-five (45) days of its generation, or

9.2.c. Via the U.S. postal service or other commercial delivery services, if the requirements set by that agency are met.

9.3. A generator that transfers infectious medical waste on-site shall be exempt from Sections 9.9, 9.10, 9.11 and 9.12 of this rule: Provided, that:

9.3.a. On-site transfer of infectious medical waste is covered in the infectious medical waste management plan; and

9.3.b. No off-site infectious medical waste is knowingly and routinely accepted for on-site transfer.

9.4. No person shall knowingly receive for transportation any infectious medical waste that is not packaged and labeled in accordance with Section 6 of this rule.

9.5. A transporter shall deliver infectious medical waste in West Virginia only to a permitted in-

fectious medical waste management facility. Transporters of infectious medical waste out of state shall transport it to a facility permitted by the receiving jurisdiction.

9.6. All vehicles transporting infectious medical waste shall be prominently identified while transporting the infectious medical waste with the following, except for vehicles used as specified in Sections 9.2 and 9.3 of this rule:

9.6.a. The international biohazard symbol;

9.6.b. The words "infectious medical waste", or "biomedical waste", or "biohazard" or "regulated medical waste";

9.6.c. The number of the transporter's permit issued by the Secretary; and

9.6.d. If applicable, a placard in accordance with United States Department of Transportation requirements. Removable signs are acceptable.

9.7. Vehicles that transport infectious medical waste:

9.7.a. Shall include a cargo-carrying portion that shall be closed and secured except when loading or unloading infectious medical waste to prevent unauthorized access and exposure to wind and precipitation;

9.7.b. Shall be designed and constructed so as to minimize any spillage;

9.7.c. Shall be cleaned and disinfected following leakage or spills as provided in Section 6.2.g.3 of this rule;

9.7.d. Shall be cleaned and disinfected prior to using the conveyance for any other purpose as provided in Section 6.2.g.3 of this rule; and

9.7.e. Shall not be used to transport food, foodstuffs, food additives, food containers or any substances to be ingested by people or animals or applied to food or feed simultaneously with the transport of infectious medical waste.

9.7.f. Separate, removable cargo-carrying containers are acceptable and if used, Sections 9.7.a through 9.7.e of this rule shall apply to the containers in lieu of the entire vehicle.

9.8. All vehicles transporting infectious medical waste shall carry a spill containment and cleanup kit as required by Section 7 of this rule in the vehicle whenever infectious medical waste is conveyed. Spills of infectious medical waste during transportation shall be managed as required by Sections 7.5 and 7.6 of this rule. Any spill of fifty (50) pounds or more shall be reported as soon as possible to the employer and the Secretary. Direct physical contact of the transport vehicle or equipment with infectious medical waste shall be considered and managed as a spill.

9.9. No person shall transport infectious medical waste in West Virginia for another who does not possess a permit issued by the Secretary, and, if applicable, valid authority issued by the public service commission. Permits issued by the Secretary shall not be transferable or assignable and shall

automatically become invalid upon a change of ownership or upon suspension or revocation.

9.10. An application for a permit to transport infectious medical waste shall be made in writing to the Secretary on a form prescribed by the Secretary. The application form shall be signed by the applicant or his or her authorized representative. The application shall contain at a minimum the following:

- 9.10.a. The applicant's name;
- 9.10.b. The business and email addresses and telephone numbers of the applicant, including both headquarters and local office;
- 9.10.c. The number of vehicles being permitted to transport infectious medical waste within West Virginia;
- 9.10.d. A description of the vehicles being permitted;
- 9.10.e. The name of any person or firm other than reported in Section 9.10. of this rule that is associated with the applicant or any other name under which that person or firm does business;
- 9.10.f. The name of any other person or firm using any of the same vehicles and operators;
- 9.10.g. The name and telephone numbers of a person who may be contacted in the event of an accident or spill;
- 9.10.h. Verification that the applicant has established a program of and is providing training for employees involved in the transportation of infectious medical waste as required by this rule; and
- 9.10.i. Designation of the treatment facilities to be used.

9.11. The application shall be accompanied by a fee per transport vehicle according to the fee schedule shown in Table 64-56A found at the end of this rule. An application for renewal shall be submitted with the fee thirty (30) days prior to the expiration date of an existing permit.

9.12. Once the application has been approved by the Secretary, and upon verification that the applicant has been duly authorized by the public service commission, if applicable, a permit for the number of vehicles on the application shall be issued to the applicant. All transport vehicles shall display the decal provided by the public service commission as required by the commission. The original permit issued by the Secretary shall be kept in the transport vehicle at all times.

9.13. Permits for transport vehicles issued after the effective date of this rule will expire at midnight on the 31st day of December following the date of issuance.

9.14. Upon request, the transporter shall provide the Secretary with information needed for the investigation of the handling of particular infectious medical waste including, but not limited to, the names, addresses and telephone numbers of transporters from or to whom the transporter has received or transferred infectious medical waste and infectious medical waste management facilities and generators with which the transporter has a contract or agreement for services.

9.15. All infectious medical waste transport vehicles shall be subject to inspection by the Secretary without prior notice to evaluate compliance with this rule.

§64-56-10. Methods of Treatment.

10.1. General.

10.1.a. All infectious medical waste shall be treated by one of the following methods:

10.1.a.1. Incineration as described in Section 10.2 of this rule;

10.1.a.2. Steam treatment as described in Section 10.3 of this rule;

10.1.a.3. Discharge to a sanitary sewer as described in Section 10.4 of this rule; or

10.1.a.4. Any other alternative method approved in writing and permitted by the Secretary according to the provisions of Section 10.5 of this rule.

10.1.b. The residue or ash remaining after the treatment of infectious medical waste in accordance with this rule becomes noninfectious medical waste and may be disposed of in the same manner as ash from solid waste incineration and as provided in subdivision 10.2.e. of this rule.

10.2. Incineration.

10.2.a. All owners and operators of infectious medical waste incinerators are required to comply with applicable State laws and with rules of the West Virginia Department of Environmental Protection's Division of Air Quality.

10.2.b. Whenever infectious medical waste is introduced into an incinerator, all the waste shall be subjected to a burn temperature of not less than one thousand four hundred degrees Fahrenheit (1400 °F) for a period not less than one (1) hour. Gases generated by the combustion shall be subjected to a temperature of not less than one thousand eight hundred degrees Fahrenheit (1800 °F) for a period of one (1) second or more.

10.2.c. An incinerator used for treatment of infectious medical waste shall have interlocks or other process control devices to prevent feeding of the incinerator until the conditions specified in Section 10.2.b of this rule can be achieved. In the event low temperatures occur, facilities shall have automatic auxiliary burners which are capable, excluding the heat content of the waste, of independently maintaining the secondary chamber temperature at the minimum of one thousand eight hundred degrees Fahrenheit (1800 °F).

10.2.d. There shall be continuous monitoring and recording of primary and secondary chamber temperatures. Monitoring data shall be maintained for a period of three (3) years.

10.2.e. All combustible waste shall be converted by the incineration process into ash that is not recognizably in its pre-incineration form. Incinerator ash shall be tested at least quarterly, using a commingled random sample, for total organic carbon content, and annually for lead, mercury,

cadmium, and other heavy metals. A maximum of five percent (5%) fixed carbon shall be permitted (minimum ninety-five percent (95%) burnout).

10.2.f. All individuals who operate infectious medical waste incinerators shall be registered with the Secretary. The Secretary shall issue a registration number to individuals who complete a course of study approved by the Secretary; obtain a passing score on a written examination; and pay the fee shown in Table 64-56A found at the end of this rule.

10.3. Steam Treatment.

10.3.a. A steam treatment process for infectious medical waste shall at all times maintain:

10.3.a.1. A temperature of not less than two hundred and fifty degrees Fahrenheit (250 °F) for ninety (90) minutes at fifteen (15) pounds per square inch of gauge pressure; or

10.3.a.2. A temperature of two hundred and seventy-two degrees Fahrenheit (272 °F) for forty-five (45) minutes at twenty-seven (27) pounds per square inch; or

10.3.a.3. A temperature of two hundred and fifty degrees Fahrenheit (250 °F) for twenty-eight (28) minutes at eighty (80) pounds per square inch; or

10.3.a.4. A temperature of two hundred and seventy degrees Fahrenheit (270 °F) for sixteen (16) minutes at eighty (80) pounds per square inch; or

10.3.a.5. A temperature of two hundred and seventy degrees Fahrenheit (270 °F) for thirty (30) minutes at thirty-two (32) pounds per square inch; or

10.3.a.6. Other combinations of operational temperatures, pressure and time approved by the Secretary. Other combinations may be approved if the installed equipment has been proved to achieve a reliable kill of all infectious microorganisms in infectious medical waste at design capacity. Complete and thorough testing of such other combinations of temperature and pressure shall be fully documented, including tests of the capacity to kill *Bacillus stearothermophilus*. Longer steam treatment times are required when a load contains a large quantity of liquid.

10.3.b. Each package of infectious medical waste to be treated on-site with steam shall have a tape attached that will indicate if the steam treatment temperature has been reached. The infectious medical waste shall not be considered satisfactorily treated if the indicator does not indicate that the treatment temperature was reached during the process. Each package shall also be labeled according to the requirements of Section 6.3.b or comply with Section 6.4 of this rule after treatment if recognizable.

10.3.c. Steam treatment units shall be evaluated under full loading for effectiveness with spores of *Bacillus stearothermophilus* no less than once per every forty (40) hours of operation.

10.3.d. A log shall be kept at each steam treatment unit that is complete for the preceding three (3) year period. The log shall record:

10.3.d.1. The date, time and operator of each usage;

10.3.d.2. The type and approximate amount of waste treated;

10.3.d.3. The post-treatment reading of the temperature sensitive tape (on-site treatment only);

10.3.d.4. The dates and results of calibration; and

10.3.d.5. The results of the testing required by Section 10.3.c of this rule.

10.3.e. Where multiple steam treatment units are used, a working log can be maintained at each unit and such logs periodically consolidated at a central location. The consolidated logs shall be retained for three (3) years and be available for review.

10.4. Sanitary Sewer.

Liquid infectious medical waste may be discharged to a sanitary sewer through a drainage fixture of a size and type adequate to discharge the waste in a sanitary manner to a sewer system approved by the Secretary according to Sewage System Rules, 64CSR9. The use of a grinder to reduce infectious solid matter to a size or consistency which can be discharged to a sewer is prohibited.

10.5. Alternative Methods.

10.5.a. The Secretary may approve an alternative method of treatment not described in this rule if the Secretary determines that the proposed process will render infectious medical waste noninfectious and will provide protection to the health and safety of the public and workers at least the equivalent to the methods found at Sections 10.2, 10.3 or 10.4 of this rule.

10.5.b. The Secretary may issue provisional approval to any alternate method until an appropriate trial period can validate performance. Alternate methods employing disinfection must have the disinfectant registered for that purpose in accordance with the federal Insecticide, Fungicide, and Rodenticide Act as amended. If the process fails to provide adequate treatment when operated according to manufacturer's instructions, the provisional approval shall be revoked.

10.5.c. In addition to complying with other sections of this rule, an application for approval of an alternate method shall include:

10.5.c.1. A listing of the classes and amounts of infectious medical waste the method could be employed to treat;

10.5.c.2. A copy of the detailed plans for the device used in the method;

10.5.c.3. A written summary of the proper operation of the method and device;

10.5.c.4. A copy of the operation and maintenance manual for the process or device;

10.5.c.5. Copies of approval and denial letters from other states where the process has been evaluated; and

10.5.c.6. A copy of an evaluation report provided by a testing laboratory independent of the applicant using a testing protocol approved by the Secretary confirming the efficacy of the treatment process and that the process does not produce a hazardous waste, discharge or air emission.

10.5.d. To evaluate alternative treatment technologies, the Secretary shall use the procedures outlined in the following referenced manual that is incorporated in this rule: State and Territorial Association on Alternate Treatment Technologies, Technical Assistance Manual: State Regulatory Oversight of Medical Waste Treatment Technologies.

10.5.e. A non-refundable alternative technology evaluation fee shall be submitted with the application in accordance with Table 64-56A at the end of this rule.

§64-56-11. Commercial Infectious Medical Waste Management Facilities.

11.1. This section of this rule applies only to commercial infectious medical waste management facilities.

11.2. A commercial infectious medical waste management facility may not utilize incineration technology in any form, including the manufacture or burning of refuse-derived fuel in any form.

11.3. A commercial infectious medical waste management facility shall have effective controls for the management of infectious medical waste to ensure the protection of public health, safety, welfare and the environment.

11.4. The Secretary shall conduct an investigation of the infectious medical waste stream in the region affected by the proposed facility and determine that programs have been established to minimize and reduce the infectious medical waste stream the facility will serve prior to issuing a permit. The Secretary may issue a permit only if he or she makes a specific finding that as to the medical waste stream the proposed facility will be consistent with the legislative findings and purpose stated in *W. Va. Code* § 20-5J-2.

11.5. No person may establish, construct, operate, maintain, or allow the use of property for a commercial infectious medical waste management facility within:

11.5.a. The one-hundred (100) year flood plain;

11.5.b. Five hundred (500) feet of a dwelling, measured from the edge of the boundary of the facility, unless written permission is received from the owner of the dwelling;

11.5.c. An area where the Secretary has determined, after consultation with relevant state and federal agencies, that the facility will be in violation of applicable state or federal laws or regulations concerning:

11.5.c.1. Wetlands;

11.5.c.2. Any endangered or threatened species of animal or plant;

11.5.c.3. Surface water;

11.5.c.4. Groundwater quality; or

11.5.c.5. The emission of any air contaminant.

11.6. A proposed infectious medical waste management facility shall provide evidence of financial capability suitable to the scope of the facility to the Secretary.

11.6.a. Prior to the issuance of a permit to operate a commercial infectious medical waste treatment facility, the intended operator shall obtain a performance bond payable to the Secretary in an amount established by the Secretary equal to the projected cost of operating the facility for sixty (60) days at full capacity.

11.6.a.1. The performance bond shall be paid to the Secretary upon:

11.6.a.1.a. Closure of the facility, including voluntary closure and closure as a result of permit revocation or suspension, unless thirty (30) days before closure the operator has notified the Secretary of closure and before closure has provided the Secretary with certified mail receipts of its mailing of notices of closure to all its customers thirty (30) days before closure: Provided, That a performance bond payment made under this subparagraph shall be returned by the Secretary upon verification that the operator provided the notices as required; or

11.6.a.1.b. Improper closure of the facility requiring corrective expenditures by the Secretary.

11.6.a.2. A bond payment may be used by the Secretary to correct an improper closure and to continue operation of a facility until its customers can be properly notified of the pending closure.

11.7. No person may own, construct, modify or operate a commercial infectious medical waste facility, nor may any person store, transport, treat or dispose of any infectious medical waste without first obtaining a permit from the Secretary.

11.8. The owner of an infectious medical waste facility is responsible for insuring that the facility has a permit.

11.9. Pre-siting Notices.

11.9.a. In order to obtain approval to locate a commercial infectious medical waste facility, an applicant shall, in accordance with *W. Va. Code* § 20-5K-3, Procedure for Public Participation, file a pre-siting notice with the Secretary, the department of environmental protection and the county commission or commissions and the local solid waste authority or authorities of the county or counties in which the facility is to be located. Such notice shall be available for public review, and shall include:

11.9.a.1. A description of the location at which the proposed facility may be sited;

11.9.a.2. Information concerning the anticipated size of the proposed facility;

11.9.a.3. An estimate of the volume, type, and origin of the infectious medical waste to be handled at the proposed facility;

11.9.a.4. A United States Geological Survey (USGS) topographic map showing the location and anticipated boundaries of each site being considered for the proposed facility;

11.9.a.5. A description of the technology that is to be used in the treatment of infectious medical waste;

11.9.a.6. The name, address, telephone numbers and e-mail-address of the owner or applicant of the proposed facility;

11.9.a.7. The name, address, telephone numbers and e-mail address of the operator of the proposed facility, if different from the owner or applicant; and

11.9.a.8. Other information that the Secretary may require.

11.10. Permit Application Requirements. An application for a permit shall be submitted to the Secretary on forms prescribed by the Secretary, and unless otherwise specified in this rule, shall include the following:

11.10.a. The name, mailing address, and location of the facility for which the application is submitted;

11.10.b. The name, address, telephone number and e-mail address of the owner of the facility, and if the owner is an individual or a partnership;

11.10.c. The name, address, telephone number and e-mail address of the manager of the facility, if different from the owner; and if the manager is an individual or partnership different from the owner;

11.10.d. A proposed infectious medical waste management plan as required by Section 5 of this rule. The infectious medical waste management plan shall be incorporated into the permit as part of the permit conditions;

11.10.e. A description of the legal documents upon which the applicant bases his or her legal right to enter and conduct operations on the facility permit area and whether that right is the subject of pending court litigation;

11.10.f. All application documents related to engineering and design plans and specifications as compiled, signed, and sealed by a professional engineer who is registered to practice in West Virginia;

11.10.g. Appropriate legible exhibits, including maps, figures, photographs, and tables, of appropriate scale to show all required details necessary to clarify information or conclusions;

- 11.10.h. Documentation of arrangements for permitted facilities to receive all treated waste and wastewater;
- 11.10.i. A treatment technology plan in accordance with the provisions of Section 10.3 through 10.5 of this rule;
- 11.10.j. Financial assurance in the form of a collateral bond, an escrow account or a letter of credit equal to the proposed cost of the project;
- 11.10.k. A proposed design and a general discussion of the proposed operating procedures;
- 11.10.l. A notarized signature of the owner or principal officer verifying that the information contained in the application is true and correct to the best of that individual's knowledge and belief;
- 11.10.m. A review of land use zoning in the area with particular attention given to areas where zoning variances will be required, where agricultural impact statements may be required, or where flood plain, river corridors, or wetlands are designated;
- 11.10.n. A description of the present land use within two (2) miles of the permit area. The description shall include, but not be limited to:
 - 11.10.n.1. Impacts upon transportation facilities;
 - 11.10.n.2. Impacts upon public and private water supplies;
 - 11.10.n.3. Impact upon land use patterns;
 - 11.10.n.4. Impacts upon agricultural, commercial and residential real estate values;
 - 11.10.n.5. Impacts upon wildlife;
 - 11.10.n.6. Impacts upon endangered or threatened species of animals or plants;
 - 11.10.n.7. Impacts upon aesthetics;
 - 11.10.n.8. Impacts upon socioeconomic conditions;
 - 11.10.n.9. Impacts to water resources;
 - 11.10.n.10. Impacts on sewage collection and treatment systems;
 - 11.10.n.11. Impacts on local emergency response crews and firefighters;
 - 11.10.n.12. Impacts upon known recreational, historical, archaeological, or environmentally unique areas; and
 - 11.10.n.13. Other impacts as determined by the Secretary;

11.10.o. A large-scale map with a minimum scale of one (1) inch equal to two hundred (200) feet and a maximum contour interval of ten (10) feet, or a 7.5 minute topographic map, showing the location of all of the following that occur either within the site boundaries or within two thousand five hundred (2,500) feet of the site:

- 11.10.o.1. Water supply wells;
- 11.10.o.2. Springs;
- 11.10.o.3. Wetlands (e.g., swamps, bogs, marshes);
- 11.10.o.4. Streams and drainages;
- 11.10.o.5. Public water supplies;
- 11.10.o.6. Other bodies of water;
- 11.10.o.7. Underground or surface mines;
- 11.10.o.8. Water quality monitoring points;
- 11.10.o.9. Occupied dwellings;
- 11.10.o.10. Roads;
- 11.10.o.11. Public buildings;
- 11.10.o.12. Sinkholes;
- 11.10.o.13. Property boundaries, including site property;
- 11.10.o.14. Current owners of record both surface and subsurface;
- 11.10.o.15. Easements or rights-of-way; and
- 11.10.o.16. One hundred (100) year flood plain boundary;

11.10.p. A description of present and proposed transportation routes and access roads, including any weight restrictions;

11.10.q. A description of buildings, treatment units, roads, and other structures to be constructed in conjunction with the facility, including the size of the construction and the number of miles of road to be constructed;

11.10.r. A description of emissions and discharges, such as dust, odors, gases, leachate, surface water runoff and collected groundwater associated with facility preparation, construction, operation and during and after closure of the facility;

11.10.s. A copy of any building permits required; and

11.10.t. A non-refundable application fee according to the schedule shown in Table 64-56A at the end of this rule.

11.11. Modifications.

11.11.a. When a permit is modified, only the conditions subject to modification are reopened. All other conditions of the permit remain in effect for the duration of the permit.

11.11.b. The Secretary may require additional information and, in the case of a major modification, may require submission of a new permit application.

11.11.c. Minor Modifications.

11.11.c.1. Modifications, except for major modifications as listed in this section, in the infectious medical waste plan may be made without notifying the Secretary and shall be included in the next application for permit renewal.

11.11.c.2. Permits may be modified by the Secretary at any time except for major modifications as listed in this section. Minor modifications do not require the completion of the public notice procedures.

11.11.d. Major Modifications.

A permittee shall submit an application for approval of a major modification before implementing the change. All major modifications shall be approved prior to implementation and require the opportunity for a public hearing as required by this rule unless an emergency is declared by the Secretary. For the purpose of this section a major modification means:

11.11.d.1. The capacity of the commercial infectious medical waste facility will be increased over the permitted capacity by more than ten percent (10%);

11.11.d.2. The performance or operation of the surface water control system will be significantly affected;

11.11.d.3. A decrease in the quality or quantity of data from any environmental monitoring system will occur;

11.11.d.4. The amount or type of financial assurance will change;

11.11.d.5. The facility boundary will be significantly changed;

11.11.d.6. Authorization is being sought to construct an additional structure used to increase the capacity of the facility;

11.11.d.7. Different permitted facilities are being considered to receive treated waste or wastewater;

11.11.d.8. Installing a new unit for the treatment of infectious medical waste or replacing existing treatment units not to include repair or improvements to existing units;

11.11.d.9. Changing the location of treatment;

11.11.d.10. Any other action that the Secretary determines may present substantial endangerment to public health, safety or the environment; or

11.11.d.11. Other similar modifications as determined by the Secretary.

11.11.e. Major modifications to an initial application for a new commercial infectious medical waste facility require the applicant to undergo a new pre-siting process as described in Sections 11.9. through 11.12 of this rule.

11.11.f. Permit renewals that contain major modifications shall be treated as major modifications.

11.12. Permit Suspension or Revocation.

11.12.a. Suspension. A commercial infectious medical waste facility permit may be suspended by order of the Secretary for any of the following reasons:

11.12.a.1. Violation of or failure to adhere to, *W. Va. Code* § 20-5J-1 *et seq.*, this rule, the terms and conditions of the permit, or any order of the Secretary issued thereunder;

11.12.a.2. Interference with a representative of the Secretary in the performance of his or her duties; or

11.12.a.3. Discovery of failure in the application or during the permit issuance process to fully disclose all significant facts or the permittee's misrepresentation of any significant fact at any time.

11.12.b. Revocation. A commercial infectious medical waste facility permit may be revoked by order of the Secretary for any of the following reasons:

11.12.b.1. An attempt by an applicant or permittee to obtain or renew a permit by means of fraud, deceit or material misrepresentation;

11.12.b.2. Any deficiency at the facility constituting an imminent pollution, health, or safety hazard;

11.12.b.3. Persistent violation of *W. Va. Code* § 20-5J-1 *et seq.*, this rule, permit terms and conditions, or orders issued by the Secretary under that Code Article or this rule;

11.12.b.4. Discovery of failure in the application, or during the permit issuance process, to fully disclose all significant facts or the permittee's misrepresentation of any significant fact at any time;

11.12.b.5. Failure to maintain proper bonding; if for any reason a permittee fails to maintain proper bonding, the Secretary shall issue a cease and desist order and revoke the permit and the permittee shall become fully liable for the amount of the bond; or

11.12.b.6. Any cause which would require disqualification pursuant to this rule from receiving a permit upon original application.

11.12.c. Effect of Permit Suspension or Revocation.

11.12.c.1. Suspension. All infectious medical waste processing, treatment, storing or transfer activities and the receipt of any infectious medical waste at the facility shall cease immediately upon receipt of an order of suspension. Activities at the facility may recommence only after expiration of the order of suspension or upon revocation of that order by the issuing authority.

11.12.c.2. Revocation. All infectious medical waste processing, treatment, storing or transfer activities and the receipt of any infectious medical waste at the facility shall cease immediately upon receipt of an order of revocation. The facility owner shall submit either an application for a permit to close the facility or an application for a new commercial infectious medical waste facility permit within the time specified in the order of revocation.

11.12.c.3. Environmental Monitoring and Control. Environmental monitoring and control activities specified in an order of suspension or revocation shall continue at the commercial infectious medical waste facility for the duration of such order or until the authority that issued that order approves the cessation of such activities.

11.13. Transfer of Facility.

Permits issued by the Secretary are not transferable or assignable and shall automatically become invalid upon a change of ownership or upon suspension or revocation. An existing commercial facility that changes ownership may, however, continue to operate under the previous owners permit conditions until such time as the Secretary can process the new permit application required by this section, provided the new owner sends the Secretary a letter in which the new owner:

11.13.a. Advises the Secretary of such change of ownership including any management changes; and

11.13.b. Agrees to be bound by the conditions and policies established in the infectious medical waste management plan for that facility by the previous owner until such time as a new management plan can be approved by the Secretary.

11.14. Application Review. Within thirty (30) days of receipt of a permit application, compliance schedule, closure plan, or major modification application, the Secretary shall determine whether such application, schedule, or plan is complete and shall notify the applicant of his or her determination in writing. If the Secretary determines that such application, schedule, plan or modification is not complete, the notification shall advise the applicant of the deficiencies that require remedy.

11.14.a. The Secretary may not begin the evaluation of a permit before receiving a complete

application, including any supplemental information requested.

11.14.b. The Secretary may not issue a permit before receiving a complete application.

11.14.c. The Secretary shall request formal comments from the county commission of the county in which the facility is proposed to be located and from any municipal government within two (2) miles of the proposed location, with any negative response to such application from any commission or municipal government to be considered by the Secretary and specific findings made as to the concerns raised by such responses.

11.15. Public Participation.

11.15.a. When the Secretary determines an application for a new facility to be complete, he or she shall conduct a public hearing in the county where the proposed facility is to be located.

11.15.b. When the Secretary determines an application for a major modification to be complete, he or she shall instruct the applicant or permittee to give public notice. The Secretary shall conduct a public hearing in the county where the proposed facility is to be located whenever he or she receives a request.

11.15.c. Public hearings shall be conducted in accordance with the following guidelines:

11.15.c.1. Public notice of a public hearing shall be given at least thirty (30) days before the hearing. Public comment will be accepted during those thirty (30) days.

11.15.c.2. Public notice shall be given by the applicant publishing the public notice as a Class II legal advertisement in a qualified newspaper, as defined in *W. Va. Code* § 59-3-1, serving the county where the facility will be located. The Secretary shall also require that legal advertisement be placed in newspapers of adjacent counties when a proposed facility is within two (2) miles of a county line. The cost of the publication will be the responsibility of the applicant who shall send a certification of publication to the Secretary within twenty (20) days after publication; and any other method reasonably calculated to give actual notice of the action in question to the persons potentially affected by it, including press releases or any other forum or medium to elicit public participation.

11.15.d. All public notices issued shall contain the following information:

11.15.d.1. The name and address of the office processing the permit action for which notice is being given;

11.15.d.2. The name, address and email address of the permittee or permit applicant, and if different, of the facility or activity regulated by the permit;

11.15.d.3. A description of the activities covered in the application, including the type of commercial infectious medical waste facility, the types, amounts, and origins of infectious medical wastes to be handled, site improvements, and infectious medical waste handling methods;

11.15.d.4. The name, address, telephone numbers and email address of a person from whom interested persons may obtain further information, including copies of the application;

11.15.d.5. A brief description of the comment procedures and the date, time and place of the hearing, and other procedures by which the public may participate in the final permit decision;

11.15.d.6. A general description of the location of proposed permit area including streams;

11.15.d.7. A clear and accurate location map. A map of a scale and detail found in the West Virginia official state highway map is the minimum standard for acceptance. The map size shall be at a minimum two (2) inches by two (2) inches. Longitude and latitude lines and a north arrow shall be indicated on the map, and such lines will cross at or near the center of the proposed permit area;

11.15.d.8. A reference to the date of previous public notices relating to the permit;

11.15.d.9. For major modifications, the public notice shall state:

11.15.d.9.A. That any interested person may submit written comment on the application, and that such comments shall include a concise statement of the nature of the issues raised;

11.15.d.9.B. That any interested person may request a public hearing, and that such request shall include a concise statement of the nature of the issues raised; and

11.15.d.9.C. That the Secretary shall conduct a public hearing in the county where the proposed facility is to be located whenever he or she receives a request.

11.15.e. The availability of the application shall include, but not be limited to, copies placed at the courthouse of the county in which the facility is to be located, the city or town hall of any municipal government within two (2) miles of the proposed location of the facility and all public libraries in the county;

11.15.f. Copies of the application shall be available from the Secretary.

11.15.g. An official transcript of the hearing shall be available to the public from the Secretary.

11.15.h. Any person may submit oral or written statements and data concerning the proposed facility. Reasonable limits may be set on the time allowed for oral statements, and the written statements shall be submitted no later than ten (10) days after the close of public hearings.

11.15.i. If any data, information or arguments submitted during the public comment period raise substantial new questions concerning the proposed facility, the Secretary shall:

11.15.j.1. Reopen or extend the public comment period to give interested persons an opportunity to comment on the information or argument submitted; or

11.15.j.2. Require an additional public hearing.

11.15.k. The applicant for a permit for a commercial infectious medical waste management facility shall maintain a public participation file. This file shall contain all the written comments received during the public comment period, copies of minutes of all meetings held by the applicant and a copy of the applicants written response to all written comment letters received during the written response period. This file shall be submitted to the Secretary by the applicant at the end of the comment period.

11.15.l. Based on comments received at the public hearing or upon written recommendations received, the Secretary may within thirty (30) days after the close of the public comment period, require the person who submitted the application to furnish additional information regarding the impact the siting of the proposed facility may have upon wetlands, endangered or threatened species of plants and animals, surface waters, underground waters, air quality, and other matters as determined by the comments received.

11.16. Permit Decision and Effective Date of Permit.

11.16.a. Within thirty (30) days of the close of the public comment period on an application for a new facility, or major modification of an existing permit, the Secretary shall respond in writing to the comments received.

11.16.b. After comments have been responded to, the Secretary shall issue a final permit decision. The Secretary shall provide written notification of his or her decision to the applicant and to each person who has submitted written comments or requested notice of the final permit decision. For the purposes of this section, a "final permit decision" means the final decision of the Secretary to grant, deny, revoke and reissue, or terminate a permit.

11.16.c. In the case of an application for a new facility, the Secretary shall grant or deny the application as filed and as made available to the public pursuant to the provisions of this section. The Secretary shall provide the reasons therefor in his or her written notification to the applicant. This notification shall also include reference to the procedures for appealing the final permit decision.

11.16.d. The Secretary may refuse to grant a permit for any of the following reasons:

11.16.d.1. If an applicant or permittee has attempted to obtain or renew a permit by means of fraud, deceit or material misrepresentation;

11.16.d.2. Discovery of failure in the application or during the permit issuance process to fully disclose all significant facts or the permittee's misrepresentation of any significant fact at any time; or

11.16.d.3. The Secretary determines, based on comments and recommendations received, that the facility is incompatible with existing or proposed land use patterns, including, but not limited to: transportation facilities; public water supplies; water resources; agricultural, commercial and residential real estate values; aesthetics; socioeconomic conditions generally; or if it endangers public health, safety or well-being.

11.16.e. A final permit decision shall become effective not less than thirty (30) days after the date of notice of the decision, unless an earlier date is requested by the applicant and agreed upon by the Secretary.

11.17. A retailer of sharps to be used by individuals in their own medical treatment may establish a small commercial infectious medical waste management facility to be used solely for the treatment of sharps sold by and returned to the retailer for treatment. Such small commercial infectious medical waste management facility shall apply for and obtain a permit according to the provisions of Section 4 of this rule. In addition to the requirements of Section 4, the application shall include a letter describing the location and estimated volume of sharps to be treated and a certified letter from an approved solid waste disposal facility agreeing to accept the treated waste. Such small commercial infectious medical waste management facility shall comply with Sections 6 and 10 of this rule, and may be exempted by the Secretary from the requirements of Sections 11.9 through 11.17 of this rule.

§64-56-12. Requirements Related to Manifests or Shipping Documents.

12.1. Except as specified in Section 12.10. of this rule, the generator of infectious medical waste that is to be transported off-site for storage or treatment shall initiate a multi-part manifest or shipping document which is available from or approved by the Secretary.

12.1.a. If a multi-part written manifest or shipping document is utilized, copy three (3) shall be retained by the generator after acceptance by the transporter. Copy two (2) shall be retained by the transporter after acceptance by the treatment facility. Copy one (1) shall be retained by the treatment facility. The treatment facility shall forward the original to the generator as required by Section 12.8 of this rule.

12.1.b. If an electronic manifest or shipping document is utilized, the transporter shall provide the generator with a printed service receipt acknowledging that the transporter has accepted the waste from the generator and the date of acceptance. The transporter shall retain an identical printed service receipt throughout transport. Within fifty (50) days after the date the medical waste was accepted by the transporter, an electronic service receipt shall be made available to the generator. If the generator does not obtain access to an electronic service receipt within fifty (50) days after the date the medical waste was accepted by the transporter, the generator shall report this fact to the Secretary.

12.2. If the generator does not receive the completed manifest or shipping document from the treatment facility within fifty (50) days after the date the medical waste was accepted by the transporter, the generator shall report this fact to the Secretary.

12.3. A transporter who commingles loads shall initiate a new manifest or shipping document.

12.4. A transporter shall not accept infectious medical waste from a generator unless the waste is accompanied by a manifest or shipping document with the generator portion signed by the generator.

12.5. A transporter shall in the presence of the generator or, in the event of multiple transporters, in the presence of the previous transporter, sign the transporter portion of the manifest or shipping document and provide the generator or previous transporter with a signed copy of the manifest or shipping document.

12.6. An infectious medical waste management facility shall not accept more than fifty (50) pounds of infectious medical waste from a generator per month or any quantity of infectious medical waste from a transporter unless it is accompanied by a properly completed manifest or shipping document.

12.7. If a multi-part written manifest or shipping document is utilized, an infectious medical waste management facility shall, in the presence of the generator or transporter, complete the appropriate transport or storage, treatment or disposal facility portion of the manifest or shipping document, including a handwritten acceptance signature and date of acceptance, and immediately give a signed copy to the generator or transporter, with any discrepancies in information noted on the manifest or shipping document copy.

12.8. If a multi-part written manifest or shipping document is utilized, the infectious medical waste treatment facility shall record on the manifest or shipping document the date on which the shipment was received and accepted by the facility.

12.9. The infectious medical waste treatment facility shall keep one (1) copy of the completed manifest or shipping document as part of the facility operating record and, if a multi-part written manifest or shipping document is utilized, shall forward the original to the generator within seven (7) days after treatment.

12.10. Small quantity generators who elect to transport their own infectious medical waste are not required to use a manifest or shipping document, but shall meet the requirements in section 12.11 of this rule.

12.11. In instances when an infectious medical waste management facility accepts less than fifty (50) pounds of infectious medical waste from a small quantity generator, the facility shall maintain a log of such receipts which includes, at a minimum, the following:

12.11.a. The name and address of the generator;

12.11.b. The weight of the waste received;

12.11.c. The date of receipt of the waste; and

12.11.d. The signature of the person receiving the waste.

12.12. Manifests or shipping documents and logs shall be retained by all parties for a period of not less than three (3) years. The period of retention of records is extended automatically during the course of any unresolved enforcement action regarding the regulated activity or as requested by the Secretary. These records shall be available for inspection by the Secretary upon request.

12.13. Nothing in this rule shall prevent any hospital or other facility which receives infectious medical waste from any small quantity generator, including any ambulance company, from requiring a completed manifest or shipping document as more fully described in Sections 12.1 through 12.6 of this rule.

§64-56-13. Record Keeping and Reporting.

13.1. All pertinent records required by this rule shall be retained for a period of not less than three (3) years.

13.2. The period of retention established in Section 13.1 of this rule shall extend automatically during the course of any unresolved enforcement action regarding the regulated activity or as requested by the Secretary.

13.3. All records shall be made available for inspection and or duplication by the Secretary or his or her duly authorized representative upon request.

13.4. All generators, except small quantity generators and those listed in Section 2 of this rule, commercial storage and transfer facilities and treatment facilities shall submit a report annually covering the preceding calendar year to the Secretary in a format specified by the Secretary by the twentieth (20th) day of January and additional reports at such times the Secretary judges necessary setting out the quantity of waste generated during a particular time period and the disposition of the infectious medical waste. Transporters shall submit these reports on a quarterly basis. A late fee of \$25.00 or 10% of the permit fee, which is ever greater, will be assessed to those facilities that fail to submit a required annual report on or before the twentieth (20th) day of January of each year.

§64-56-14. Inspections; Right of Entry; Sampling; Reports and Analyses; Subpoenas.

Inspections and other monitoring activities are required to be conducted according to the provisions of *W. Va. Code* §§ 22-18-13 and 20-5J-7 which are outlined in this section.

14.1. Upon the presentation of proper credentials and at reasonable times, the Secretary has the authority to enter any building, property, premises, place, vehicle or permitted facility where infectious medical waste is or has been generated, handled, treated, stored, transported or disposed of for the purpose of promptly investigating any person's compliance with the provisions of relevant State law, this rule or permits issued under this rule.

14.2. The Secretary is required to make periodic inspections of every permitted facility as necessary to effectively implement and enforce the requirements of relevant State law, this rule or permits issued in accordance with this rule. After an inspection is made, a report is to be prepared and filed with the Secretary. A copy of the inspection report is required to be promptly furnished to the person in charge of the building, property, premises, place, vehicle or facility. All inspection reports are available to the public in accordance with the provisions of *W. Va. Code* § 29B-1-1 *et seq.*

14.3. Whenever the Secretary has cause to believe that any person is in violation of any provision of relevant State law, this rule, any condition of a permit issued by the Secretary, or any order issued under this rule, he or she is required to immediately order an inspection of the building, property, premises, place, vehicle or permitted facility at which the alleged violation is occurring.

14.4. Upon presentation of proper credentials and at reasonable times, the Secretary has the authority to enter any establishment, building, property, premises, vehicle or other place maintained by any person where infectious medical waste is being or has been generated, transported, stored, treated or disposed of to inspect and take samples of wastes and the contents of any containers or

labeling for such wastes. A receipt describing such samples, and, if requested, a portion of such sample equal in volume or weight to the portion retained is to be given to the owner, operator or agent in charge prior to the sample being taken from the premises. The Secretary is required to provide a copy of any analysis to the owner, operator or agent in charge promptly.

14.5. Upon presentation of proper credentials and at reasonable times, the Secretary is to be given access to all records relating to the generation, transportation, storage, treatment or disposal of infectious medical waste in the possession of any person who generates, stores, treats, transports, disposes of, or otherwise handles or has handled such waste. The Secretary is to be furnished with copies of all such records or given the records for the purpose of making copies. If the Secretary, upon inspection, investigation or through other means, observes or learns of a violation or probable violation of relevant State law or this rule, he or she is authorized to issue subpoenas and subpoenas *duces tecum* and to order the attendance and testimony of witnesses and to compel the production of any books, papers, documents, manifests and other physical evidence pertinent to such investigation or inspection.

§64-56-15. Enforcement Orders; Related Hearings; Permit Reinstatement.

Enforcement orders and related hearings are required to be conducted according to the provisions of *W. Va. Code* §§ 22-18-15, 20-5J-8 and 29A-5-1 *et. seq.* as outlined in Sections 15.1 and 15.2 of this rule.

15.1. If the Secretary, upon inspection, investigation or through other means observes, discovers or learns of a violation of the provisions of this rule or relevant State law or of any order or permit issued under this rule or such law by the Secretary, he or she may:

15.1.a. Issue an order stating with reasonable specificity the nature of the violation and requiring compliance immediately or within a specified time. An order under this section includes, but is not limited to, any or all of the following: orders suspending, modifying or revoking permits, orders requiring a person to take remedial action, or cease and desist orders;

15.1.b. Seek an injunction in accordance with *W. Va. Code* § 20-5J-9(b);

15.1.c. Institute a civil action in accordance with *W. Va. Code* § 20-5J-9(a); or

15.1.d. Request the attorney general or the prosecuting attorney of the county in which the alleged violation occurred to bring a criminal action in accordance with *W. Va. Code* § 22-18-16.

15.2. Any person issued a cease and desist order may file a notice of request for reconsideration with the Secretary not more than seven (7) days from the issuance of such order and shall have a hearing before the Secretary contesting the terms and conditions of such order within ten (10) days of the filing of such notice of a request for reconsideration. The hearing is conducted as required by State law and Section 19 of this rule. The filing of a notice of request for reconsideration shall not stay or suspend the execution or enforcement of such cease and desist order.

15.3. Any person whose permit issued under this rule has been suspended or revoked may, at any time, make application for reinstatement of the permit. After receipt of a written request, including a signed statement by the applicant that in his or her opinion the conditions causing the suspension of

the permit have been corrected, the Secretary shall make an inspection or investigation of the applicant's operation. If the applicant complies with the provisions of this rule, the permit shall be reinstated.

15.4. The Secretary may suspend or revoke a permit if the permit has been obtained by means of fraud, deceit or material misrepresentation.

§64-56-16. Criminal Penalties.

In addition to any civil penalties that may be assessed pursuant to section 17, violations of this rule may be subject to criminal penalties pursuant to the provisions of *W. Va. Code* § 22-18-16.

§64-56-17. Civil Penalties.

In addition to any criminal penalties for violations of this rule as provided in section 16, violations of this rule may also be subject to civil penalties pursuant to the provisions of *W. Va. Code* §§ 22-18-17 and 20-5J-9.

§64-56-18. Imminent and Substantial Hazards; Orders; Penalties; Hearings.

18.1. Notwithstanding any provision of this rule to the contrary, the Secretary, upon receipt of information, or upon observation or discovery that the handling, storage, transportation, treatment or disposal of any infectious medical waste may present an imminent and substantial endangerment to public health, safety or the environment, has the authority to:

18.1.a. Request the attorney general or the appropriate prosecuting attorney to commence an action in the circuit court of the county in which the hazardous condition exists to immediately restrain any person contributing to such handling, storage, transportation, treatment or disposal to stop such handling, storage, transportation, treatment or disposal or to take such other action as may be necessary; or

18.1.b. Take other action under this section including, but not limited to issuing such orders as may be necessary to protect public health and the environment.

18.2. Any person who willfully violates, or fails or refuses to comply with, any order of the Secretary under Section 18.1 of this rule may, in an action brought in the appropriate circuit court to enforce such orders, be fined not more than five thousand dollars (\$5,000) for each day in which such violation occurs or such failure to comply continues.

§64-56-19. Administrative Due Process.

Except for an civil administrative penalty assessed pursuant to *W. Va. Code* § 22-18-17, persons adversely affected by the enforcement of this rule who desire a contested case hearing to determine any rights, duties, interests or privileges, must do so in a manner prescribed in Rules of Procedure for Contested Case Hearings and Declaratory Rulings, 64CSR1.

TABLE 64-56A

**ANNUAL INFECTIOUS MEDICAL WASTE MANAGEMENT
FACILITY PERMIT AND OPERATOR REGISTRATION FEES**

<u>Type of Facility</u>	<u>Fee</u>
A. Hospitals (Non-Commercial Treatment Facilities)	
1 to 50 Beds	\$ 500.00
51 to 149 Beds	1,750.00
150 or More Beds	2,500.00
B. Commercial Infectious Medical Waste Management Facility	5,000.00
Small Commercial Infectious Medical Waste Management Facility for Sharps Only (As provided for in Section 11.19 of this rule)	150.00
C. Transportation Vehicles (Each)	250.00
D. Commercial Storage and Transfer Facility.	250.00
E. Other (Generating more than 50 pounds per month)	
1. Health Care Professionals	250.00
2. Independent Dialysis Centers	250.00
3. Independent Laboratories	250.00
4. Independent Rural Clinics	250.00
5. Nursing Homes	250.00
6. Other Long Term Care Facilities	250.00
7. Outpatient Surgery Centers	250.00
F. Incinerator Operator Registration	25.00
G. Alternative treatment evaluation fee	500.00