MALEHA Environmental Health Forum

MPHI, 2436 Woodlake Dr. Okemos

October 19, 2017

Board of Directors:

Vern Johnson, Kalamazoo, President
Kristen Schweighoefer, Washtenaw, President Elect
Chris Westover, Monroe, Treasurer
Adeline Hambley, Ottawa, Secretary
Tony Drautz, Oakland, Director
Steve Demick, St. Clair, Director
Chris Klawuhn, Saginaw, Director

Members: (TC = teleconference)

Regina Young, Barry-Eaton
Kevin Green, Calhoun
Scott Smith, DHD 4 TC
Ken Bowen, Ionia
Matt Bolang, Livingston
Liz Braddock, Mid-Michigan
Spencer Ballard, Ottawa
Suzanne Lieurance, Chippewa TC
Daniel Thorell, Grand Traverse TC
Joel Kwiakowski, Bay TC
Steve King, CMDHD
Tip MacGuire, Huron Tuscola
Kasee Johnson, Lenawee TC
Amy Aumock, Livingston TC
Jeff Croll, Muskegon TC
Casey Elliot, Shiawassee
Chuck Lichon, DHD #2 TC
Mike Krecek, Midland TC
Tom Fountain, Benzie-Leelanau
Scott Withington, Detroit TC
Rod McNeill, Ingham
Cindy Merritt, Lenawee TC
Andrew Cox, Macomb
Mark Hansell, Oakland TC
Maureen Franklin, Wayne TC
Daren Deyaert, Dickinson-Iron TC

Guests: (TC = teleconference)

Orlando Todd, MDHHS
Doug Potter, Kalamazoo
Eric Pessell, Calhoun
Andy Shannon, MDEQ
Mark Jansen, MDHHS
Dan Dettweiller, MDEQ
Rhonda Oyer, MDEQ
Laura dela Rambelje, MDHHS
Kelly Maltby, MDHHS
Dana DeBruyn, MDEQ
Jack Schinderle, MDEQ
Dale Ladouceur, MDEQ
Deanna Clark, LARA

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1. **Call to Order:** Meeting called to order by Vern Johnson at 9:28 am
2. **Approval of Agenda:** Move Old Business to after approval of the Agenda. Motion to approve with changes by Matt Bolang, support by Chris Klawuhn. Motion carried.
3. **Old Business**
    a. Awards
        - Outstanding Achievement & Past President: Bob Gouin
        - Outgoing EH Director: Tom Buss, Grand Traverse County Health Department
        - Outgoing EH Director: Paul Makoski, Calhoun County Health Department
        - Outgoing EH Director: Eric Pessell, Kent County Health Department
    b. Open Director Position
        - Motion to nominate Tom Fountain to the open MALEHA Director Position by Chris Klawuhn, support by Matt Bolang. Motion carried.

4. **Approval of September 22, 2017 Minutes:** Motion to approve by Steve Demick, support by Matt Bolang. Motion carried.

5. **Officer & Affiliate Reports**

   a. **President's Report**

      Vern provided a brief update of the joint meeting between state partners and the MALEHA Board at the annual Director's Conference. Completing Committee lists and assigning chairs and co-chairs is currently on going.

   b. **Treasurer's Report**

      RAM Center revenue and expenses have not been finalized yet, this should be completed by next month. Motion by Matt Bolang, support by Tip MacGuire to approve October Treasurer's Report. Motion carried.

   c. **MALPH** – Meghan Swain

      No Report

   d. **MEHA**—Sara Simmonds

      No Report

6. **State Department Reports**

   a. **MDHHS** – Orlando Todd

      Hepatitis A outbreak occurring in southeast Michigan is currently ongoing. Steps are being taken to ask for extra funds to help LHD's respond as well as to obtain more vaccine. Additional information will be provided as this issues evolves.

   b. **DEQ**

      <u>Dan Dettweiller—Laboratory Updates</u>

      The Laboratory Certification Program requires thermal preservation to be in compliance. While this has created issues for LHD samples being out of temperature by the time the DEQ lab receives them, it is required for compliance with standards. A guidance memo is being drafted by the DEQ and will be shared with LHDs. This will focus on education for remainder of 2017 and beginning of 2018 with a recommendation for resample and resubmittal of those samples that are noted as being out of compliance with temperature. At this time, Type II program will allow samples that are non-compliant with thermal preservation to be considered value. Thermal preservation will become a requirement in 2018, and resampling will be necessary. LHDs are encouraged to use this window to take the time to educate operators on sampling requirements. The DEQ is hoping to send educational materials to Type II facilities when invoices are sent. LHDs are encouraged to send additional educational materials when annual sampling schedules are provided to facilities. If samples in 2017 are noted as being out of temperature requirements, LHDs should be sending letters to facilities explaining that the sample was out of temperature and a resample is required. While the sample can be used as valid in 2017, resampling and education should be encouraged in preparation for 2018 requirement.

      Vern expressed concerns for though LHDs whose only option is sending samples to the DEQ lab, and even with packing with ice, samples are coming back out of temperature. It is also difficult to gain compliance from Type II operators to sample routinely, asking for resamples for out of temperature samples will pose a challenge. Dana recommended having laboratory representatives attend a MALEHA meeting to discuss issue and try and develop solutions.

There was general discussions regarding the issues keeping samples within temperature and potential problems that may result as well as possible solutions. Maureen suggested that the lab not run the sample, and charge lab fee, if the sample is received out of compliance with the thermal requirements. Dan said that the DEQ lab is currently working on changing their processes to implement this change.

Dale Ladouceur—Onsite Wastewater Updates

Stressed that the program values the relationship with LHDs. The main purpose of the program is to:

1. Provide assistance to LHDs as needed,
2. Review LHDs and compliance with accreditation standards, and
3. Provide training on onsite wastewater treatment and systems to LHDs.

Dale provided a general overview of Septic Smart Week in September. They are hoping to continue this event in 2018 and continue to develop outreach activities and awareness.

Last week the DEQ hosted an Onsite Wastewater Training event at Kent County. There were 32 attendees from 13 LHD jurisdiction. Of those in attendance, only five people had more than two years of experience and 12 had less than six months. The DEQ is hoping to host additional training for LHDs in 2018.

Dale provided some background and clarification regarding the recent memo regarding the self-assessment option for accreditation (memo is attached). Dale stated he presented the idea to MALEHA in April 2017. Vern clarified that minutes show that this was a general overview that the self-assessment accreditation was going to be further examined by the DEQ moving forward, and that no determination had yet been made. Dale provided additional information regarding the process that was received from LHDs via survey. Vern clarified that there is a process regarding changes to accreditation processes, and the steps that need to be completed are specific. As this has not gone through that process, making changes to Cycle 7 accreditation will be difficult. There was general discussion regarding the process and how issue can be addressed moving forward. Dana will follow-up with Orlando.

Dana DeBruyn--Updates

Well trainings are scheduled, dates (save the date flyer is attached).

LHD contracts are delayed, but will be sent out soon.

EPA Audit findings on the public water supply should be released next week. Those counties that supplied information on supplies will be made aware of any findings pertaining to their facilities.

Budget proposal for IT funding to approve technology in programs has been submitted to committee for review. It is expected to go before the Governor in December. Dana is determining if letters of support from LHDs would be helpful to the process and will let MALEHA know if letters would be considered.

c. **MDARD**

No Report

d. **MWSAG Presentation**—Retooling Waste Inspection Program

Jack Schinderle, MDEQ Waste Mgmt & Radiological Protection Division Director

Workgroup has been looking at options to have LHDs complete inspections of medical waste generators so program moves from licensure to more oversight. They would like to know what LHDs need to make a partnership with LHDs work.

Rhonda Oyer, DEQ Medical Waste

Provided a brief background on the current pilot program that is on-going with a few LHDs. A Workgroup has also been meeting to discuss details and determine how to expand program, a draft of the revised law is attached. LHD/MALEHA representation on the Workgroup included Addie Hambley, Tony Drautz, and Paul Andriacchi. The Workgroup has specifically discussed funding and amount need to appropriately reimburse for LHD cost complete inspections. Inspections would be required once every three year license cycle. Reimbursement fees being considered are as follows:

- Small Quantity Generator: $100
- Medium Quantity Generator: $150
- Large Quantity Generator: $200

Most of the licensed facilities fall in the small quantity generator category, and average time to complete inspections runs around 30 minutes per inspection.

Guidance documents and training will be provided by DEQ to LHDs. Highly complex, technical, or controversial issues would be referred to the DEQ. How complex, technical, or controversial issues are defined will likely change over time as LHDs gain knowledge and expertise in the program. This would be outlined in the guidance document.

Licensure can be granted to multiple buildings if owned by the same company and on one contiguous property. If buildings are separated by legal right of way they would require separate licensure.

Vern suggested DEQ create a survey to be provided to LHDs via MALEHA to determine interest and more information regarding concerns/issues. There was general discussion regarding interest and potential issues and needs.

e. **MDHHS/LARA**—Inspection Requests & Payments Q&A

Kelly Maltby, MDHHS Division of Child Welfare Licensing Manager

Provided a general history of the restructure of the program and LARA's role in the program. There was also a recent change over in software in MDHHS resulting in delays in payment reimbursement. Payment reimbursement for EH inspections are on hold, with goal of November 1, 2017 date to being processing.

Ratings on the EH inspection report are also creating issues as they are not sure how to handle lower ratings. While trying to make a determination if the house is safe or not, and approve for licensure, greater details are needed on those facilities with lower ratings. There was general discussion regarding issues observed during inspection and the difficulty for LHDs to say a deficient well or septic system is still safe for use.

Regina suggested that creation of official policies and guidance be created to specify acceptable interim controls and the entity responsible for follow-up and enforcement for correction of issues.

Deanna Clark, LARA

Described the current practice for reviewing inspections and processing payments to LHDs.

Dorothy thought that some of the breakdown might be occurring due to case workers/placement agencies not submitting inspection reports to LARA to initiate payment processing.

Kelly stated that the inspection forms can be sent directly to MDHHS for those outstanding payments (maltbyk2@michigan.gov, 517-284-9706). Deanna also said that LHDs may also contact her at LARA to look at pending inspection reimbursement (clarkd9@michigan.gov, 517-284-9717).

Jeff recommended changing the process so that licensing agents pay LHDs for the inspection, and the licensing agents then request reimbursement from the state for the inspection.

There was general discussion of pros/cons for changing the reimbursement process. There was also general discussion regarding the significant variability in the amounts charged by LHDs for the same service. The variability in cost for providing service within each county, and how much of the full cost is subsidized via local funding, the fees charged by each LHD will vary.

6. **Committee Reports**
   a. **Food Committee**
      i. REQUEST FROM MDARD (See attached form)
   b. **Water Committee**
      i. Closed Loop Geothermal Wells

      November 13, 2017 meeting at DEQ to review MALEHA compiled comments on closed loop geothermal wells.
   c. **Onsite & Land Use--**no updates at this time.
   d. **Legislative**
      i. House Bill 4978—School Health Bill

      Will be forwarded to Ken Bowen, Legislative Committee Chair, for review.
   e. **Technology & Training**
      i. Written update shared via listserv (attached)
   f. **Vapor Intrusion Ad-hoc**
      i. Written update shared via listserv (attached)
7. **MALEHA Member Reports (non-MALEHA Committee)**
   a. **Medical Waste Pilot Program**
      i. See notes above.
   b. **Local Inspection of Fairs**
      i. No update
   c. **DEQ Statewide Septic Code Workgroup**
      i. Moving something forward seems to be a high priority for the Governor to move this forward. MALEHA has requested to be at the table for discussions on these issues. Vern and Eric attended a meeting in Lansing last week and had a conversation with DEQ. Meeting was to shore up participation of MALEHA in this process. Vern has requested a draft of the code in its current draft. Once received, Vern will share via listserv. There is momentum for the Plawecki Bill moving forward, with rumored changes for removing point-of-sale portions of the bill.

8. **New Business**
9. **Items from Board**
    a. Chris Westover—requests for associate member process—provide a nomination form a MALEHA Board member for nomination and approval by the Board. A maximum of two associate members are allowed per county.
    b. Tony Drautz—U of M Flint is considering creation of an environmental health program. A survey will be shared via the listserv to gage need and interest from LHDs.
10. **Items from Members**
    a. Introduction of new EH Directors: Kevin Green, Calhoun County & Liz Braddock, Mid-Michigan
    b. Dorothy—the EH Director position in Lapeer County is currently posted, please share with those that might be interested.
11. **Future Agenda/Items**
    a. State Lab attend future meeting to answer questions about thermal control.

Motion by Chris Westover, support by Matt Bolang to adjourn. Motion carried.

Meeting adjourned at 12:03pm

Submitted by:

Adeline Hambley 11/14/17

Approved x-xx-2017

_____, MALEHA Secretary

Michigan Association of Local Environmental Health Administrators
MALEHA

Representing Local Environmental Public Health Departments in Michigan

Treasurer's Report

October 2017

Starting Checking Balance (as of September 22, 2017)	$13,084.52
Expenses	
Description	Amount
MALEHA portion of Michigan Night at NEHA	$1,500.00
NEHA reimbursement (final one)	$436.35
State of Michigan Filing Fee	$20.00
Total Expenses	$1,956.35
Revenue	
Description	Amount
None	
Total Revenue	
Current Adjusted Balance Checking Acct (as of October 19, 2017)	$11,128.17

NOTES

R.A.M. CENTER REVENUES/EXPENSES WILL BE UPDATED IN NOVEMBER WHEN ALL FEES/BILLS ARE RECEIVED.

Submitted by:
Chris Westover, 10-19-17

Approved:

STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
LANSING

RICK SNYDER
GOVERNOR

C. HEIDI GRETHER
DIRECTOR

TO: Environmental Health Directors
Local Health Departments

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FROM: Jeremy W. Hoeh, P.E., Supervisor
Environmental Health Programs Unit
Environmental Health Section
Drinking Water and Municipal Assistance Division

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DATE: September 28, 2017

SUBJECT: Notice of Change – Self-Assessment Review Option of Accreditation for the Onsite Wastewater Treatment Management Program

The Self-Assessment (SA) Review option of Accreditation for the Onsite Wastewater Treatment Management Program (Onsite Program) first became available to local health departments (LHDs) beginning in 2009 with the start of Cycle 4. Since 2009, 21 LHDs have requested and received authorization from the Michigan Department of Environmental Quality (DEQ) to engage in the SA Review option. The DEQ authorization was based on the LHD identifying one or more key staff responsible for implementing activities integral to the SA process. Over the past eight years, accreditation reviews have shown that LHDs utilizing a means of internal quality assurance through the SA process have consistently resulted in few, if any, major deficiencies regarding compliance with the Accreditation Indicators.

During the Michigan Association of Local Environmental Health Administrators (MALEHA) forum meeting on April 20, 2017, the DEQ discussed the Onsite Program's SA Review option. More specifically, the DEQ spoke of an internal Lean Process Improvement (LPI) assessment of the Onsite Program, completed in June 2016. As discussed at the meeting, the most significant finding was the DEQ expending more staff resources reviewing and responding to LHD annual SAs as compared to one comprehensive review of an LHD over the three-year accreditation cycle.

Other findings of the LPI assessment were as follows:

- The DEQ had no effective means to assure impartiality of the information LHDs were submitting as part of the LHD internal self-assessment.
- For some LHDs, 100 percent compliance was being reported annually based on a minimal review of staff's work.
- The LHDs prepared the entire SA documentation package for review with only the rare exception allowing the DEQ to review additional information not included in the package. This may not provide a representative sample of documentation standards over the accreditation cycle.

- The DEQ was receiving no specific benefit from the SA process. The benefit was to the LHD in knowing their compliance status with certain indicators during the three-year accreditation cycle, in lieu of the DEQ determining the compliance status once every three years.

In addition to the LPI assessment, the DEQ has recognized staff turnover at some LHDs resulted in changes in key staff responsible for the SA Review during Cycle 6. In some instances, this resulted in a lack of understanding of the LHD responsibilities for review and reporting identified in the DEQ authorization to utilize the SA Review option. *This has required DEQ staff to expend additional staff resources to keep the SA process moving forward.*

Because of the above findings, beginning with Cycle 7 in 2018, the DEQ will begin transitioning out of the SA Review option. The following structure will be utilized by the DEQ for LHDs currently engaged in the SA Review process:

- LHDs scheduled for a Cycle 7 Accreditation on-site review in 2018 – The basis for determining compliance with the Accreditation Indicators will be the 2016 and 2017 annual SA reports and an on-site review of the LHD Onsite Program over the past year.

- LHDs scheduled for a Cycle 7 Accreditation on-site review in 2019 – The basis for determining compliance with the Accreditation Indicators will be the 2017 annual SA report and an on-site review of the LHD Onsite Program over the past two years.

- LHDs scheduled for a Cycle 7 Accreditation on-site review in 2020 – The basis for determining compliance with the Accreditation Indicators will be an on-site review of the LHD Onsite Program over the past three years.

The above structure provides an established framework for both the DEQ and LHDs to transition out of the SA Review option over Cycle 7. We encourage all LHDs to perform ongoing quality assurance Onsite Program reviews. As discussed previously, the internal quality assurance demonstrated through the SA process has consistently resulted in LHD accreditation reviews where few, if any, deficiencies regarding the Accreditation Indicators are identified. As with all the Onsite Program elements, the DEQ continues to be available for assistance with any LHD internal quality assurance process.

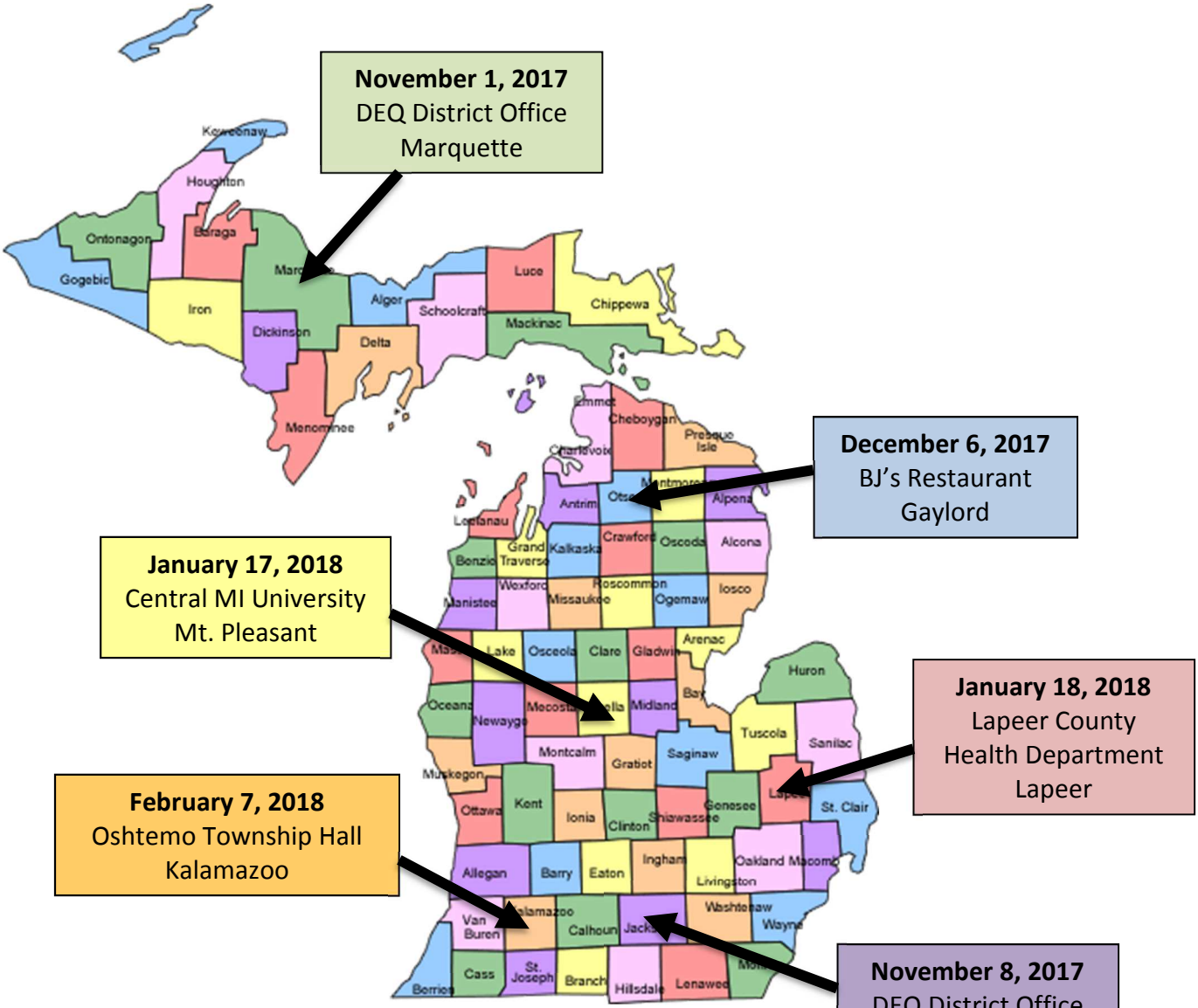
Should you have any questions regarding this subject, please contact Dale Ladouceur, Onsite Wastewater Program, at 517-284-6534 or ladouceurd@michigan.gov, or you may contact me at 517-284-6528 or hoehj@michigan.gov.

cc: Dale Ladouceur, DEQ

DEQ

SAVE THE DATE

REGIONAL WELL CONSTRUCTION TRAINING FOR LOCAL HEALTH DEPARTMENTS (and it's free!!!)



November 1, 2017
DEQ District Office
Marquette

December 6, 2017
BJ's Restaurant
Gaylord

January 17, 2018
Central MI University
Mt. Pleasant

January 18, 2018
Lapeer County
Health Department
Lapeer

February 7, 2018
Oshtemo Township Hall
Kalamazoo

November 8, 2017
DEQ District Office
Jackson

DETAILS COMING SOON!!

PUBLIC HEALTH CODE (EXCERPT)
Act 368 of 1978
PART 138
MEDICAL WASTE

333.13801 Short title.

Sec. 13801. This part shall be known and may be cited as the "medical waste regulatory act."

333.13803 Meanings of words and phrases; general definitions and principles of construction.

Sec. 13803. (1) For purposes of this part, the words and phrases defined in sections 13805 and 13807 have the meanings ascribed to them in those sections.

(2) In addition, article 1 contains general definitions and principles of construction applicable to all articles in this code.

333.13805 Definitions; A to M.

Sec. 13805. (1) **"MWRA" MEANS THE MEDICAL WASTE REGULATORY ACT, PART 138 OF ACT368 OF THE PUBLIC ACTS OF 1978, AS AMENDED, BEING SECTIONS 333.13801 TO 333.13834 ET SEQ. OF THE MICHIGAN COMPILED LAWS.** ~~"Advisory council" means the interdepartmental medical waste advisory council created in section 13827.~~

(2) "ALTERNATIVE TREATMENT TECHNOLOGY" MEANS A METHOD FOR THE DECONTAMINATION OF MEDICAL WASTE OTHER THAN INCINERATION OR AUTOCLAVING THAT IS APPROVED FOR USE BY THE DEQ.

(3) "AUTHORIZED REPRESENTATIVE," MEANS A LOCAL HEALTH DEPARTMENT AS AUTHORIZED UNDER SECTION 13808.

(4) ~~(2)~~ "Autoclave" means ~~to sterilize using~~ **A VESSEL USED TO DECONTAMINATE MEDICAL WASTE BY** superheated steam under pressure.

(5) "BIOHAZARD SYMBOL" MEANS THE SYMBOL DEPICTED IN THE MIOSHA BLOODBORNE INFECTIOUS DISEASES STANDARD, PART 554 OF PA 1974, AS AMENDED.

(6) "BODY ART FACILITY" MEANS A FACILITY THAT PRACTICES PHYSICAL HUMAN BODY ADORNMENT BY AN OPERATOR UTILIZING BODY PIERCING, BRANDING, TATTOOING, SCARIFICATION, OR PERMANENT COSMETICS. AS USED IN THIS SUBSECTION:

(A) "BODY PIERCING" MEANS THE PERFORATION OF HUMAN TISSUE, OTHER THAN AN EAR, FOR A NONMEDICAL PURPOSE.

(B) "BRANDING" MEANS MAKING A PERMANENT MARK ON HUMAN TISSUE BY BURNING WITH A HOT IRON OR OTHER INSTRUMENT.

(C) "SCARIFICATION" MEANS MAKING A SCAR ON HUMAN TISSUE BY REMOVAL OF SKIN AND TISSUE FOR A NONMEDICAL PURPOSE.

(D) "TATTOOING" MEANS 1 OR MORE OF THE FOLLOWING:

***(i)* MAKING AN INDELIBLE MARK UPON THE HUMAN BODY BY THE INSERTION OF A PIGMENT UNDER THE SKIN.**

***(ii)* MAKING AN INDELIBLE MARK UPON THE HUMAN BODY BY PRODUCTION OF SCARS OTHER THAN BY BRANDING OR SCARIFICATION.**

(7) "CATEGORY A" PATHOGENS MEANS THE ORGANISM(S) OR BIOLOGICAL AGENT(S) THAT ARE EASILY DISSEMINATED OR TRANSMITTED FROM PERSON AND INFECTION MAY RESULT IN HIGH RATES OF MORTALITY.

(8)~~(3)~~ "Decontamination" means ~~rendering~~ **THE PROCESS OF REDUCING POTENTIAL INFECTIOUS AGENTS IN** medical waste **TO RENDER IT** safe for routine handling as solid waste.

(9) "DEQ" MEANS THE DEPARTMENT OF ENVIRONMENTAL QUALITY.

(10) "Fund" means the medical waste emergency response fund created in section 13829 **OF THE ACT.**

(11) "Health facility or agency" means that term as defined in section 20106 **OF THE MICHIGAN PUBLIC HEALTH CODE.**

(12) "Household" means a single detached dwelling unit or a single unit of a multiple dwelling.

(13) ~~(7)~~ "Infectious agent" means a pathogen that ~~is sufficiently virulent so that if a susceptible host is exposed to the pathogen in an adequate concentration and through a portal of entry, the result could be transmission of disease to a human~~ **CAN CAUSE DISEASE IN HUMANS.**

(14) "LABORATORY" MEANS ANY OF THE FOLLOWING THAT GENERATES MEDICAL WASTE:

(A) A RESEARCH FACILITY.

(B) AN ANALYTICAL FACILITY.

(C) A CLINICAL FACILITY THAT PERFORMS ANALYSIS OR RESEARCH.

(15) "LANDFILL" MEANS A MUNICIPAL SOLID WASTE LANDFILL AS THAT TERM IS DEFINED IN PART 115 OF THE NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION ACT, 1994 PA 451, MCL 324.11501 TO 324.11550,

(16) "LIFE SUPPORT AGENCY" MEANS AN ENTITY DESCRIBED IN SECTION 20106(1)(A) OF THE MICHIGAN PUBLIC HEALTH CODE.

(17) "LOCAL HEALTH DEPARTMENT" MEANS:

(A) A COUNTY HEALTH DEPARTMENT OF A SINGLE COUNTY PROVIDED PURSUANT TO SECTION 2413 OF THE MICHIGAN PUBLIC HEALTH CODE AND ITS BOARD OF HEALTH, IF ANY.

(B) A DISTRICT HEALTH DEPARTMENT CREATED PURSUANT TO SECTION 2415 OF THE MICHIGAN PUBLIC HEALTH CODE AND ITS BOARD OF HEALTH.

(C) A CITY HEALTH DEPARTMENT CREATED PURSUANT TO SECTION 2421 OF THE MICHIGAN PUBLIC HEALTH CODE AND ITS BOARD OF HEALTH, IF ANY.

(D) ANY OTHER LOCAL AGENCY APPROVED BY THE DEQ UNDER PART 24 OF THE PUBLIC HEALTH CODE MCL 333.2401-333.2498.

(18) "LOCAL HEALTH OFFICER" MEANS THE INDIVIDUAL IN CHARGE OF A LOCAL HEALTH DEPARTMENT OR HIS OR HER AUTHORIZED REPRESENTATIVE.

(19) (a)~~(8)~~ "Medical waste" means any of the following: ~~that are not generated from a household, a farm operation or other agricultural business, a home for the aged, or a home health care agency:~~

(i) Cultures and stocks of infectious agents and associated ~~biologicals~~ **TOXINS,** including **BUT NOT LIMITED TO,** laboratory waste, biological production wastes, discarded live and attenuated vaccines, culture dishes, and related devices.

(ii) Liquid human and animal waste, including blood and blood products and body fluids, but not including urine or materials stained with blood or body fluids.

(iii) Pathological
waste. (d) Sharps.

(iv) ~~Contaminated wastes~~ **WASTES** from animals **USED IN RESEARCH** that have been exposed to ~~agents~~ **AN** infectious ~~to humans~~ **AGENT,** ~~these being primarily research animals~~ **INCLUDING, BUT NOT LIMITED TO, CARCASSES, BODY PARTS, BLOOD, BODY FLUIDS, OR OTHER MATERIAL CONTAMINATED WITH THE INFECTIOUS AGENT.**

(v) PRION OR CATEGORY A CONTAMINATED WASTE.

(b) MEDICAL WASTE DOE NOT INCLUDE:

(i) PHARMACEUTICALS.

(ii) WASTE CONTAINING RADIOACTIVE MATERIAL BEING MANAGED UNDER A SPECIFIC LICENSE ISSUED BY THE U.S. NUCLEAR REGULATORY COMMISSION.

333.13807 Definitions; P to T.

Sec. 13807. ~~(1) "Pathogen" means a microorganism that produces disease.~~

(1) ~~(2)~~ "Pathological waste" means human organs, tissues, body parts other than teeth, products of conception, and fluids **THAT ARE** removed by trauma or during surgery, autopsy, or other medical procedure, and **THAT ARE** not fixed in formaldehyde **OR ANY OTHER FIXATIVE AGENT. A SPECIFIC ORGAN, BODY PART, OR TISSUE REMOVED BY TRAUMA OR DURING SURGERY, AUTOPSY, OR OTHER MEDICAL PROCEDURE THAT IS NOT KNOWN TO BE OR IS NOT HIGHLY LIKELY TO BE CONTAMINATED WITH AN INFECTIOUS AGENT AND THAT IS REQUESTED BY AN INDIVIDUAL TO BE RETURNED FOR RELIGIOUS, ETHNIC, OR PERSONAL REASONS IS NOT PATHOLOGICAL WASTE.** Pathological waste does not include a fetus or fetal body parts.

(2) "PERSON" MEANS AN INDIVIDUAL, PARTNERSHIP, CORPORATION, ASSOCIATION, GOVERNMENTAL ENTITY, OR OTHER LEGAL ENTITY.

(3) "PHARMACEUTICAL" MEANS A DRUG INTENDED FOR USE IN DIAGNOSIS, CURE, MITIGATION, TREATMENNT, THERAPY, OR PREVENTION OF DISEASE IN HUMANS OF ANIMALS.

(3) "Point of generation" means the point at which medical waste leaves the producing facility site.

(4) "PRIONS" ARE INFECTIOUS AGENTS COMPOSED OF COMPLEX PROTEINS CAPABLE OF TRANSMISSION OF DISEASES IN HUMANS AND ANIMALS. THEY ARE HIGHLY RESISTANT TO MOST FORMS OF DECONTAMINATION AND REQUIRE SPECIAL HANDLING, PACKAGING, AND TREATMENT METHODS.

(5) "Producing facility" means a facility that generates, stores, REMOVES, decontaminates, or ~~incinerates~~ TRANSPORTS medical waste, INCLUDING, BUT NOT LIMITED TO, ALL OF THE FOLLOWING:

(A) A TRANSFER STATION WHERE MEDICAL WASTE IS STORED.

(B) A TRAUMA SCENE WASTE MANAGEMENT COMPANY.

(6) "PRODUCING FACILITY" DOES NOT INCLUDE THE FOLLOWING:

(A) A HOME HEATH CARE AGENCY.

(B) A HOUSEHOLD.

(C) A FARM OPERATION OR OTHER AGRICULTURAL BUSINESS.

(D) A FACILITY LICENSED BY THE DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS AS FOLLOWS:

i. AN ADULT FOSTER CARE FACILITY LICENSED UNDER THE ADULT FOSTER CARE FACILITY LICENSING ACT.

ii. A HOME FOR THE AGED LICENSED UNDER THE PUBLIC HEALTH CODE.

iii. A CHILD CARE ORGANIZATION LICENSED UNDER THE CHILD CARE ORGANIZATIONS ACT WHICH INCLUDES A CHILD CARING INSTITUTION, CHILDREN'S CAMP, CHILDREN'S CAMPSITE, CHILDREN'S THERAPEUTIC GROUP HOME, CHILD CARE CENTER, DAY CARE CENTER, NURSERY SCHOOL, PARENT COOPERATIVE PRESCHOOL, FOSTER HOME, GROUP HOME, OR CHILD CARE HOME.

(E) A FACILITY OR OTHER HOUSING, OR STAFFING AGENCY, PROVIDING SUPERVISION, PERSONAL CARE, PROTECTION, ROOM OR BOARD FOR ADULTS OR CHILDREN WHICH IS NOT REQUIRED TO BE LICENSED BY THE DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS.

(7) ~~(5)~~ "Products of conception" means any tissues or fluids, placenta, umbilical cord, or other uterine contents resulting from a pregnancy EXCLUDING FETAL REMAINS.

(8) "PUBLIC SHARPS COLLECTION PROGRAM" MEANS A PROGRAM OPERATED BY A PUBLIC AUTHORITY OR NONPROFIT ORGANIZATION DESIGNED TO ASSIST A PERSON WHO USES SHARPS IN HIS OR HER HOME TO SAFELY DISPOSE OF DISCARDED SHARPS ONLY.

(9) ~~(6)~~ "Release" means any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing of medical waste into the environment in violation of this part.

(10) ~~(7)~~ "Response activity" means an activity necessary to protect the public health, safety, OR welfare, ~~and~~ OR the environment, and includes, but is not limited to, evaluation, cleanup, removal, containment, isolation, treatment, monitoring, maintenance, replacement of water supplies, and temporary relocation of people.

(11) ~~(8)~~ "Sharps" means ~~needles, syringes, scalpels, and intravenous tubing with needles attached~~ ANY OBJECT GENERATED AS WASTE AT A PRODUCING FACILITY THAT IS DESIGNED FOR, CAPABLE OF, OR INTENDED TO CUT OR PENETRATE THE SKIN. THIS INCLUDES, BUT IS NOT LIMITED TO, A NEEDLE, SYRINGE WITH AN ATTACHED NEEDLE, SCALPEL, LANCET, BROKEN VACCINE VIAL, CULTURE SLIDE OR DISH, CAPILLARY TUBE, AND INTRAVENOUS TUBING WITH A NEEDLE ATTACHED. SHARPS SHALL BE CONSIDERED AS A MEDICAL WASTE AND DISPOSED OF UNDER SECTION 13811(D) OF THE ACT REGARDLESS OF WHETHER THEY HAVE BECOME CONTAMINATED WITH AN AGENT INFECTIOUS TO HUMANS.

(12) "STAINED WITH BLOOD OR BODY FLUIDS," AS USED IN SUBSECTION 13805(21)(B) OF THE ACT, MEANS THE CONTAMINATED ITEM CANNOT RELEASE BLOOD OR BODY FLUIDS

IN A LIQUID OR SEMILIQUID STATE WHEN COMPRESSED, OR CAKED AND DRIED BLOOD OR BODY FLUIDS ARE NOT CAPABLE OF BEING RELEASED WHEN HANDLED.

(13) ~~(9)~~ "Storage" means the containment of medical waste in a manner that does not constitute disposal of the medical waste.

(14) "SYRINGES," AS INCLUDED IN THE DEFINITION OF "SHARPS" UNDER SUBSECTION 13807(11) OF THE ACT, INCLUDES ALL SYRINGES WITH AN ATTACHED NEEDLE AND THOSE PARTS OF A SYRINGE, WITH OR WITHOUT AN ATTACHED NEEDLE, THAT ARE CONTAMINATED WITH A POTENTIALLY INFECTIOUS AGENT. NEEDLES SHALL ONLY BE REMOVED FROM A SYRINGE IN ACCORDANCE WITH THE PROCEDURES ESTABLISHED BY RULE 325.70007(2)(E) ADOPTED UNDER MIOSHA BLOODBORNE INFECTIOUS DISEASES STANDARD, PART 554 OF PA 1974, AS AMENDED.

(15) "TOXINS" MEANS A POISON PRODUCED BY CERTAIN PLANTS, ANIMALS, FUNGI, OR BACTERIA.

(16) ~~(10)~~ "Transport" means the movement of medical waste from the point of generation OR FROM A TRAUMA SCENE to any intermediate point and finally to the point of treatment or disposal. Transport does not include the movement of medical waste from a health facility or agency to another health facility or agency for the purposes of testing and research.

(17) "TRAUMA SCENE" MEANS A PREMISES OR VEHICLE CONTAMINATED WITH MEDICAL WASTE AS A RESULT OF HUMAN INJURY, TRAUMA, OR DEATH, OTHER THAN INJURY, TRAUMA, OR DEATH CAUSED BY SURGERY OR ANOTHER MEDICAL PROCEDURE.

(18) "TRAUMA SCENE WASTE" MEANS WASTE DESCRIBED IN SUBSECTIONS 13805(21)(B), (C), (D), OR (F) AND GENERATED AT A TRAUMA SCENE.

(19) "TRAUMA SCENE WASTE MANAGEMENT COMPANY" MEANS A PERSON WHO UNDERTAKES AS A COMMERCIAL ACTIVITY THE CLEANUP OR REMOVAL OF TRAUMA SCENE WASTE FROM A TRAUMA SCENE.

(20) "USDOT" MEANS THE UNITED STATES DEPARTMENT OF TRANSPORTATION.

333.13808 LOCAL HEALTH DEPARTMENT AUTHORIZATIONS; REPORTING; TRAINING; DEQ RESPONSIBILITY

SEC. 13808. (1) AUTHORIZATION OF EACH PARTICIPATING LHD WOULD BE PERFORMED BY DEQ INITIALLY AND ON AN ANNUAL BASIS BY DEQ

(A) THE LOCAL HEALTH DEPARTMENT ACTING IN SUCH A CAPACITY SHALL BE AUTHORIZED PER THE SPECIFICATIONS BELOW:

i. AUTHORIZED ON AN INITIAL AND ANNUAL BASIS BY THE DEQ, MEMORIALIZED THROUGH A CONTRACT OR MEMORANDUM OF UNDERSTANDING BETWEEN THE DEQ AND THE AUTHORIZED LOCAL HEALTH DEPARTMENT.

II. INITIAL TRAINING OF EACH LHD TO PERFORM AUTHORIZED ACTIVITIES SHALL BE THE RESPONSIBLY OF THE DEQ.

iii. AFTER RECEIVING TRAINING FROM THE DEQ, LHD STAFF ALREADY TRAINED WOULD BE AUTHORIZED TO TRAIN OTHER STAFF IN THEIR JURISDICTION.

IV. AUTHORIZED LHD DUTIES WOULD BE PERFORMED IN ACCORDANCE WITH SPECIFIC STANDARDS AND GUIDELINES DEVELOPED BY THE DEQ.

V. AT THE DISCRETION OF THE AUTHORIZED LOCAL HEALTH DEPARTMENT, BE AUTHORIZED TO PERFORM THE FOLLOWING DUTIES EITHER INITIALLY OR EVERY AND THREE YEARS THEREAFTER:

I) INITIAL INSPECTIONS OF NEW FACILITIES REGISTERING WITH THE DEQ AS PRODUCING FACILITIES.

II) ROUTINE INSPECTIONS OF FACILITIES CURRENTLY REGISTERED WITH THE DEQ AS PRODUCING FACILITIES.

III) INSPECTION OF POTENTIAL REGISTRANTS THAT ARE NOT CURRENTLY REGISTERED WITH THE DEQ TO DETERMINE WHETHER THEY SHOULD BE REGISTERED.

IV) COMPLAINT/INCIDENT RESPONSE AND MITIGATION. INCIDENTS THAT ARE HIGHLY TECHNICAL, COMPLEX, OR CONTROVERSIAL IN NATURE SHALL BE

REFERRED TO THE MEDICAL WASTE REGULATORY PROGRAM STAFF IN DEQ PER GUIDANCE DEVELOPED BY DEQ.

V) GENERAL COMPLIANCE FOLLOW-UP IF NEEDED.

IV) GENERAL COMPLAINT AND OR INCIDENT RESPONSE THAT FALLS WITHIN THE LIMITS OF PRE-ESTABLISHED GUIDELINES DEVELOPED BY THE DEQ. THESE GUIDELINES WILL BE MADE AVAILABLE ONLINE AND INCORPORATED INTO THE TRAINING AND AUTHORIZATION OF EACH PARTICIPATING LHD.

(B) REPORT TO THE DEQ ON AN ANNUAL BASIS THE RESULTS OF ALL INSPECTIONS PERFORMED UNDER THIS PART FOR REIMBURSEMENT OF FUNDS AUTHORIZED TO BE ALLOCATED UNDER THIS PART.

(C) USE THE INSPECTION FORM PROVIDED BY THE DEQ.

(2) THE DEQ MAY DETERMINE WHETHER A LOCAL HEALTH DEPARTMENT SHALL BE OR CONTINUE TO BE CONSIDERED AS AN AUTHORIZED REPRESENTATIVE AS ESTABLISHED UNDER THIS PART AND MAY RESCIND THE AUTHORIZATION BASED UPON THE CRITERIA FOR AUTHORIZATION AT ANY TIME.

(3) THE DEQ SHALL RETAIN FULL RESPONSIBILITY AND AUTHORITY OVER THE FOLLOWING:

(A) LHD APPROVAL FOR AUTHORIZATION TO PERFORM DELEGATED DUTIES.

(B) ALL FORMS, REGULATIONS, RULES USED AND ADMINISTERED AS THEY PERTAIN TO THESE ACTIVITIES.

(C) STANDARDIZATION AND APPROVAL OF PROCEDURES TO ENSURE UNIFORMITY IN SCOPE.

(D) MAINTENANCE OF THE DEQ DATABASE AND PROVISION OF ASSOCIATED REGISTRANT DATA TO LOCAL HEALTH DEPARTMENTS.

(E) APPLICATIONS AND APPROVALS OF ALTERNATIVE TREATMENT TECHNOLOGIES.

(F) REVIEW OF ALL DOCUMENTATION SUBMITTED BY LHDS FOR AUTHORIZATION OF STATE FUNDING DISBURSEMENTS.

(G) ANY OTHER DUTIES OR RESPONSIBILITIES NOT SPECIFIED OR LISTED UNDER THE MWRA.

(H) FUNDS COLLECTED AND DISBURSEMENT OF THOSE FUNDS AS APPROPRIATE.

(I) ADMINISTRATION AND ENFORCEMENT OF THIS PART OUTSIDE THE SCOPE OF DUTIES LISTED IN SUBSECTION V(i)-V(iv) ABOVE OR AS DETERMINED BY THE DEQ.

333.13809 Producing facility not incinerating medical waste on site; containment of medical waste.

Sec. 13809. A producing facility that does not ~~incinerate~~ **DECONTAMINATE** medical waste on site shall ~~do~~ **ENSURE THAT** all of the following **REQUIREMENTS ARE MET** to contain medical waste:

(a) ~~Package, contain, and locate m~~ Medical waste **IS PACKAGED, CONTAINED, AND LOCATED** in a manner that protects and prevents the medical waste from release at the producing facility or at any time before ultimate disposal.

(b) ~~Separate the categories of~~ **AT THE POINT OF ORIGIN,** medical waste ~~at the point of origin~~ **IS SORTED AND SEPARATED BY TYPE AS LISTED IN SUBSECTION 13805(20)** into appropriate containers ~~that are labelled as required under subdivision (c)~~.

(i) **CATEGORY A WASTE NEEDS TO BE RENDERED SAFE FOR TRANSPORT AT THE POINT OF ORIGIN AND ACCORDING TO MOST RECENT GUIDANCE FROM PUBLIC HEALTH AND USDOT.**

(ii) **PRION CONTAMINATED WASTE MUST ALSO BE RENDERED SAFE FOR TRANSPORT AT THE POINT OF ORIGIN AS IN SUBSECTION (B)(i) ABOVE.**

(c) ~~Label the c~~ Containers required under subdivision (b) ~~with a biohazard symbol or the words "medical waste" or "pathological waste" in letters not less than 1 inch high~~ **ARE LABELED OR MARKED BEFORE TRANSPORT IN ACCORDANCE WITH USDOT REGULATIONS AS SPECIFIED IN CFR PART 172, SUBPARTS D AND E.**

(d) ~~Not compact or mix medical waste with other waste materials before decontamination, incineration, and disposal.~~ **MEDICAL WASTE THAT IS BEING PACKAGED FOR FINAL DECONTAMINATION OR DISPOSAL IS SEGREGATED FROM OTHER WASTE MATERIALS.**

(e) ~~If decontaminated medical waste is mixed with other solid waste, clearly label the container to indicate that it contains decontaminated medical waste. Store m~~ Medical waste **IS STORED** in ~~such~~ a manner that prevents putrefaction and also prevents infectious agents from coming in contact with the air or with individuals.

(F) ~~(g)~~ If medical waste is stored outside of the producing facility, ~~store~~ the medical waste **IS STORED** in a secured area or locked in a container that weighs more than 500 pounds and ~~prevent~~ access to the area or container by vermin or unauthorized individuals **IS PREVENTED.**

(G) ~~(h) Not store m~~ Medical waste **IS NOT STORED** on the premises of the producing facility for more than 90 days. **THE STORAGE PERIOD BEGINS WHEN THE USE OF THE STORAGE CONTAINER IS INITIATED. HOWEVER, IF A PRODUCING FACILITY THAT GENERATES SHARPS AS A MEDICAL WASTE GENERATES 1 LITER OR LESS OF SHARPS WASTE IN A 90-DAY PERIOD, THE 90-DAY STORAGE PERIOD BEGINS WHEN THE SHARPS CONTAINER BECOMES FULL, EXCEPT THAT A PARTIALLY FULL SHARPS CONTAINER SHALL BE DISPOSED OF WITHIN 1 YEAR AFTER SHARPS ARE FIRST PLACED IN THE CONTAINER.**

(H) A SHARPS CONTAINER SHALL BE AVAILABLE AND ACCESSIBLE WHERE SHARPS ARE GENERATED.

(I) TRANSFER STATION STORAGE CONTAINERS ARE NOT STORED FOR MORE THAN 7 DAYS WITHOUT THE APPROVAL OF THE DEQ.

(J) TRAUMA SCENE WASTE BEING TRANSPORTED IN A TRAUMA SCENE VEHICLE IS STORED SO THAT IT IS PHYSICALLY SEPARATED BY PARTITION OR COMPARTMENTS AND DOES NOT PRESENT A CROSS-CONTAMINATION HAZARD TO THE DECONTAMINATION EQUIPMENT AND SUPPLIES STORED AND TRANSPORTED IN THE SAME TRAUMA SCENE WASTE VEHICLE.

(K) MEDICAL WASTE IS PACKAGED AND TRANSPORTED IN ACCORDANCE WITH APPLICABLE USDOT HAZARDOUS MATERIAL REGULATIONS UNDER 49 CFR PARTS 171 TO 180.

(L) CATEGORY A WASTE WILL BE KEPT SEGREGATED FROM MEDICAL WASTE IN A SECURED LOCATION UNTIL TRANSPORT BY A RECOGNIZED USDOT AGENCY.

(M) (ii) PRION CONTAMINATED WASTE MUST ALSO BE RENDERED SAFE FOR TRANSPORT AT THE POINT OF ORIGIN AS IN SECTION (L) ABOVE.

(N) USDOT MEDICAL WASTE SHIPPING PAPER RECORDS ARE RETAINED IN ACCORDANCE WITH APPLICABLE USDOT HAZARDOUS MATERIAL REGULATIONS UNDER 49 CFR PARTS 171 TO 180.

333.13810 Producing facility incinerating medical waste on site; containment of medical waste.

Sec. 13810. A producing facility that ~~incinerates~~ **DECONTAMINATES** medical waste on site shall ~~do~~ **ENSURE THAT** all of the following **REQUIREMENTS ARE MET** to contain medical waste:

(a) ~~Package, contain, and locate m~~ Medical waste **IS PACKAGED, CONTAINED, AND LOCATED** in a **MANNER** that protects and prevents the medical waste from release at the producing facility or at any time before ultimate disposal.

(i) CATEGORY A WASTE IS RENDERED SAFE AT THE POINT OF ORIGIN BEFORE TRANSPORT TO AN INCINERATOR.

(ii) PRION CONTAMINATED WASTE IS CONTAINED AND TREATED IN A MANNER CONSISTENT WITH SUBSECTION (A)(i) ABOVE.

(b) ~~Separate and dispose of sharps in the manner described in section 13811(d).~~

(C) SORTED AND SEPARATED BY TYPE AS LISTED IN SUBSECTION 13805(21) INTO APPROPRIATE CONTAINERS.

(D) ~~Label the c~~ Containers required under subdivision ~~(a)~~ **(B) ARE LABELED** with a biohazard symbol or the words "medical waste" or "pathological waste" in letters not less than 1-inch high.

(E) ~~Not store m~~ Medical waste **IS NOT STORED** on premises of the producing facility for more than 90 days, **EXCEPT AS PROVIDED IN SUBSECTION 13809(G).**

(F) SHARPS ARE SEPARATED AND DISPOSED OF IN THE MANNER DESCRIBED IN SUBSECTION 13811(1) (D).

333.13811 Storage, decontamination, and disposal of medical waste.

Sec. 13811. **(1)** A producing facility shall ~~store, decontaminate, and dispose of~~ **ENSURE THAT** medical waste **IS DECONTAMINATED AND DISPOSED OF** pursuant to **ALL OF** the following REQUIREMENTS:

(a) Cultures and stocks of material contaminated with an infectious agent ~~shall be~~ **ARE** stored in closed, puncture-resistant containers, decontaminated by ~~autoclaving or incineration~~ **USE OF AN AUTOCLAVE, INCINERATOR**, disposed of in a ~~sanitary~~ landfill, **OR ARE SUBJECTED TO A DECONTAMINATION AND DISPOSAL PROCESS APPROVED BY THE DEQ.**

(b) Blood, ~~and~~ blood products, and body fluids ~~shall be~~ **ARE** disposed of by 1 or more of the following methods:

(*i*) Flushing down a sanitary sewer.

(*ii*) ~~Decontaminating by autoclaving or incineration.~~ **DECONTAMINATION BY USE OF AN AUTOCLAVE OR INCINERATOR, AND DISPOSAL IN A LANDFILL.**

(*iii*) ~~Solidifying.~~ **SOLIDIFICATION THEN DECONTAMINATION BY USE OF AN AUTOCLAVE OR INCINERATOR, AND DISPOSAL IN A LANDFILL**

(*iv*) ~~If not in liquid form, transferring to a sanitary landfill.~~ A **DECONTAMINATION AND DISPOSAL** process approved by the DEQ.

(c) Pathological waste ~~shall be~~ **IS** disposed of by 1 or more of the following methods:

(*i*) ~~Incineration or cremation.~~ **INCINERATION AND DISPOSAL IN A LANDFILL.**

(*ii*) CREMATION

(*iii*) ~~(*ii*)~~ Grinding and flushing into a sanitary sewer.

(*iv*) ~~(*iii*)~~ Burial in a cemetery~~,~~ if **PACKAGED AND** transported in ~~leakproof containers of sufficient integrity to prevent rupture~~ **ACCORDANCE WITH USDOT REQUIREMENTS.**

~~(*iv*) Grinding until rendered unrecognizable, stored in closed, puncture-resistant, properly labeled containers, and, if not in liquid form, disposed of in a sanitary landfill.~~

(*v*) A **DECONTAMINATION AND DISPOSAL** process approved by the DEQ.

(d) Sharps ~~shall be~~ **ARE** disposed of by 1 of the following methods:

(*i*) ~~Placement in rigid, puncture-resistant containers that are appropriately labeled and transported to a sanitary landfill in a manner that retains the integrity of the container~~ **DISPOSAL IN A LANDFILL IF PACKAGED AND TRANSPORTED IN ACCORDANCE WITH USDOT REQUIREMENTS.**

(*ii*) ~~Incineration or decontamination and grinding that renders the objects unrecognizable. Ground sharps shall be placed in a sealed, rupture-resistant container and transported to a sanitary landfill~~ **DECONTAMINATION BY USE OF AN AUTOCLAVE OR INCINERATOR, AND DISPOSAL IN A LANDFILL.**

(*iii*) A **DECONTAMINATION AND DISPOSAL** process approved by the **DEQ.**

(e) Animal waste contaminated with ~~organisms infectious to humans shall be~~ **AN INFECTIOUS AGENT IS** disposed of by ~~incineration or by burial in a sanitary landfill in properly labeled, double containers that are leakproof and puncture resistant and are tightly sealed to prevent escape of fluids or material. Contaminated animal organs disposed of separately shall be rendered unrecognizable.~~ **1 OF THE FOLLOWING METHODS:**

(*i*) DECONTAMINATION, BY USE OF AN AUTOCLAVE OR INCINERATOR, AND DISPOSAL IN A LANDFILL.

(*ii*) DISPOSAL IN A LANDFILL IF PACKAGED AND TRANSPORTED IN ACCORDANCE WITH USDOT REQUIREMENTS.

(*iii*) A DECONTAMINATION AND DISPOSAL PROCESS APPROVED BY THE DEPARTMENT.

(2)A MEDICAL WASTE TREATMENT TECHNOLOGY USED BY A PRODUCING FACILITY TO MEET THE REQUIREMENTS OF SUBSECTION (1) SHALL ATTAIN A MINIMUM LEVEL OF DECONTAMINATION TO PROTECT PUBLIC HEALTH, SAFETY, AND WELFARE AND THE ENVIRONMENT AS ESTABLISHED BY THE DEQ.

(4) BLOOD AND BLOOD PRODUCTS AND BODY FLUIDS THAT ARE SOLIDIFIED, BUT NOT DECONTAMINATED DURING THE SOLIDIFICATION PROCESS, SHALL BE PACKAGED AND DISPOSED OF AS MEDICAL WASTE.

(5) MEDICAL WASTE PRODUCING FACILITIES SHALL PERFORM TESTING OF THEIR DECONTAMINATION OR SANITIZATION EQUIPMENT TO DEMONSTRATE THE CONTINUED EFFECTIVE OPERATION OF THE EQUIPMENT. TESTING FREQUENCY AND PROCEDURES SHALL BE PURSUANT TO THE MANUFACTURER'S RECOMMENDATIONS OR METHODS AND FREQUENCIES APPROVED BY THE DEPARTMENT.

(A) FACILITIES SHALL RETAIN AND MAKE AVAILABLE TESTING DATA AND RESULTS FROM THE MOST RECENT TEST PERFORMED FOR INSPECTION BY THE DEPARTMENT.

(B) TESTING FREQUENCY AND PROCEDURES SHALL BE CONTAINED IN THE PRODUCING FACILITY'S MEDICAL WASTE MANAGEMENT PLAN.

333.13812 MEDICAL WASTE TREATMENT TECHNOLOGY; REVIEW AND APPROVAL OR DENIAL BY DEQ; APPLICATION; NOTIFICATION OF USE

SEC. 13812. (1) A MEDICAL WASTE TREATMENT TECHNOLOGY SHALL NOT BE INSTALLED OR USED UNLESS THE TECHNOLOGY HAS BEEN REVIEWED AND APPROVED BY THE DEQ. THE DEQ SHALL REVIEW THE TECHNOLOGY FOR COMPLIANCE WITH THIS PART.

(2) THE DEQ SHALL PROVIDE AN APPLICATION FORM FOR EVALUATION AND REVIEW OF THE MEDICAL WASTE TREATMENT TECHNOLOGY TO THE MANUFACTURER UPON REQUEST. THIS APPLICATION SHALL BE COMPLETED AND SUBMITTED TO THE DEQ WITH SUPPORTIVE DOCUMENTATION AS PART OF THE REQUEST FOR REVIEW AND APPROVAL. THE DEQ SHALL REVIEW THE APPLICATION AND SUPPORTIVE DOCUMENTATION. THE DEQ SHALL APPROVE THE APPLICATION IF THE TECHNOLOGY COMPLIES WITH THIS ACT AND RULES PROMULGATED UNDER THIS ACT. OTHERWISE, THE DEQ SHALL DENY THE APPLICATION. IF THE APPLICATION IS DENIED, THE DEQ SHALL SPECIFY THE REASONS FOR THE DENIAL AND WHAT ADDITIONAL INFORMATION IS NEEDED TO APPROVE THE APPLICATION.

(3) THE MANUFACTURER SHALL PROVIDE TO THE DEQ THE NAME AND ADDRESS OF EACH PRODUCING FACILITY WHERE THE APPROVED MEDICAL WASTE TREATMENT TECHNOLOGY WILL BE INSTALLED. THE EQUIPMENT SHALL NOT BE USED UNTIL ON-SITE EFFICACY AND VALIDATION TESTING ARE SUCCESSFULLY COMPLETED. APPROVAL OF A TREATMENT TECHNOLOGY BY THE DEQ UNDER THIS PART IS FOR THE USE OF THE TECHNOLOGY AS A MEDICAL WASTE TREATMENT METHOD ONLY. THE PRODUCING FACILITY IS RESPONSIBLE FOR SECURING ANY OTHER PERMITS OR REQUIRED APPROVALS NEEDED FOR THE TECHNOLOGY FROM OTHER AGENCIES OR FEDERAL, STATE, OR LOCAL DEPARTMENT PROGRAMS.

333.13813 Producing facility; registration; form; medical waste management plan required; registration fee; certificate of registration; investigation of complaint; inspection of facility; disposition of fees.

Sec. 13813. (1) ~~Each~~ **SUBJECT TO SUBSECTION (3) AND (4), A** producing facility shall register with the **DEQ** on a form prescribed by the DEQ. ~~A producing facility shall have a written medical waste management plan that contains information required in section 13817 on file on the premises within 90 days after registration.~~

(2) A producing facility shall submit the following registration fee with the registration form:

(a) For a producing facility ~~that is a private practice office~~ with fewer than 4 licensees **OR REGISTRANTS** under article 15 who are physicians, **PHYSICIAN ASSISTANTS,** dentists, podiatrists, certified nurse practitioners, certified nurse midwives, **ACUPUNCTURISTS,** or veterinarians employed by, under contract to, or working at the producing facility, a registration fee of $50.00.

(b) For a producing facility that is a private practice office with 4 or more licensees **OR REGISTRANTS** under article 15 who are physicians, **PHYSICIAN ASSISTANTS,** dentists, podiatrists, certified nurse practitioners, certified nurse midwives, **ACUPUNCTURISTS,** or veterinarians employed by, under contract to, or working at the producing facility, a registration fee of ~~$20.00 for each licensee, up to a maximum total~~ $75.00.

(C) EXCEPT AS PROVIDED IN SECTIONS (3) AND (4) BELOW, FOR A PRODUCING FACILITY THAT IS A HEALTH FACILITY OR AGENCY, A REGISTRATION FEE OF $75.00.

(D) FOR A PRODUCING FACILITY THAT IS A HOSPITAL WITH 150 OR MORE LICENSED BEDS OR A LABORATORY, A REGISTRATION FEE OF $150.00.

(E) FOR A PRODUCING FACILITY THAT IS NOT A HEALTH FACILITY OR AGENCY, INCLUDING, BUT NOT LIMITED TO, A BODY ART FACILITY, MEDICAL WASTE TREATMENT FACILITY, MEDICAL WASTE COLLECTION AND TRANSPORT COMPANY, BLOOD DRAW STATION, BLOOD OR BLOOD PRODUCT COLLECTION FACILITY, FUNERAL HOME, ANIMAL CONTROL SHELTER, PHARMACY, OR SCHOOL DISTRICT, A REGISTRATION FEE OF $75.00.

(3) A LIFE SUPPORT AGENCY THAT DOES NOT STORE MEDICAL WASTE IS NOT REQUIRED TO REGISTER AS A PRODUCING FACILITY.

(4) A MOBILE HEALTH CARE UNIT, SUCH AS A BLOODMOBILE OR A LICENSED AMBULANCE, THAT IS OWNED AND OPERATED BY A REGISTERED PRODUCING FACILITY IN A FIXED LOCATION IS CONSIDERED TO BE INCLUDED UNDER THE REGISTRATION OF THE REGISTERED FACILITY.

(5) ~~(3)~~ Upon receipt of a complete registration form and registration fee under this section ~~or section 13815,~~ the DEQ shall issue a certificate of registration to the producing facility **UNLESS THE DEQ DETERMINES THAT THE PRODUCING FACILITY IS NOT IN COMPLIANCE WITH THIS PART OR RULES PROMULGATED UNDER THIS PART.** A certificate of registration issued under this section is valid for 3 years from its date of issuance. ~~The department shall investigate each complaint received and may inspect a producing facility registered under this section pursuant to the receipt of a complaint.~~

(6) ~~(4)~~ Registration fees collected pursuant to this section ~~and section 13815~~ shall be forwarded to the state ~~treasury~~ **TREASURER** and deposited ~~pursuant to section 13829~~ **IN THE FUND.**

(7) A PUBLIC SHARPS COLLECTION PROGRAM THAT DOES NOT GENERATE ITS OWN SHARPS SHALL REGISTER AS A MEDICAL WASTE PRODUCING FACILITY BUT IS EXEMPT FROM PAYMENT OF ANY REGISTRATION FEE UNDER THIS SECTION.

333.13815 Registration fee.

Sec. 13815. (1) MULTIPLE PRODUCING FACILITIES THAT ARE OWNED BY 1 ENTITY AND LOCATED ON CONTIGUOUS PROPERTY THAT IS OWNED BY THE SAME ENTITY, SUCH AS COLLEGE CAMPUSES AND LARGE HOSPITAL CORPORATIONS, MAY REGISTER UNDER ONE REGISTRATION. THE REGISTRANT SHALL MAINTAIN A LIST OF THE LOCATION OF ALL PRODUCING FACILITIES LOCATED UPON THE CONTIGUOUS PROPERTIES AND THE TYPE OF MEDICAL WASTE PRODUCED AT EACH RESPECTIVE FACILITY. THE REGISTRANT SHALL MAINTAIN THE LIST OF PRODUCING FACILITIES AND THEIR RESPECTIVE TYPES OF MEDICAL WASTE IN THE REGISTRANT'S MEDICAL WASTE MANAGEMENT PLAN. EACH PRODUCING FACILITY SHALL HAVE A COPY OF THE MEDICAL WASTE MANAGEMENT PLAN ON SITE.

(2) A SCHOOL DISTRICT, PRIVATE SCHOOL, OR CHARTER SCHOOL SYSTEM THAT GENERATES OR STORES MEDICAL WASTE SHALL REGISTER AS A MEDICAL WASTE PRODUCING FACILITY. THE NAME AND LOCATION OF ALL SCHOOLS PRODUCING MEDICAL WASTE WITHIN THE SCHOOL DISTRICT, PRIVATE SCHOOL, OR CHARTER SCHOOL SYSTEM AND THE TYPE OR TYPES OF MEDICAL WASTE PRODUCED OR STORED AT THE RESPECTIVE SCHOOLS SHALL BE CONTAINED IN THE SCHOOL DISTRICT, PRIVATE SCHOOL, OR CHARTER SCHOOL SYSTEM MEDICAL WASTE MANAGEMENT PLAN. A SCHOOL DISTRICT, PRIVATE SCHOOL, OR CHARTER SCHOOL SHALL MAINTAIN A COPY OF THE PLAN AT EACH SCHOOL PRODUCING MEDICAL WASTE.

(3) THE APPLICABLE MULTIPLE FACILITY, OR SCHOOL DISTRICT, PRIVATE SCHOOL, OR CHARTER SCHOOL SYSTEM REGISTRATION FEE SHALL BE THE GREATER OF THE FEES ESTABLISHED IN SUBSECTION 13813(2) OR SECTION 13815 OF THE ACT THAT WOULD APPLY TO ANY INDIVIDUAL FACILITY LOCATED ON THE CONTIGUOUS PROPERTY OR SCHOOL WITHIN THE SCHOOL DISTRICT, PRIVATE SCHOOL, OR CHARTER SCHOOL SYSTEM IF IT IS REGISTERED SEPARATELY.

(4) REGISTRATION FEE PAYMENTS RECEIVED FROM PRODUCING FACILITIES WITH EXPIRED REGISTRATIONS SHALL HAVE THE FEES APPLIED BY THE DEPARTMENT BACK TO THE DATE WHEN THE LAST REGISTRATION EXPIRED.

(5) IF A CHANGE IN OWNERSHIP OF A PRODUCING FACILITY OCCURS, THEN THE NEW OWNER SHALL NOTIFY THE DEPARTMENT AND REGISTER AS A NEW PRODUCING FACILITY AND PAY THE DESIGNATED FEE IN ACCORDANCE WITH SUBSECTIONS 13813(1) AND (2) OF THE MWRA.

333.13817 Medical waste management plan; contents; compliance; update; availability.

Sec. 13817. (1) A PRODUCING FACILITY SHALL HAVE A WRITTEN MEDICAL WASTE MANAGEMENT PLAN ON FILE ON THE PREMISES WITHIN 90 DAYS AFTER REGISTRATION AS A PRODUCING FACILITY. The medical waste management plan ~~required in section 13813~~ shall contain

information relating to the handling of all medical waste generated, stored, **OR** decontaminated, ~~or incinerated~~ at ~~each~~ **THE** producing facility or transported from the producing facility for handling by another facility for storage~~,~~ **OR** decontamination~~, incineration~~, or for disposal in a ~~sanitary~~ landfill, cemetery, or other disposal site. A ~~professional corporation~~ **PERSON** may ~~identify and~~ prepare a common medical waste management plan for all producing facilities owned and operated by the ~~corporation~~ **PERSON. A COPY OF THE COMMON MEDICAL WASTE MANAGEMENT PLAN SHALL BE KEPT AVAILABLE AT EACH PRODUCING FACILITY SITE FOR INSPECTION BY THE DEQ.**

(2) ~~The~~ **A** medical waste management plan shall **COMPLY WITH THIS PART AND RULES PROMULGATED UNDER THIS PART AND** describe each of the following, to the extent the information is applicable to the producing facility:

(a) The types of medical waste handled.

(b) The segregation, packaging, labeling, and collection procedures used.

(c) The use and methods of on-site or off-site storage.

(d) The use and methods of on-site or off-site decontamination.

(e) The use of on-site or off-site incineration.

(f) The corporate or other legally recognized business name, ~~of solid waste haulers who transport~~ **ADDRESS, AND TELEPHONE NUMBER OF MEDICAL WASTE DISPOSAL SERVICE COMPANIES THAT TRANSPORT OR TREAT** medical waste for the producing facility.

(g) The ~~use~~ **NAME AND ADDRESS** of ~~sanitary~~ landfills, cemeteries, and other disposal sites **TO WHICH MEDICAL WASTE IS DIRECTLY TAKEN BY THE PRODUCING FACILITY.**

(3) ~~(3)~~ A producing facility shall **REVIEW, AND AS NECESSARY,** update ~~a~~ **ITS** medical waste management plan ~~each time there is~~ **EVERY 3 YEARS OR WITHIN 30 DAYS OF** a change in ~~either~~ **ANY** of the following~~, within 30 days after the change occurs~~:

(a) A person or site named in the plan.

(b) The types of medical waste handled or the methods of handling medical waste at the facility.

(4) ~~(4)~~ Upon request, a producing facility shall make its medical waste management plan available to the DEQ pursuant to a routine or unannounced inspection or the investigation of a complaint.

(5) ~~(5)~~ Upon receipt of 24 hours' advance notice, a producing facility shall make its medical waste management plan available to an employee of the producing facility for inspection on the premises or provide a copy of the medical waste management plan to the employee.

(6) ~~(6)~~ A producing facility shall comply with its medical waste management plan.

333.13818 EMPLOYEE TRAINING

SEC. 13818 A PRODUCING FACILITY MUST TRAIN EMPLOYEES THAT HANDLE OR DISPOSE OF MEDICAL WASTE IN ACCORDANCE WITH THE FOLLOWING REQUIREMENTS:

(1) DEVELOP AND MAINTAIN A BLOODBORNE INFECTIOUS DISEASE EXPOSURE CONTROL PLAN THAT IS SPECIFIC TO THE LOCATION OF THAT FACILITY AND THAT IS IN COMPLIANCE WITH APPLICABLE THE MIOSHA BLOODBORNE INFECTIOUS DISEASES STANDARD, PART 554 OF PA 1974, AS AMENDED.

(2) ENSURE THAT THE PRODUCING FACILITY AS A WHOLE, THE PERSON, OWNER, OR OPERATOR, AN AGENT OF THE OWNER OR OPERATOR, AN EMPLOYEE AND ANY INDIVIDUAL WHO HAS THE POTENTIAL FOR OCCUPATIONAL EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS RECEIVE TRAINING IN ACCORDANCE THE MIOSHA BLOODBORNE INFECTIOUS DISEASES STANDARD, PART 554 OF PA 1974, AS AMENDED.

333.13819 Medical waste management plan; modification; warning.

Sec. 13819. ~~(1) Upon review of a medical waste management plan under section 13817(4), t~~The DEQ may require a producing facility to modify ~~the~~ **ITS** medical waste management plan **UNDER SECTION 13817** at any time the DEQ **OR ITS AUTHORIZED REPRESENTATIVE** determines **THAT** the plan is not adequate to protect the public health, **SAFETY, AND WELFARE, AND THE ENVIRONMENT** or is inconsistent with state or federal law. Upon ~~determining that the plan is inadequate or inconsistent under this section~~ **MAKING SUCH A DETERMINATION,** the DEQ **OR ITS AUTHORIZED REPRESENTATIVE** shall notify the producing facility in writing of ~~its~~ **THE** determination and the specific modifications necessary for compliance.

The producing facility shall modify the plan **ACCORDINGLY** within ~~10 days after receipt of the notice from the~~ **THE TIME PERIOD SPECIFIED BY** the DEQ **OR ITS AUTHORIZED REPRESENTATIVE IN ITS NOTICE**.

~~(2) The department may issue a warning to a producing facility that fails to modify a plan within the 10-day period.~~

333.13820 ENTRY AUTHORITY

SEC. 13820. THE DEQ OR AN AUTHORIZED REPRESENTATIVE OF THE DEQ MAY ENTER AT ANY REASONABLE TIME UPON PRIVATE OR PUBLIC PROPERTY UPON WHICH MEDICAL WASTE IS REASONABLY BELIEVED TO BE LOCATED TO DETERMINE COMPLIANCE WITH THIS PART.

333.13821 Manner of packaging medical waste.

Sec. 13821. ~~A producing facility that transports medical waste off the premises of the producing facility shall package the medical waste in the following manner:~~

~~(a) Sharps that are not ground or incinerated as described in section 13811(d) shall be contained for disposal in individual leak proof, rigid, puncture-resistant containers that are secured to preclude loss of the contents. In addition, a container used to store or transport a number of individual sharps containers shall be leak proof. These containers shall be conspicuously labeled with the word "sharps". Sharps that are contained pursuant to this subdivision may be disposed of as solid waste pursuant to part 115 (solid waste management) of the natural resources and environmental protection act, Act No. 451 of the Public Acts of 1994, being sections 324.11501 to 324.11549 of the Michigan Compiled Laws. However, sharps shall not be compacted or handled during transport in a manner that will result in breakage of a sharps container.~~

~~(b) Medical waste other than sharps shall be contained in bags other than body pouches or other containers that are impervious to moisture and have a strength sufficient to resist ripping, tearing, breaking, or bursting under normal conditions of usage or handling. The bags or containers shall be secured so as to prevent leakage during storage, handling, or transport.~~

(1) MEDICAL WASTE THAT IS DECONTAMINATED AND PACKAGED IN ACCORDANCE WITH SECTION 13809 OR 13810, AS APPLICABLE, AND SECTION 13811 MAY BE DISPOSED OF AS SOLID WASTE PURSUANT TO PART 115 OF THE NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION ACT, 1994 PA 451, MCL 324.11501 TO 324.11550.

(2) HAZARDOUS WASTE, AS DEFINED IN SECTION 11103 OF THE NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION ACT, 1994 PA 451, MCL 324.11103, SHALL NOT BE DISPOSED OF AS MEDICAL WASTE.

(3) CONTAINERS USED FOR PACKAGING, SHIPPING, AND TRANSPORTATION OF REGULATED MEDICAL WASTE SHALL COMPLY WITH THE REQUIREMENTS OF MICHIGAN'S MOTOR CARRIER SAFETY ACT, ACT NO. 181 OF THE PUBLIC ACTS OF 1963, AS AMENDED, BEING SUBSECTIONS 480.11 TO 480.22 OF THE MICHIGAN COMPILED LAWS.

(4) IDENTIFYING LABELS THAT ARE PLACED ON CONTAINERS CONTAINING DECONTAMINATED MEDICAL WASTE MIXED WITH OTHER SOLID WASTE, AS REQUIRED IN SUBSECTION 13809(E) OF THE ACT, SHALL BE A MINIMUM OF 1 INCH HIGH.

(5) THE 90-DAY PERIOD FOR "STORAGE" OF MEDICAL WASTE, AS REQUIRED IN SUBSECTIONS 13809(H) AND 13810(D) OF THE ACT, SHALL BEGIN WHEN USE OF THE STORAGE CONTAINER IS INITIATED.

(6) WHEN BEING TRANSPORTED TO A SANITARY LANDFILL FOR DISPOSAL, PACKAGED MEDICAL WASTE THAT IS NOT DECONTAMINATED SHALL NOT BE MIXED WITH NON-MEDICAL WASTES.

333.13823 Investigation and confirmation of reported medical waste on land or water; report; protective measures; consultations; information on results of investigation.

Sec. 13823. (1)~~(1) If~~ **A PERSON WHO DISCOVERS** suspected medical waste ~~is discovered~~ on any land or water in ~~the~~ **THIS** state ~~and reported to the department of natural resources, the department of public health, a local health department, the department of state police, or any other state or local governmental agency, the agency or department receiving the report shall promptly investigate to confirm the existence of medical waste. If the existence of medical waste is confirmed by a department or agency other than the department of natural resources, a report shall be transmitted immediately to the department of natural resources~~ **SHALL REPORT THE MEDICAL WASTE TO THE DEQ**. The DEQ ~~of natural resources~~ may if appropriate take measures to contain the medical waste, to close off the area, to remove the medical waste from the environment, and ~~to do all things necessary~~ to **OTHERWISE** protect the public health, safety, and welfare and the environment. The DEQ ~~of natural resources~~ may ~~if appropriate~~ conduct an investigation to determine the source of the medical waste.

~~(2) The department of natural resources may consult with the department of public health, the appropriate~~

~~local health department, the department of state police, and the department of attorney general on the actions taken by the department of natural resources under this section.~~

~~(3) After the department of natural resources confirms the existence of medical waste under this section, the department of natural resources shall inform the legislature, the governor, the advisory council, and the public on the results of any investigation conducted within 30 days after the investigation is completed.~~

(2) FAILURE TO COMPLY WITH THE MWRA MAY RESULT IN FINES AND PENALTIES ASSESSED BY THE DEQ AS PROVIDED UNDER SECTIONS 13831, 13833, AND 13834.

333.13825 Investigation and confirmation of violation; report; corrective and protective measures; consultations; assistance; information on results of investigation.

Sec. 13825(1). ~~If there is a suspected violation of this part on the premises of a health facility or agency or on the premises of an incinerator owned and operated by a health facility or agency,~~ **IF THE DEQ SUSPECTS THAT A PRODUCING FACILITY HAS VIOLATED THIS PART OR RULES PROMULGATED UNDER THIS PART**, the DEQ ~~of public health~~ shall promptly conduct an investigation to confirm the violation. ~~If the suspected violation is reported to the department of natural resources, a local health department, the department of state police, or any other state or local governmental agency, the report immediately shall be transmitted to the department of public health.~~ If the investigation confirms the existence of a violation of **THE MWRA** the DEQ **OR ITS AUTHORIZED REPRESENTATIVE** ~~of public health~~ may ~~if appropriate~~ take measures to correct the violation and to do all things necessary to protect the public health, safety, and welfare and the environment.

~~(2) The department of public health may consult with the department of natural resources, the appropriate local health department, the department of state police, and the department of attorney general on the actions taken by the department of public health under this section. If the suspected violation of this part is at an incinerator owned and operated by a health facility or agency, the department of public health immediately shall notify the department of natural resources and request the assistance of the department of natural resources in conducting the investigation.~~

~~(3) If the department of public health confirms the existence of a violation under this section, the department of public health shall inform the legislature, the governor, the advisory council, and the public on the results of the investigation conducted within 30 days after the investigation is completed.~~

(2) FAILURE TO COMPLY WITH THE MWRA MAY RESULT IN FINES AND PENALTIES ASSESSED BY THE DEQ AS PROVIDED UNDER SECTIONS 13831, 13833, AND 13834.

333.13827 ANNUAL REPORTING

SEC. 13827 (1) THE DEQ shall do all of the following:

(a) Collect data pertaining to medical waste reports and investigations under this part.

(b) Annually report to the governor~~,~~ **AND** the standing committees in the senate and house of representatives with jurisdiction over public health matters, the department of health AND HUMAN SERVICES, and the department of natural resources on all of the following:

(*i*) **REPORT** the number of medical waste reports received and investigations conducted under this part. (*ii*) The implementation and effectiveness of this part.

(*iii*) **RECOMMEND** changes in the overall regulatory scheme pertaining to medical waste, including, but not limited to, the enactment of pertinent federal law.

(*iv*) Recommend **SUGGESTIONS THE DEQ** has for changes to this part or any other state statute or rule that pertains to medical waste.

~~(v) Coordinate reports and investigations under this part between the department of public health and the department of natural resources.~~

333.13829 Medical waste emergency response fund; creation; deposits; investments; interest and earnings; no reversion to general fund; use of fund.

Sec. 13829. (1) The medical waste emergency response fund is created in the state treasury.

(2) The state treasurer shall deposit in the fund all **OF THE FOLLOWING:**

(A) ALL money received pursuant to this ~~act and all~~ **PART, EXCEPT FOR CIVIL FINES, COSTS, AND DAMAGES UNDER SECTION 13831 AND PENAL FINES UNDER SECTION 13833.**

(B) ALL money ~~received by~~ **DESIGNATED FOR** the fund as otherwise provided by law.

(3) The state treasurer shall direct the investment of the fund. Interest and earnings of the fund shall be

credited to the fund. Money in the fund at the close of the fiscal year shall remain in the fund and shall not revert to the general fund.

(4) THE DEQ SHALL BE THE ADMINISTRATOR OF THE FUND FOR AUDITING PURPOSES.

(5) THE DEPARTMENT SHALL EXPEND MONEY FROM THE FUND, UPON APPROPRIATION, ONLY FOR THE FOLLOWING PURPOSES:

~~(4)~~ **(A)** Not more than 80% of the total amount in the fund ~~shall be used by the department of public health for administrative~~ **FOR** expenses related to the ~~implementation~~ **ADMINISTRATION AND ENFORCEMENT** of this part. ~~, and the balance may be used by the department of natural resources for~~

(B) FOR response activities ~~necessitated by~~ **ADDRESSING** the release of medical waste into the environment.

(C) FOR PROGRAMS RELATING TO MEDICAL WASTE REDUCTION, MANAGEMENT, AND EDUCATION.

(D) FOR GRANT ALLOCATION FUNDING LOCAL HEALTH DEPARTMENTS TO ACT AS AUTHORIZED REPRESENTATIVES OF THE DEQ.

333.13831 Violation; administrative fine; failure to register or have plan available for inspection; injunction.

Sec. 13831. (1) ~~Except as provided in subsection (2), a person who violates this part or a rule promulgated under this part is subject to an administrative fine of not more than $2,500.00 for each violation and an additional fine of not more than $1,000.00 for each day during which the violation continues. For a first offense, the department of public health or the department of natural resources may postpone the levying of a fine under this subsection for not more than 45 days or until the violation is corrected, whichever occurs first~~ **THE DEQ MAY REQUEST THAT THE ATTORNEY GENERAL BRING AN ACTION IN THE NAME OF THE PEOPLE OF THIS STATE FOR ANY APPROPRIATE RELIEF, INCLUDING INJUNCTIVE RELIEF, FOR A VIOLATION OF THIS PART OR RULES PROMULGATED UNDER THIS PART.**

(2) ~~A person who fails to register with the department or have a medical waste management plan available for inspection in compliance with sections 13813 and 13817 is subject to an administrative fine of $500.00.~~ **IN ADDITION TO ANY OTHER RELIEF PROVIDED UNDER THIS SECTION, THE COURT MAY IMPOSE ON ANY PERSON IN VIOLATION OF THIS PART OR RULES PROMULGATED UNDER THIS PART A CIVIL FINE AS FOLLOWS:**

(A) EXCEPT AS PROVIDED IN SUBDIVISION (B), A CIVIL FINE OF NOT MORE THAN $2,500.00 FOR EACH VIOLATION AND AN ADDITIONAL CIVIL FINE OF NOT MORE THAN $1,000.00 FOR EACH DAY DURING WHICH THE VIOLATION CONTINUES.

(B) A CIVIL FINE OF $500.00 FOR FAILURE TO REGISTER WITH THE DEQ UNDER SECTION 13813 OR 13815 OR TO MAKE A MEDICAL WASTE MANAGEMENT PLAN UNDER SECTION 13817 OR A TRAUMA SCENE WASTE MANAGEMENT PLAN UNDER SECTION 13815 AVAILABLE TO THE DEQ AS REQUIRED UNDER THOSE SECTIONS, RESPECTIVELY.

(C) FOR A FIRST OFFENSE, THE DEQ MAY POSTPONE THE LEVYING OF A FINE UNDER THIS SUBSECTION FOR NOT MORE THAN 45 DAYS OR UNTIL THE VIOLATION IS CORRECTED, WHICHEVER COMES FIRST.

(3) ~~A person who violates this act may be enjoined by a court of competent jurisdiction from continuing the violation.~~ **IN ADDITION TO ANY OTHER RELIEF PROVIDED BY THIS SECTION, THE COURT MAY ORDER A PERSON WHO VIOLATES THIS PART OR RULES PROMULGATED UNDER THIS PART TO PAY AN AMOUNT EQUAL TO THE S U M O F T H E FOLLOWING:**

(A) COSTS TO CONTAIN OR REMOVE MEDICAL WASTE OR ACT AS NECESSARY TO PROTECT PUBLIC HEALTH, SAFETY, OR WELFARE, OR THE ENVIRONMENT, INCURRED BY THE STATE OR A LOCAL UNIT OF GOVERNMENT BECAUSE OF THE VIOLATION.

(B) COSTS OF SURVEILLANCE OR ENFORCEMENT INCURRED BY THE STATE OR A LOCAL UNIT OF GOVERNMENT BECAUSE OF THE VIOLATION.

C) THE FULL VALUE OF DAMAGE DONE TO THE NATURAL RESOURCES OF THE STATE.

(4) MONEY COLLECTED UNDER SUBSECTION (2) SHALL BE DEPOSITED IN THE STATE GENERAL FUND. MONEY COLLECTED UNDER SUBSECTION (3) SHALL BE DEPOSITED IN MEDICAL WASTE REGULATORY FUND. HOWEVER, IF A LOCAL UNIT OF GOVERNMENT INCURRED COSTS DESCRIBED IN SUBSECTION (3)(A) OR (B), THE COURT MAY ORDER THAT MONEY COLLECTED UNDER SUBSECTION (3)(A) OR (B), RESPECTIVELY, IN AN AMOUNT

NOT EXCEEDING THE COSTS INCURRED Y, INSTEAD BE FORWARDED TO THAT LOCAL UNIT OF GOVERNMENT.

(5) THE DEQ MAY ISSUE A FINAL ORDER REVOKING, SUSPENDING, OR RESTRICTING A REGISTRATION ISSUED UNDER THIS PART AFTER A CONTESTED CASE HEARING AS PROVIDED IN THE ADMINISTRATIVE PROCEDURES ACT OF 1969, ACT NO. 306 OF THE PUBLIC ACTS OF 1969, BEING SECTIONS 24.201 TO 24.328 OF THE MICHIGAN COMPILED LAWS, IF THE DEQ FINDS THAT THE REGISTRANT IS NOT IN COMPLIANCE WITH THIS PART. A FINAL ORDER ISSUED PURSUANT TO THIS SECTION IS SUBJECT TO JUDICAL REVIEW AS PROVIDED IN ACT NO. 306 OF THE PUBLIC ACTS OF 1969

(6) ADMINISTRATIVE PROCEDURES IN CONTESTED CASES AND JUDICIAL REVIEW SHALL BE IN ACCORDANCE WITH, AND SUBJECT TO, CHAPTERS 4, 5, AND 6 OF ACT NO. 306 OF THE PUBLIC ACTS OF 1969.

333.13833 VIOLATION; CEASE AND DESIST DUE TO IMMINENT PUBLIC HEALTH HAZARD OR THREAT TO ENVIRONMENT

SEC. 13833. THE DEQ, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, OR A LOCAL HEALTH OFFICER, MAY ISSUE A CEASE AND DESIST ORDER TO CORRECT A VIOLATION OF THIS PART OR A RULE PROMULGATED UNDER THIS PART IF THE VIOLATION IS CAUSING AN IMMINENT PUBLIC HEALTH HAZARD OR THREAT TO THE ENVIRONMENT.

333.13834 VIOLATION AS A MISDEMEANOR; PENALTIES; SEPARATE VIOLATIONS

SEC. 13834. A PERSON WHO VIOLATES THIS PART, A RULE PROMULGATED UNDER THIS PART, OR A FINAL ORDER PURSUANT TO THIS PART IS GUILTY OF A MISDEMEANOR PUNISHABLE BY IMPRISONMENT FOR NOT MORE THAN 6 MONTHS OR A FINE OF NOT MORE THAN $1,000.00, OR BOTH, PLUS ANY PAYMENT ORDERED UNDER SECTION 13831(3). EACH DAY UPON WHICH A VIOLATION DESCRIBED IN THIS SECTION OCCURS IS A SEPARATE OFFENSE.

Michigan Association of Local Environmental Health Administrators MALEHA

Representing Local Environmental Public Health Departments in Michigan

MALEHA Project Request

Date: 10/19/2017

Name: Tim Slawinski

Title: FSMA Unit Manager

Division: MDARD

Proposed Project Name: Water Resource Model

Proposed Project Description:

As part of MDARD's FDA Produce Safety Cooperative Agreement, MDARD is interested in creating a water resource model. The goal of this project is to work with various Local Health Departments (LHDs) to create a resource model that identifies where the water related resources are in the state and where there are gaps in those resources. For example, some counties require irrigation wells to be certified by the LHD, while others do not. Therefore, some counties have resources and experience in dealing with ground water quality issues related to agricultural water. Some LHDs have beach monitoring programs, which have close parallels to the needs of monitoring surface water for agricultural uses. These counties have resources and experience in dealing with surface water issues. Our Department of Environmental Quality (DEQ) and several other entities also have various resources throughout the state that will be valuable to the Produce Safety Program. Testing laboratories, sample response teams and compliance assistance programs are the type of entities we plan to capture with this project. This project would identify all the available resources to help tie them together to improve implementation of the agricultural water requirements.

Proposed Completion Date: 06/30/2018

Please e-mail completed form to Vern Johnson at vljohn@kalcounty.com

MALEHA
Technology and Training Committee Report

October 19, 2017

Purpose of the TnT Committee:

The TnT Committee is charged to organize, plan and facilitate the Annual MALEHA Directors Conference. This is an ongoing year to year process with activities throughout the calendar year. In addition, from time to time, specific projects will be assigned to the TnT Committee for investigation, planning or follow-up purposes by the MALEHA Executive Board or MALEHA Forum consistent with the By-laws.

2017 Directors Conference Follow-up:

The 2017 Conference conducted at the McMullen Center on September 20-22 appears to have been a success. Presentations were well received. No major problems or glitches occurred.

A new activity that occurred included an evening meeting between the MALEHA Executive Board and key State partners from MDARD, MDEQ and MDHHS. This meeting was initiated by the MALEHA Board to facilitate greater discussion, communication and understanding between all parties. In addition, it provided the incoming and current MALEHA President with an opportunity to provide his vision for the coming year. Everyone in attendance was informed that the Executive Board will be meeting monthly amongst itself and quarterly with the key state partners. The TnT Committee will assume that a similar evening meeting with State Partners will take place at future Conferences.

The committee has been collecting the power point presentations from the presenters. When that task is completed, they will be assembled and organized for distribution. Possible formats include direct email as attachments, compilation onto DVDs or another format such as a flash drive and mailed. Suggestions are welcome.

Certificates for the Human Trafficking workshop/training are in the process of being emailed to all attendees that signed the attendance sheet. Please keep these certificates in your files for at least 3 years, as they suffice as proof that you have completed the DLARA required training on this subject. As a reminder, the State of Michigan RS certification requires this training. The TnT committee **has not** investigated whether the NEHA REHS certification requires the same training.

Respectfully submitted by,

Don Hayduk

MALEHA
Vapor Intrusion Ad-hoc Committee Report

October 19, 2017

Purpose of the VI Ad-hoc Committee:

The VI Ad-hoc Committee is charged to bring together the appropriate and key decision makers involved in Vapor Intrusion events and produce a work product that helps provides guidance for a flexible response approach in a Vapor Intrusion event.

Notes from the initial September 27th VI Response Workgroup meeting:

A workgroup was formed as a result of the initial MALEHA VI Ad-hoc Committee Stakeholders meeting that took place on August 7th at the MALPH offices. Kory Groetch of MDHHS and Don Hayduk of MALEHA are Co-chairs of both the VI Ad-hoc Committee and the subsequent workgroup.

The workgroup met for the first time and extensively discussed the two main topics of Workgroup Structure and Communications in a VI Event. It was agreed that the proposed structure of the workgroup with representatives of MALEHA LHDs impacted by VI events, MDDHS EH Section Toxicologists and Health Educators and MDEQ representatives from the Remediation and Redevelopment Division (RRD) and the Waste and Hazardous Materials Remediation Division would serve the workgroup well. It was also acknowledged that others may be invited to join the group, as appropriate and with consensus of the workgroup. This includes an EPA representative and perhaps a public health Medical Director.

The main objectives of the workgroup are:

1. Ensure the main agencies responding and/or involved with a Vapor Intrusion event are all on the same page in the future.
2. Identify and determine critical control points in the Vapor Intrusion assessment and response process where local health departments may have a role to play.
3. Produce a toolkit of guidance documents focused upon the role that local health departments play in planning for and responding to a Vapor Intrusion event

Workgroup discussions centered upon the topic of communications. Various discussion documents put together by the DHHS EH Section for the meeting were used to drive the discussion. These included:

1. main topics and discussion points from the initial stakeholders group meeting
   - communications: how early, ongoing, spokespersons, timelines, expectations
   - LHD resources: funding, staff time, long term strategies
   - Testing: results reported, units, turn around time, air sampling
   - Longterm items: mitigation vs. remediation, O&M of systems, site employee exposures
   - Miscellaneous: public health code use, BEAs and when action taken, resources if residents evacuated,

2. key points to consider in arelocation guidance plan, including cost, communications, lodging, transportation, pets, etc.

3. coordination of communications between MDEQ, MDHHS, and LHDs during the site assessment, continuing investigation and response processes. The goal is to have a flexible approach rather than a one size fits all approach.

4. screening forms used by the State agencies during the site assessment process.

5. discussion cheat sheets to help with determining what kind of information LHDs want and when do they want the information.

Respectfully submitted by,

Don Hayduk