
SENATE BILL 5080

State of Washington

56th Legislature

1999 Regular Session

By Senator Swecker

Read first time 01/12/1999. Referred to Committee on Environmental Quality & Water Resources.

1 AN ACT Relating to requiring plans for biomedical waste operations;
2 amending RCW 70.95K.010; adding a new section to chapter 70.95K RCW;
3 and creating a new section.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** A new section is added to chapter 70.95K RCW
6 to read as follows:

7 (1) Each facility in the state that deactivates biomedical waste
8 under a solid waste permit shall develop a hazard analysis and critical
9 control points plan. The scope of the plan shall cover the worker
10 health and safety and health risks to the community surrounding the
11 plant. The plan shall be a systematic approach to the identification,
12 evaluation, and control of safety hazards and include:

- 13 (a) Conducting a hazard analysis;
14 (b) Determining the critical control points;
15 (c) Establishing critical limits;
16 (d) Establishing monitoring procedures;
17 (e) Establishing corrective actions;
18 (f) Establishing verification procedures; and
19 (g) Establishing recordkeeping and documentation procedures.

1 (2) The plan shall identify the corrective action that will be
2 taken when there is a deviation from the critical limits for each
3 identified step contained in the plan.

4 (3) The plan shall be submitted to the local health jurisdiction.
5 The local health jurisdiction shall consult with the state department
6 of health, the department of ecology, and the department of labor and
7 industries. The review shall be completed within one hundred twenty
8 days of submission and shall include recommendations for changes with
9 an explanation of the reasons for the recommended change.

10 (4) Local health jurisdictions shall monitor the operation of the
11 facilities to assure the plants are operated in accordance with the
12 plan.

13 (5) If public health or worker safety issues develop with regard to
14 the operation of the facility, including a significant change in the
15 source of waste, a change in the critical control points or the
16 emergence of a disease of concern, any of the public agencies
17 enumerated in subsection (3) of this section or the plant operator may
18 propose revision of the plan. The involved public agencies shall
19 review the proposed revisions and may recommend additional corrective
20 actions and changes to critical limits or other elements of the plan to
21 provide improved protection to public health or worker safety.

22 (6) Local health jurisdictions, with assistance from the department
23 of health, shall establish verification procedures as a condition of
24 the permit or when an incident occurs that threatens the public or
25 reviewed worker health.

26 (7) Initial plans shall be prepared within two years of the
27 effective date of this section. The plant operator shall review and
28 update the hazard analysis and critical control points plan every two
29 years. Such revisions shall be conducted in accordance with the
30 procedure established in subsection (3) of this section.

31 (8) A plant established after the effective date of this section
32 shall develop a hazard analysis and critical control points plan before
33 commencing operation. Such plan shall be submitted in accordance with
34 the procedure established in subsection (3) of this section.

35 (9) This section does not affect nor replace other authorities or
36 responsibilities of state or local agencies under other laws.

37 **Sec. 2.** RCW 70.95K.010 and 1994 c 165 s 2 are each amended to read
38 as follows:

1 Unless the context clearly requires otherwise, the definitions in
2 this section apply throughout this chapter.

3 (1) "Biomedical waste" means, and is limited to, the following
4 types of waste:

5 (a) "Animal waste" is waste animal carcasses, body parts, and
6 bedding of animals that are known to be infected with, or that have
7 been inoculated with, human pathogenic microorganisms infectious to
8 humans.

9 (b) "Biosafety level 4 disease waste" is waste contaminated with
10 blood, excretions, exudates, or secretions from humans or animals who
11 are isolated to protect others from highly communicable infectious
12 diseases that are identified as pathogenic organisms assigned to
13 biosafety level 4 by the centers for disease control, national
14 institute of health, biosafety in microbiological and biomedical
15 laboratories, current edition.

16 (c) "Cultures and stocks" are wastes infectious to humans and
17 includes specimen cultures, cultures and stocks of etiologic agents,
18 wastes from production of biologicals and serums, discarded live and
19 attenuated vaccines, and laboratory waste that has come into contact
20 with cultures and stocks of etiologic agents or blood specimens. Such
21 waste includes but is not limited to culture dishes, blood specimen
22 tubes, and devices used to transfer, inoculate, and mix cultures.

23 (d) "Human blood and blood products" is discarded waste human blood
24 and blood components, and materials containing free-flowing blood and
25 blood products.

26 (e) "Pathological waste" is waste human source biopsy materials,
27 tissues, and anatomical parts that emanate from surgery, obstetrical
28 procedures, and autopsy. "Pathological waste" does not include teeth,
29 human corpses, remains, and anatomical parts that are intended for
30 interment or cremation.

31 (f) "Sharps waste" is all hypodermic needles, syringes with needles
32 attached, IV tubing with needles attached, scalpel blades, and lancets
33 that have been removed from the original sterile package.

34 (2) "Local government" means city, town, or county.

35 (3) "Local health department" means the city, county, city-county,
36 or district public health department.

37 (4) "Person" means an individual, firm, corporation, association,
38 partnership, consortium, joint venture, commercial entity, state
39 government agency, or local government.

1 (5) "Treatment" means incineration, sterilization, or other method,
2 technique, or process that changes the character or composition of a
3 biomedical waste so as to minimize the risk of transmitting an
4 infectious disease.

5 (6) "Residential sharps waste" has the same meaning as "sharps
6 waste" in subsection (1) of this section except that the sharps waste
7 is generated and prepared for disposal at a residence, apartment,
8 dwelling, or other noncommercial habitat.

9 (7) "Sharps waste container" means a leak-proof, rigid, puncture-
10 resistant red container that is taped closed or tightly lidded to
11 prevent the loss of the residential sharps waste.

12 (8) "Mail programs" means those programs that provide sharps users
13 with a multiple barrier protection kit for the placement of a sharps
14 container and subsequent mailing of the wastes to an approved disposal
15 facility.

16 (9) "Pharmacy return programs" means those programs where sharps
17 containers are returned by the user to designated return sites located
18 at a pharmacy to be transported by a biomedical or solid waste
19 collection company approved by the utilities and transportation
20 commission.

21 (10) "Drop-off programs" means those program sites designated by
22 the solid waste planning jurisdiction where sharps users may dispose of
23 their sharps containers.

24 (11) "Source separation" has the same meaning as in RCW 70.95.030.

25 (12) "Unprotected sharps" means residential sharps waste that are
26 not disposed of in a sharps waste container.

27 (13) "Plan," which is a hazard analysis and critical control points
28 plan, means a systematic approach to the identification, evaluation,
29 and control of safety and health and safety hazards when associated
30 with biomedical waste deactivation at facilities under a solid waste
31 permit.

32 (14) "Hazard analysis" means the process of collecting and
33 evaluating information on hazards associated with biomedical waste
34 deactivation at facilities under a solid waste permit to decide which
35 hazards are significant and must be addressed in the plan.

36 (15) "Critical control point" means a step at which control can be
37 applied and is essential to prevent or eliminate a safety or health
38 hazard associated with biomedical waste deactivation at facilities
39 under a solid waste permit, or to reduce it to an acceptable level.

1 (16) "Control point" means any step at which biological, chemical,
2 or physical factors can be controlled.

3 (17) "Corrective action" means procedures followed when a deviation
4 occurs when associated with biomedical waste deactivation at facilities
5 under a solid waste permit.

6 (18) "Critical limit" means a maximum or minimum value to which a
7 biological, chemical, or physical parameter must be controlled at a
8 critical control point to prevent, eliminate, or reduce to an
9 acceptable level the occurrence of a safety or health hazard associated
10 with biomedical waste deactivation at facilities under a solid waste
11 permit.

12 (19) "Monitor" means to conduct a planned sequence of observations
13 or measurements associated with biomedical waste deactivation at
14 facilities under a solid waste permit to assess whether a critical
15 control point is under control and to produce an accurate record for
16 future use in verification.

17 (20) "Step" means a point, procedure, operation, or stage in the
18 system associated with biomedical waste deactivation at facilities
19 under a solid waste permit, from the point of biomedical waste
20 acceptance, to final deactivation and disposal.

21 (21) "Verification" means those activities, other than monitoring,
22 that determine the validity of the plan and that the system is
23 operating according to the plan, when associated with biomedical waste
24 deactivation at facilities under a solid waste permit.

25 NEW SECTION. Sec. 3. If specific funding for the purposes of this
26 act, referencing this act by bill or chapter number, is not provided by
27 June 30, 1999, in the omnibus appropriations act, this act is null and
28 void.

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