



Business Plan 2007 – Division of Environmental Health - Florida Department of Health

Mission: "Promote and Protect Health"

Vision: "Healthier Floridians"

Goal: To prevent disease of environmental origin

Bureau of Community Environmental Health – BIOMEDICAL WASTE PROGRAM

Trends and Conditions:

In an effort to protect public health, the 1989 Florida legislature created section 381.0098, Florida Statutes (F.S.). This section sets forth standards for the safe packaging, transport, storage, treatment, and disposal of biomedical waste. Under the rule writing authority of section 381.0098, F.S., the department promulgated Chapter 64E-16, Florida Administrative Code (F.A.C.), for implementation of the statutory requirements.

Division Cost: \$214,822

Division Positions: 4

County Program Cost: \$1,195,056

County Positions: 43

There are approximately 30,000 biomedical waste facilities in Florida, including generators, transporters, storage and treatment facilities. County Health Departments (CHDs) having jurisdiction for biomedical waste activities annually inspect and permit transporters, storage and treatment facilities and generators that produce 25 pounds or more of biomedical waste in any 30-day period. Generators producing less than 25 pounds of biomedical waste in any 30-day period are exempt from permitting and fee upon documentation of the amount of waste they produce. CHDs inspect exempt facilities once every three years. The current Florida population of approximately 30,000 biomedical-waste facilities is about evenly split between permitted and exempt facilities and has not increased much during the last few years of increasing Florida human population.

Measure #1 of the 2006 business plan was to increase the statewide inspection rate of biomedical waste facilities from 94.0% to 95.0%. We fell short of this measure with an inspection rate of 92%. We speculate this was caused by CHD staff shortages that were beyond our control, and that such factors will most likely inhibit us from meeting such a high mark in the future. This, plus the fact that we now have procedures in place to ensure a high inspection rate and believe the CHDs will perform to the best of their ability, prompts us to remove this measure from the business plan for 2007. However, to preview how counties will perform on program evaluations, we will continue to monitor the percentage of biomedical waste facilities inspected on a quarterly basis through CENTRAX and will continue to contact the counties when we perceive that a problem could exist in that regard. This measure will be replaced with the amendment of Chapter 64E-16, F.A.C., Biomedical Waste, to make it more current and more relevant to today's biomedical waste situation. This measure is consistent with Division Strategic Plan Goal C, to create a statewide culture of environmental health.

Measure #2 of the 2006 business plan was to increase the level of compliance of permitted biomedical waste generators with Chapter 64E-16, F.A.C., by decreasing the percentage of violations by 2%. The percentage of violations was decreased by 6.8% in 2006. Violations now average less than one for every two inspections; therefore, this measure has been accomplished, though we will continue to monitor violations through CENTRAX to ensure that compliance levels remain high. Thus, for 2007, this measure will be replaced with a provision of providing the medical community and the public with practical information concerning the proper disposal of unwanted medications. This measure is consistent with Division Strategic Plan Goal C, to create a statewide culture of environmental health.

Measure #3 of the 2006 business plan was to conduct maintenance standardization of biomedical waste data in CENTRAX at least three times. The initial phase of this measure was successfully completed with the implementation of a strategy to reduce the number of systems for data input



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from three to one. Maintenance activities to ensure continued standardized input into crucial fields were conducted only twice during 2006 due to lack of time for a third effort. Due to its high level of importance in maintaining the integrity and reliability of the biomedical waste data, this measure will be retained for as long as CENTRAX exists. This measure is consistent with Division Strategic Plan Objective 2, to use our data.

Measure #4 of the 2006 business plan was to send CENTRAX reports containing incorrect data to the counties for correction at least four times. Activities to ensure correct input into crucial fields were conducted only twice during 2006 due to lack of time for subsequent efforts. Due to its high level of importance in ensuring that the biomedical waste data in CENTRAX are correct, this measure will be retained for as long as CENTRAX exists but will be limited to three instances. This measure is consistent with Division Strategic Plan Objective 2, to use our data.

Measure #5 for 2006 was to increase the number of counties that offer a community alternative for residential safe sharps disposal. Four more counties initiated safe disposal programs in 2006. Due to its importance in promoting and protecting public health, this measure will be retained for 2007. This measure is consistent with Division Strategic Plan Objective 4, to support community outreach.

Additional Short Term Objectives

By January 1, 2008:

- Promote the department's biomedical waste program by attending the Medical Waste Institute's annual meeting.
- Promote the department's biomedical waste program by presenting at the NEHA annual meeting.
- Establish a SharePoint site for communicating with the biomedical waste coordinators.

Long Term Objectives

By January 1, 2009:

- Review existing data relative to currently approved alternative treatment processes.
- Review existing data relative to currently approved red bags that appear on our website.

By January 1, 2010:

- Collaborate with industry and DEP to develop an educational program for Florida's landfill personnel.



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Measure #1: By January, 2008, amend Chapter 64E-16, Florida Administrative Code (F.A.C.), Biomedical Waste.

Division Strategic Plan		Strategy	Benchmark	Responsible Party	Target Date	Status
Goal C	Create a statewide culture of environmental health.	Ensure that the biomedical waste code is current and relevant.	Chapter 64E-16, F.A.C., has been amended as stated in the strategy.	Ed Golding Gina Vallone-Hood	January, 2008	Chapter 64E-16, F.A.C., has not undergone a comprehensive revision since 1997.
		<ul style="list-style-type: none"> Meet with selected biomedical waste coordinators to discuss possible code amendments. 	Ideas for code amendments have been discussed with coordinators from small, medium, and large counties.	Ed Golding Gina Vallone-Hood	April, 2007	Planning for this meeting currently is underway.
		<ul style="list-style-type: none"> Meet with shareholders to discuss possible amendments. 	A meeting has been held with representatives of professional associations, hospitals, and other groups concerned with biomedical waste management.	Ed Golding Gina-Vallone Hood	June, 2007	Planning for this meeting currently is underway.
		<ul style="list-style-type: none"> Conduct Chapter 120, Florida Statutes, process for amending administrative rules. 	The statutory timetable for conducting rulemaking has been followed.	Ed Golding Gina Vallone-Hood	January, 2008	Not yet underway.



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Measure #2: By January, 2008, provide practical information to the medical community and the public concerning proper disposal of unwanted medications.

Division Strategic Plan		Strategy	Benchmark	Responsible Party	Target Date	Status
Goal C	Create a statewide culture of environmental health.	Provide biomedical waste coordinators with statutory information and contacts regarding medication disposal from biomedical waste facilities. <ul style="list-style-type: none"> Contact DOH Bureau of Pharmaceutical Services and Division of Medical Quality Assurance to determine contacts. 	Coordinators have been provided access to a statute and DOH contacts for advising physicians, dentists, clinics, etc., on disposal of unwanted medications. Contacts for guidance concerning disposal of non-samples have been determined.	Ed Golding Gina Vallone-Hood	June, 2007	A useful statute is known to facilitate disposal of samples from pharmaceutical companies but DOH contacts must be determined for info concerning non-samples.
				Ed Golding Gina Vallone-Hood	May, 2007	Contacts have not yet been determined.
		Provide group representatives with information and contacts regarding medication disposal by their patients or constituents.	Individuals representing groups of diabetics, hospice patients, seniors, etc., have been provided with information and contacts for advising their patients or constituents.	Ed Golding Gina Vallone-Hood	January 2008	One informative flyer has been located.
		<ul style="list-style-type: none"> Identify group representatives and contacts. Collect information for representatives. 	Group representatives and contacts have been identified. Information has been collected.	Ed Golding Gina Vallone-Hood	October, 2007	One informative flyer has been located.
	<ul style="list-style-type: none"> Deliver information and contacts to representatives. 	Information and contacts have been delivered to representatives.	Ed Golding Gina Vallone-Hood	January, 2008	Nothing delivered yet.	



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Measure #3: By January, 2008, conduct maintenance standardization of biomedical waste data in CENTRAX at least three times.

Division Strategic Plan		Strategy	Benchmark	Responsible Party	Target Date	Status
Objective 2	Use our data.	Ensure that biomedical waste data in CENTRAX are not excluded from reports due to non-standard entries in several key fields.	The Status, Status2, Type, Billing Code, and Inspection Frequency fields for biomedical waste records are standardized on a statewide basis.	Ed Golding Gina Vallone-Hood Norm Doxford Designated CHD staff	January 2008	Currently the entries in these fields are pretty well standardized. However, over time, non-standard entries are put in and accumulate to the point of being problematic. Thus, maintenance will need to be done to conserve the standardized database.
		<ul style="list-style-type: none"> Existing CENTRAX reports are run for each county to indicate the fields that need to be converted to standard entries. Reports are sent to the counties every four months to maintain the standardized database. 	As stated in strategy.	Ed Golding Gina Vallone-Hood Norm Doxford Designated CHD staff	January 2008	No reports have been sent yet this year.



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Measure #4: By January, 2008, send CENTRAX reports containing incorrect data to the counties for correction at least three times.

Division Strategic Plan		Strategy	Benchmark	Responsible Party	Target Date	Status
Objective 2	Use our data.	Ensure that biomedical waste data in CENTRAX are not excluded from reports due to incorrect entries in several key fields.	The Status, Status2, Type, Billing Code, and Inspection Frequency fields for biomedical waste records are not only standardized but also are correct on a statewide basis.	Ed Golding Gina Vallone-Hood Norm Doxford Designated CHD staff	January 2008	Currently, maintenance of the entries in these fields is being conducted to keep them standardized. However, many entries still are incorrect. This means the records containing the entries either are not selected, or are incorrectly selected, for reports.
		<ul style="list-style-type: none"> At least six different diagnostic CENTRAX reports are run on data for each county to indicate the fields that need to be corrected. Reports are sent to the counties every four months to correct and then maintain the corrected databases. 	Standardized databases are correct and are being maintained as such.	Ed Golding Gina Vallone-Hood Norm Doxford Designated CHD staff	January 2008	No reports have been sent yet this year.



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Measure #5: By January, 2008, increase the number of counties that offer a community alternative for residential safe sharps disposal.

Division Strategic Plan		Strategy	Benchmark	Responsible Party	Target Date	Status
Objective 4	Support community outreach.	Ensure that home users have a method to safely dispose of sharps	At least 43 counties have programs to ensure safe disposal of home-generated sharps.	Ed Golding Gina Vallone-Hood	January 2008	42 counties presently offer home users a safe sharps disposal method.
		<ul style="list-style-type: none"> • Include a presentation from participating counties at 2007 annual training. 	As stated in strategy.	Ed Golding Gina Vallone-Hood	June 2007	Annual training agenda is being developed.
		<ul style="list-style-type: none"> • Ensure counties are aware of options for organized sharps collection programs. 	As stated in strategy.	Ed Golding Gina Vallone-Hood	Ongoing	Information concerning options for organized programs is given to counties that are interested in developing a community sharps disposal program.