



U.S. Department
of Transportation

East Building, PHH-30
1200 New Jersey Avenue S.E.
Washington, D.C. 20590

**Pipeline and Hazardous
Materials Safety Administration**

DOT-SP 16266
Second Revision

EXPIRATION DATE: November 30, 2014

1. GRANTEE: Stericycle, Inc.
Lake Forest, IL
2. PURPOSE AND LIMITATION:
 - a. This emergency special permit authorizes the transportation in commerce of certain Ebola contaminated medical waste for autoclaving or incineration. This special permit provides no relief from the Hazardous Materials Regulations (HMR) other than as specifically stated herein. The most recent revision supersedes all previous revisions.
 - b. The safety analyses performed in development of this special permit only considered the hazards and risks associated with transportation in commerce. The safety analyses did not consider the hazards and risks associated with consumer use, use as a component of a transport vehicle or other device, or other uses not associated with transportation in commerce.
 - c. No party status will be granted to this special permit.
3. REGULATORY SYSTEM AFFECTED: 49 CFR Parts 106, 107 and 171-180.
4. REGULATIONS FROM WHICH EXEMPTED: 49 CFR § 173.196(a) in that alternative packaging is authorized.
5. BASIS: This emergency special permit is based on the application of Stericycle, Inc. dated October 1, 2014, submitted in accordance with § 107.117 and a PHMSA determination that the special permit is in the public



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interest and that it is necessary to prevent significant injury to persons or property and additional information provided on October 2, 2014.

6. HAZARDOUS MATERIALS (49 CFR § 172.101):

Hazardous Materials Description			
Proper shipping name	Hazard Class/ Division	Identification Number	Packing Group
Infectious substances, affecting humans	6.2	UN2814	N/A

7. SAFETY CONTROL MEASURES:

a. LIMITATIONS ON SOLID MATERIALS THAT HAVE BEEN CONTAMINATED WITH THE EBOLA VIRUS:

(1) This special permit authorizes the transportation in commerce of materials that have been contaminated with or are suspected to have been contaminated with the Ebola virus in the packaging system described below.

(2) Inner packagings must be placed into the outer packagings in such a manner as to minimize the risk of damage to the packagings.

b. PACKAGING - The prescribed packagings are as follows, a combination packaging consisting of these components:

(1) Outer Packaging - is either of the following:

i. A triple walled UN1GW corrugated drum with a 6 mil polyethylene liner.

(a) The drum has a maximum capacity of 55 gallons and is approximately 22.25 inches X 22.25 inches X 39.25 inches. The drum is tested and certified to the PGII Level for a maximum net mass of 500 lbs; or

(b) The drum has a maximum capacity of 35 gallons and is approximately 22.25 inches X 22.25 inches X 26.50 inches. The drum is tested and certified to

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the PGII Level for a maximum net mass of 325 lbs;
or

ii. A 96 gallon cart tested and certified as a UN4H2 solid plastic box at the PG II level. If the cart is used as the outer packaging a third inner film bag meeting the requirements below is required. A total of not more than 30 carts of waste may be transported under the terms of this special permit. Once the UN1GW drums are available, the carts may no longer be used for transportation under this special permit. In no case may the 96 gallon carts be filled for transportation after October 4, 2014.

(2) Inner Packagings: The waste materials must be placed in minimum of three inner film bags as described below:

(i) The film bags used under this special permit must have a minimum film thickness of 1.5 mils (0.0015 inch) and must be marked and certified by its manufacturer as having passed the tests prescribed for tear resistance in ASTM D 1922, "Standard Test Method for Propagation Tear Resistance of Plastic Film and Thin Sheeting by Pendulum Method" and for impact resistance in ASTM D 1709, "Standard Test Methods for Impact Resistance of Plastic Film by the Free-Falling Dart Method". The film bag must meet an impact resistance of 165 grams and a tearing resistance of 480 grams in both the parallel and perpendicular planes with respect to the length of the bag.

(ii) Each of the two inner most film bags must be individually closed and sealed securely by balloon tying the bag to prevent the release of any material from the bag when inverted.

(iii) The inner packagings must be compatible with the disinfectant used to treat the waste material.

(3) When the 96 gallon cart is used as an outer packaging, a third film bag must be used. The third bag must be securely closed with a zip tie to seal the bag. If the corrugated drums are used, the drum liner will serve as the third bag and will be sealed in accordance with the manufacture's closure instructions.

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(4) The 96 gallon cart must be securely closed by securely taping the lid closed with duct tape and by securing the lid with additional mechanical means such as ratcheting web straps or bungee cords.

(5) A quantity of absorbent material sufficient to absorb all free liquid (if any) in case of an inner packaging breach must be placed in the bottom of the 96 gallon cart or within the liner of the corrugated drum whichever is applicable.

(6) The exterior of the 96 gallon carts must be disinfected prior to loading in the transport vehicle.

c. OPERATIONAL CONTROLS -

(1) Only vehicles operated by Stericycle may be used to transport materials under the terms of this special permit. Transportation may only be from Texas Health Presbyterian Hospital, Dallas, TX or another location within Texas as directed by State or local authorities, after notifying PHMSA, and then transported to the nearest appropriate disposal facility available at the time the material is offered for transportation without additional loading of the vehicle.

(2) Prior to placement of the waste material in the primary inner packaging the waste material must be treated with a disinfectant that is recommended by the Centers for Disease Control and Prevention for use as a disinfectant for the Ebola virus.

(3) After the primary inner packaging is sealed, the exterior surface of that inner packaging must be treated with a disinfectant that is recommended by the Centers for Disease Control and Prevention for use as a disinfectant or the Ebola virus.

(4) Prior to loading into the outer packaging, the primary inner packaging must be placed into a secondary plastic bag meeting the requirements specified in paragraphs 7.b.(2)(i), (ii) and (iii) of this permit. After the second plastic bag is sealed, the exterior surface must be treated with the disinfectant that is recommended by the Centers for Disease Control and Prevention for use as a disinfectant or the Ebola virus.

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- (5) The sealed primary and secondary inner packagings must then be placed into the third plastic film bag or drum liner.
- (6) The outer packagings must be closed except when inner packagings of the material authorized by this special permit are being loaded into the outer packaging.
- (7) Before loading the package into a transport vehicle, the grantee must assure that the package is closed and sealed to prevent the release of any material during transportation.
- (8) Loading and unloading the vehicle must be performed using manual means. Fork trucks or other mechanicals means may not be used for loading or unloading the vehicle.
- (9) While in transportation, the doors on the motor vehicle being used to transport the material authorized by this special permit must be closed and locked except when an outer packaging is being loaded or unloaded into the vehicle.
- (10) Prior to transportation, the carrier must perform an external visual inspection of the transport vehicle to determine that it is closed and free of leakage.
- (11) The carrier may only transport the vehicle loaded with the material to a final destination that is authorized by applicable laws for treatment or disposal of such materials, without unnecessary delay from the time the carrier's motor vehicle leaves the grantee's premises.
- (12) The carrier must have a written spill response plan that includes provisions for the decontamination of spilled materials and for personal protective equipment to be carried on the vehicle and used to protect its employees from contact with infectious materials in any form.
- (13) The carrier must respond to any release or suspected release from a package that occurs during transportation. The response must include complete removal of any spilled material and decontamination of the release site, vehicle surfaces and external surfaces of the package involved.

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(14) Each motor vehicle used under the terms of this permit must be decontaminated in accordance with applicable federal, state and local laws.

(15) Initial shipments of the 96 gallon carts may have inner film bags which have not been prepared and sealed in accordance with the all of requirements of this permit; however, opening the inner packagings and repackaging is not required. In no case may the 96 gallon carts be filled for transportation after October 4, 2014.

(16) Each commercial motor vehicle and driver involved in this operation must be made available for a CVSA Level I hazardous materials inspection prior to transport. Should any violations of the CVSA North American Standard Out-of-Service Criteria (2014 edition) be discovered during the inspection, the violation(s) must be corrected prior to transporting hazardous materials under this special permit.

8. SPECIAL PROVISIONS: A current copy of this special permit must be maintained at each medical or treatment facility where the package is offered for transportation.
9. MODES OF TRANSPORTATION AUTHORIZED: Motor Vehicle.
10. MODAL REQUIREMENTS: A current copy of this special permit must be carried aboard each motor vehicle used to transport packages covered by this special permit. The carrier shall use hazardous materials routes where designated and practicable.
11. COMPLIANCE: Failure by a person to comply with any of the following may result in suspension or revocation of this special permit and penalties prescribed by the Federal hazardous materials transportation law, 49 U.S.C. 5101 et seq:
 - o All terms and conditions prescribed in this special permit and the Hazardous Materials Regulations, 49 CFR Parts 171-180.
 - o Persons operating under the terms of this special permit must comply with the security plan requirement in Subpart I of Part 172 of the HMR, when applicable.
 - o Registration required by § 107.601 et seq., when applicable.

Each "Hazmat employee", as defined in § 171.8, who performs a function subject to this special permit must receive training on the requirements and conditions of this special permit in addition to the training required by §§ 172.700 through 172.704.

No person may use or apply this special permit, including display of its number, when this special permit has expired or is otherwise no longer in effect.

Title 49 of the United States Code, Section 5117 (a)(2) now authorizes a special permit (formally an "exemption") to be granted up to two years for new special permits and up to four years for renewals.

12. REPORTING REQUIREMENTS: Shipments or operations conducted under this special permit are subject to the Hazardous Materials Incident Reporting requirements specified in 49 CFR §§ 171.15 - Immediate notice of certain hazardous materials incidents and 171.16 - Detailed hazardous materials incident reports. In addition, the grantee(s) of this special permit must notify the Associate Administrator for Hazardous Materials Safety, in writing, of any incident involving a package, shipment or operation conducted under terms of this special permit.

Issued in Washington, D.C.:



for Dr. Magdy El-Sibaie
Associate Administrator for Hazardous Materials Safety

Dr. Magdy El-Sibaie
Associate Administrator for Hazardous Materials Safety

October 3, 2014

Address all inquiries to: Associate Administrator for Hazardous Materials Safety, Pipeline and Hazardous Material Safety Administration, U.S. Department of Transportation, East Building PHH-30, 1200 New Jersey Avenue, Southeast, Washington, D.C. 20590. Copies of this special permit may be obtained by accessing the Hazardous Materials Safety Homepage at http://hazmat.dot.gov/sp_app/special_permits/spec_perm_index.htm Photo reproductions and legible reductions of this special permit are permitted. Any alteration of this special permit is prohibited.

PO: HERZOGK

Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus

On August 1, 2014, CDC released guidance titled, "[Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals](#)."

Ebola viruses are transmitted through direct contact with blood or body fluids/substances (e.g., urine, feces, vomit) of an infected person with symptoms or through exposure to objects (such as needles) that have been contaminated with infected blood or body fluids. The role of the environment in transmission has not been established. Limited laboratory studies under favorable conditions indicate that Ebolavirus can remain viable on solid surfaces, with concentrations falling slowly over several days.^{1,2} In the only study to assess contamination of the patient care environment during an outbreak, virus was not detected in any of 33 samples collected from sites that were not visibly bloody. However, virus was detected on a blood-stained glove and bloody intravenous insertion site.³ There is no epidemiologic evidence of Ebolavirus transmission via either the environment or fomites that could become contaminated during patient care (e.g., bed rails, door knobs, laundry). However, given the apparent low infectious dose, potential of high virus titers in the blood of ill patients, and disease severity, higher levels of precaution are warranted to reduce the potential risk posed by contaminated surfaces in the patient care environment.

As part of the care of patients who are persons under investigation, or with probable or confirmed Ebola virus infections, hospitals are recommended to:

- Be sure environmental services staff wear recommended personal protective equipment (PPE) including, at a minimum, disposable gloves, gown (fluid resistant/impermeable), eye protection (goggles or face shield), and facemask to protect against direct skin and mucous membrane exposure of cleaning chemicals, contamination, and splashes or spatters during environmental cleaning and disinfection activities. Additional barriers (e.g., leg covers, shoe covers) should be used as needed. If reusable heavy-duty gloves are used for cleaning and disinfecting, they should be disinfected and kept in the room or anteroom. Be sure staff are instructed in the proper use of personal protective equipment including safe removal to prevent contaminating themselves or others in the process, and that contaminated equipment is disposed of appropriately. (see question 8).
- Use a U.S. Environmental Protection Agency (EPA)-registered hospital disinfectant with a label claim for a non-enveloped virus (e.g., norovirus, rotavirus, adenovirus, poliovirus) to disinfect environmental surfaces in rooms of patients with suspected or confirmed Ebola virus infection. Although there are no products with specific label claims against the Ebola virus, enveloped viruses such as Ebola are susceptible to a broad range of hospital disinfectants used to disinfect hard, non-porous surfaces. In contrast, non-enveloped viruses are more resistant to disinfectants. As a precaution, selection of a disinfectant product with a higher potency than what is normally required for an enveloped virus is being recommended at this time. EPA-registered hospital disinfectants with label claims against non-enveloped viruses (e.g., norovirus, rotavirus, adenovirus, poliovirus) are broadly antiviral and capable of inactivating both enveloped and non-enveloped viruses.
- Avoid contamination of reusable porous surfaces that cannot be made single use. Use only a mattress and pillow with plastic or other covering that fluids cannot get through. Do not place patients with suspected or confirmed Ebola virus infection in carpeted rooms and remove all upholstered furniture and decorative curtains from patient rooms before use.
- To reduce exposure among staff to potentially contaminated textiles (cloth products) while laundering, discard all linens, non-fluid-impermeable pillows or mattresses, and textile privacy curtains into the waste stream and disposed of appropriately.
- The Ebola virus is classified as a Category A infectious substance by and regulated by the U.S. Department of Transportation's (DOT) Hazardous Materials Regulations (HMR, 49 C.F.R., Parts 171-180). Any item transported offsite for disposal that is contaminated or suspected of being contaminated with a Category A infectious substance must be packaged and transported in accordance with the HMR. This includes medical equipment, sharps, linens, and used health care products (such as soiled absorbent pads or dressings, kidney-shaped emesis pans, portable toilets, used Personal Protection Equipment (gowns, masks, gloves, goggles, face shields, respirators, booties, etc.) or byproducts of cleaning) contaminated or suspected of being contaminated with a Category A infectious substance.^{4,2} (see question 8).

Frequently Asked Questions

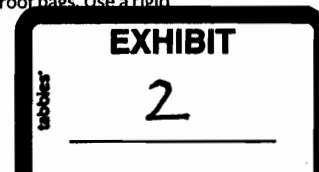
1. How can I determine whether a particular EPA-registered hospital disinfectant is appropriate for use in the room of a patient with suspected or confirmed Ebola virus infection?

Begin by looking at the product label or product insert or, if these are not available, search the [EPA search engine \(http://iaspub.epa.gov/apex/pesticides/f?p=PPLS:1\)](http://iaspub.epa.gov/apex/pesticides/f?p=PPLS:1) for this information. Users should be aware that an 'enveloped' or 'non-enveloped virus' designation may not be included on the container label. Instead check the disinfectant's label for at least one of the common non-enveloped viruses (e.g., norovirus, rotavirus, adenovirus, poliovirus).

2. Are there special instructions for cleaning and disinfecting the room of a patient with suspected or confirmed Ebola virus infection?

Daily cleaning and disinfection of hard, non-porous surfaces (e.g., high-touch surfaces such as bed rails and over bed tables, housekeeping surfaces such as floors and counters) should be done.⁴ Before disinfecting a surface, cleaning should be performed. In contrast to disinfection where products with specific claims are used, any cleaning product can be used for cleaning tasks. Use cleaning and disinfecting products according to label instructions. Check the disinfectant's label for specific instructions for inactivation of any of the non-enveloped viruses (e.g., norovirus, rotavirus, adenovirus, poliovirus) follow label instructions for use of the product that are specific for inactivation of that virus. Use disposable cleaning cloths, mop cloths, and wipes and dispose of these in leak-proof bags. Use a rigid waste receptacle designed to support the bag to help minimize contamination of the bag's exterior.

<http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>



3. How should spills of blood or other body substances be managed?

The basic principles for blood or body substance spill management are outlined in the United States Occupational Safety and Health Administration (OSHA) [Bloodborne Pathogen Standards](https://www.osha.gov/SLTC/bloodbornepathogens/standards.html) (<https://www.osha.gov/SLTC/bloodbornepathogens/standards.html>) (29 CFR 1910.1030).⁵ CDC guidelines recommend removal of bulk spill matter, cleaning the site, and then disinfecting the site.⁴ For large spills, a chemical disinfectant with sufficient potency is needed to overcome the tendency of proteins in blood and other body substances to neutralize the disinfectant's active ingredient. An EPA-registered hospital disinfectant with label claims for non-enveloped viruses (e.g., norovirus, rotavirus, adenovirus, poliovirus) and instructions for cleaning and decontaminating surfaces or objects soiled with blood or body fluids should be used according to those instructions.

4. How should disposable materials (e.g., any single-use PPE, cleaning cloths, wipes, single-use microfiber cloths, linens, food service) and linens, privacy curtains, and other textiles be managed after their use in the patient room?

These materials should be placed in leak-proof containment and discarded appropriately. To minimize contamination of the exterior of the waste bag, place this bag in a rigid waste receptacle designed for this use. Incineration or autoclaving as a waste treatment process is effective in eliminating viral infectivity and provides waste minimization. If disposal requires transport offsite then this should be done in accordance with the U.S. Department of Transportation's (DOT) Hazardous Materials Regulations (HMR, 49 C.F.R., Parts 171-180).^{6,7} Guidance from DOT has been released for Ebola.⁷

5. Is it safe for Ebola patients to use the bathroom?

Yes. Sanitary sewers may be used for the safe disposal of patient waste. Additionally, sewage handling processes (e.g., anaerobic digestion, composting, and disinfection) in the United States are designed to inactivate infectious agents.

6. How long does the Ebola virus persist in indoor environments?

Only one laboratory study, which was done under environmental conditions that favor virus persistence, has been reported. This study found that under these ideal conditions Ebola virus could remain active for up to six days.¹ In a follow up study, Ebolavirus was found, relative to other enveloped viruses, to be quite sensitive to inactivation by ultraviolet light and drying; yet sub-populations did persist in organic debris.²

In the only study to assess contamination of the patient care environment during an outbreak, conducted in an African hospital under "real world conditions", virus was not detected by either nucleic acid amplification or culture in any of 33 samples collected from sites that were not visibly bloody. Virus was detected on a blood-stained glove and bloody intravenous insertion site by nucleic acid amplification, which may detect non-viable virus, but not by culture for live, infectious virus.³ Based upon these data and what is known regarding the environmental infection control of other enveloped RNA viruses, the expectation is with consistent daily cleaning and disinfection practices in U.S. hospitals that the persistence of Ebola virus in the patient care environment would be short - with 24 hours considered a cautious upper limit.

7. Are wastes generated during delivery of care to Ebola virus-infected patients subject to select agent regulations?

As long as facilities treating Ebola virus-infected patients follow the CDC's [Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals](#); waste generated during delivery of care to Ebola virus-infected patients would not be subject to Federal select agent regulations (See the exclusion provision 42 CFR § 73.3(d)(1)). However, this would not apply to any facility that intentionally collected or otherwise extracted the Ebola virus from waste generated during the delivery of patient care.

8. Are wastes generated during delivery of care to Ebola virus-infected patients subject to any special transportation requirements?

Yes, wastes contaminated or suspected to be contaminated with Ebola virus must be packaged and transported in accordance U.S. DOT Hazardous Materials Regulations (HMR, 49 C.F.R., Parts 171-180).^{6,7}

Once a patient with suspected Ebola Virus Disease (e.g., Patients under investigation) is no longer suspected to have Ebola Virus disease (EVD) or has ruled out for EVD, their waste materials no longer need to be managed as if contaminated with Ebola Virus.

References

1. Sagripanti JL, Rom AM, Holland LE. Persistence in darkness of virulent alphaviruses, Ebola virus, and Lassa virus deposited on solid surfaces. *Arch Virol* 2010; 155:2035-2039
2. Sagripanti JL, Lytle DC. Sensitivity to ultraviolet radiation of Lassa, vaccinia, and Ebola viruses dried on surfaces. *Arch Virol* 2011; 156:489-494
3. Bausch DG et al. Assessment of the Risk of Ebola Virus Transmission from Bodily Fluids and Fomites. *J Infect Dis* 2007; 196:S142-7
4. CDC Guidelines for Environmental Infection Control In Healthcare Facilities [PDF - 249 pages] (http://www.cdc.gov/hicpac/pdf/guidelines/eic_in_HCF_03.pdf) (see: Environmental Surfaces Section).
5. OSHA Bloodborne Pathogen Standard 29 CFR 1910.1030 (<https://www.osha.gov/SLTC/bloodbornepathogens/standards.html>)
6. DOT. [Guidance for Transporting Ebola Contaminated Items, a Category A Infectious Substance](http://phmsa.dot.gov/portal/site/PHMSA/menuitem.6f23687cf7b00b0f22e4c6962d9c8789/?vgnextoid=4d1800e36b978410VgnVCM100000d2c97898RCRD&vgnnextchannel=d248724dd7d6c010VgnVCM10000080e8a8c0RCRD&vgnextfmt=print) (<http://phmsa.dot.gov/portal/site/PHMSA/menuitem.6f23687cf7b00b0f22e4c6962d9c8789/?vgnextoid=4d1800e36b978410VgnVCM100000d2c97898RCRD&vgnnextchannel=d248724dd7d6c010VgnVCM10000080e8a8c0RCRD&vgnextfmt=print>)
7. DOT. Hazardous Materials Regulations [49 CFR Parts 100-1999; 49 CFR 172.700; 49 CFR 173.134(a)(5)] (http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title49/49cfrv2_02.tpl)

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National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) (/ncezid/index.html)

Division of High-Consequence Pathogens and Pathology (DHCPP) (/ncezid/dhcpp/index.html)

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Exclusive: U.S. nears solution for safe disposal of Ebola waste

Thu, Oct 2 2014

By Patrick Rucker and Julie Steenhuisen

WASHINGTON/CHICAGO (Reuters) - The United States is days away from settling the critical question of how hospitals should handle and dispose of medical waste from Ebola patients, a government official said on Wednesday.

Experts have warned that conflicting U.S. regulations over how such waste should be transported could make it very difficult for U.S. hospitals to safely care for patients with Ebola, a messy disease that causes diarrhea, vomiting and in some cases, bleeding from the eyes and ears.

Safely handling such waste presents a dual challenge for regulators, who want to both prevent the accidental spread of the deadly disease and avert any deliberate attempts to use it as a bioweapon.

Most U.S. hospitals are not equipped with incinerators or large sterilizers called autoclaves that could accommodate the large amounts of soiled linens, contaminated syringes and virus-spattered protective gear generated from the care of an Ebola patient, said Dr. Jeffrey Duchin, chair of the Infectious Diseases Society of America's Public Health Committee.

Sterilizing Ebola waste before it is transported is important not only to protect waste haulers but to guard against someone using the waste "for nefarious purposes," said Sean Kaufman, president of Behavioral-Based Improvement Solutions, an Atlanta-based biosafety firm. "It's not just a safety issue," he said.

The matter, which was first reported by Reuters last month, may pose a significant challenge for Texas Health Presbyterian Hospital in Dallas, which is now treating the first Ebola patient to be diagnosed on U.S. soil.

Duchin said he is not aware of whether the hospital has its own incinerator or large autoclave, but if it does not, "they are going to have to find a temporary solution for managing infectious waste. That puts the hospital in a very difficult situation."

Cynthia Quarterman, administrator of the U.S. Department of Transportation's Pipeline and Hazardous Material Safety Administration, which oversees dangerous shipments, said her agency is "working on how we can clarify even further for hospitals, for the public, what the appropriate transportation should be."

Another official said that news could come within days.

The issue centers on guidance over handling Ebola-contaminated waste. The U.S. Centers for Disease Control and Prevention advises hospitals to treat items infected with the Ebola virus in leak-proof containers and discard them as they would other biohazards that fall into the category of "regulated medical waste."

But the DOT deems Ebola a Category A infectious agent, meaning it is capable of killing people and animals, and not "regulated medical waste," a category in which pathogens are not capable of causing harm.

Waste management contractors who normally handle hazardous hospital waste say they cannot legally haul the material, which leaves hospitals stuck without a way to dispose of the waste.

Already the issue has created problems. When Emory University Hospital in Atlanta was preparing to care for two U.S. missionaries infected with Ebola in West Africa in its high-security biocontainment unit, their waste hauler, Stericycle, initially refused to handle it.

Bags of Ebola waste quickly began piling up until the hospital worked out the issues with the help of the U.S. Centers for Disease Control and Prevention.

CDC spokesman Tom Skinner said the waste management problem has not been resolved yet, but he has said previously that the CDC is meeting with officials at the DOT to resolve the matter.

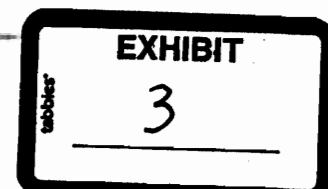
Duchin said he has heard that the discussion "has been elevated at the fed to decision makers who can solve the problem."

A DOT official said the CDC and DOT will likely issue joint guidance by next week.

(Reporting by Patrick Rucker and Julie Steenhuisen; Editing by Lisa Shumaker)



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AFFIDAVIT OF MEGAN KATHLEEN TERRELL

STATE OF LOUISIANA)
)
PARISH OF EAST BATON ROUGE)

I, MEGAN KATHLEEN TERRELL, having first been duly sworn, depose and say:

1. My name is MEGAN KATHLEEN TERRELL and my business address is Louisiana Department of Justice, 1885 North Third Street, Baton Rouge, LA 70802.

2. Pursuant to La. C.C.P. Art. 3603(A)(2), this affidavit is to certify to the Court why prior notice should not be provided to the Defendants in the matter of State of Louisiana v. Veolia Environmental Services North America L.L.C. and Veolia ES Technical Solutions, L.L.C.


3. Based upon news reports on October 12, 2014, the incinerated ash of materials belonging to the recent Texas Ebola victim is currently headed to a hazardous waste disposal facility in Louisiana. The materials and the arrangement for transport of same are being handled by VESNA and/or Veolia ES Technical Solutions, L.L.C., a foreign corporation. It is impossible to obtain notice and service upon those entities in advance of the transport of the possibly-Ebola-contaminated materials.

4. In the interest of preventing the transportation of possibly-Ebola-contaminated materials into the State of Louisiana prior to appropriate coordination with Louisiana health, safety, and environmental officials, no notice was provided to the Defendants prior to the filing of this action.

5. Because the relief requested on this day is in the form of a temporary restraining order, which must be reviewed by the Court within ten days of the execution of the order, minimal harm will be done to Defendants by the Court's action in this matter. Rather, the Court will be able to preserve the status quo and to allow for coordination of the transportation of such potentially volatile materials into Louisiana by permitting this matter to be filed without notice.

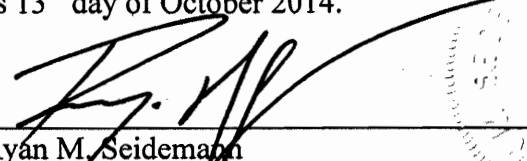
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FURTHER AFFIANT SAITH NOT.

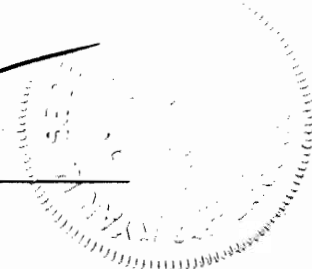


MEGAN KATHLEEN TERRELL, ESQ.
ATTORNEY FOR THE STATE OF
LOUISIANA

Subscribed and sworn to before me this 13th day of October 2014.



Ryan M. Seidemann
La. Bar No. 28994
My Commission expires at death.





Louisiana Legislature

JOHN A. ALARIO, JR.
President of the Senate

CHUCK KLECKLEY
Speaker of the House of
Representatives

October 13, 2014

Re: Transportation of Ebola Incinerated Waste

To Whom It May Concern:

This letter is to advise of our support of the application for injunctive relief being filed by the Attorney General of Louisiana to delay or prevent the transportation of incinerated biohazardous waste from the dwelling of the Ebola patient in Texas to a Louisiana landfill.

It is our duty to protect the citizens of our state from harm. The Ebola virus and outbreak is a new threat with many unknowns, including the possible risks of waste disposal. This virus poses potential risks that require extreme care, a high level of training, constant supervision and extremely careful handling. We should proceed slowly and cautiously to understand all risks before transporting incinerated biohazardous waste from Ebola patients to a Louisiana landfill for disposal.

Please accept this letter as an indication of our support of the relief being requested by Attorney General to delay or prevent the transportation of such materials to Louisiana. Our citizens are relying on us to protect them.

Thank you for your attention to this matter. If I or my staff can be of any assistance to you, please do not hesitate to call.

Sincerely,

Southwest Delegation Members
Louisiana Legislature

Speaker Chuck Kleckley
Representative Michael Danahay
Representative Brett Geymann
Representative A.B. Franklin

Senator Ronnie Johns
Senator Dan "Blade" Morrish
Senator John Smith

CK/csm

