

Section: Public Works – Waste Management	Policy Number: W01-19
Subject: Special Provisions for Individuals with Medical Conditions	Effective Date: May 27, 2019
	Revision Date:

1. Policy

This policy applies to residents with medical conditions resulting in the generation of excess amounts of non-hazardous waste which is beyond their control. This policy outlines the process for evaluating and processing requests from these individuals with respect to exemptions from the maximum weekly established limit for curbside pick-up.

2. Objectives:

If the following criteria is met, the residence in which the individual resides will be permitted to place more than the standard **maximum two (2) bags** or containers of garbage out for curbside collection on a weekly basis:

- The residence in which the individual resides must be eligible to receive waste disposal services through the Township's curbside collection program;
- The resident must have a medical condition which results in the generation of excess quantities of waste;
- The individual must fill in and submit to the Township of Otonabee-South Monaghan Public Work's Department on an annual basis, the application entitled "***Application for Waste Exemption for Medical Reasons***" which is attached to this policy; and
- The individual must include with the initial application, and every three (3) years thereafter, certification by a Physician, of the individual's medical condition.

3. Procedure:

If the Township of Otonabee-South Monaghan receives a request for exemption from the residential curbside two (2) bag limit for non-hazardous waste generated as a result of a medical condition, it will review the application and, if the application is approved, the Township of Otonabee-South Monaghan will permit the residence in which the individual resides to place **two (2) additional** bags or containers or waste out for collection on a weekly basis and notify the Township's Service Provider of the exemption. If the medical condition produces medical waste above the limit in this policy, this will be reviewed and approved on a case by case basis.

On an annual basis it will be reported to Council just the number of individuals qualifying for the exemption.



Confidential

Application For Medical (Non-Hazardous) Waste Exception – Curbside Waste Collection

This Confidential application is for the Township of Otonabee-South Monaghan households which may need to set out more than the weekly garbage item limit due to medical circumstances. If you receive residential curbside pick-up waste collection services, you may apply to increase the limit of waste to a **maximum of four (4) items** per collection day on the basis of medical circumstances.

1. **Resident Information:** (please print)

Last Name: _____ First Name: _____
Street Address: _____
Mailing Address: _____
Town/City: _____ Postal Code: _____
Telephone Number: _____ E-Mail (optional) _____

2. This application is a New Application Renewal Application

3. **Waste Exclusions:** (the following items **cannot** be set out for curbside collection)

Medical Waste and home health care materials, excluding :

1. **Waste Sharps** (including: needles, syringes, blades and lancets)
2. **Bodily Fluids** (excluding: urine and feces)

4. **Terms and Conditions:**

- I acknowledge that this exemption will only be used for additional waste due to medical circumstances that cannot be disposed within my regular weekly garbage item limit at the collection address listed above.
- I acknowledge that the medical waste will be non-hazardous.
- I acknowledge that the medical waste will be bagged.
- I acknowledge I will endeavor to reduce my waste by fully participating in the County's waste diversion and recycling programs.
- I acknowledge that I am to notify the Township if I move.
- I am aware and acknowledge that this application **must** be renewed annually and that a doctor's signature must be obtained every three (3) years.
- I acknowledge that this exemption program will be terminated if I fail to comply with the program requirements.

5. **Certification by Physician:**

Note: Required every three (3) years from the initial application

Physician Name: _____

Mailing Address: _____

Telephone Number: _____

This is to certify that the below named patient's medical condition results in the generation of medical waste.

Physician Signature: _____

Date: _____

Patient Name: _____

Or:

A note signed and dated by a regulated medical practitioner (e.g. doctor, home care nurse) on the practitioner's letterhead, which includes your medical practitioner's name, address and a phone number and acknowledges and certifies that you generate extra waste due to medical circumstances and that the waste is non-hazardous

6. **Important Information:**

- It is the responsibility of the resident to renew the exemption on the yearly anniversary date. A new application form (yearly) and medical practitioner note (every 3 years) must be provided for renewal
- The anniversary date for the exemption is considered to be one year to the day in which the exemption was granted.

NOTE: If your medical condition produces "above the limit" medical waste that generate a full bag per day of medical tubing, iv bags and incontinence products, etc, please indicate the number of additional medical waste bags required: _____

Notice with Respect to the Collection of Personal Information

Personal information and Personal Health Information requested on this form is collected as a necessary part of the administration of waste management collection services by the Township of Otonabee-South Monaghan pursuant to its legal authority set out in the Municipal Act, 2001. Collection, use and confidentiality of the personal (health) information will be according to the standards in the Municipal Freedom of Information and Protection of Privacy Act or the Personal Health Information Act, 2004, and the information will be used for the purpose of verification of eligibility for specialized set out service programming only.

For further inquiries about the handling of your personal information, please contact:

The Township of Otonabee-South Monaghan
Attention: Heather Scott, Clerk/Deputy-CAO
P.O. Box 70,
20 Third Street,
Keene, Ontario,
K0L 2G0
Telephone: (705) 295-6852 ext. 223



Please Keep this Page for Your Records

1. If your application is approved, you may place up to _____ bags/containers of waste out for curbside collection, provided that no more than two (2) bags /containers contain normal household waste.
2. All materials (garbage and recyclables) must be at the curb no later than 7 a.m. on your scheduled pick-up day.
3. Participation in the County of Peterborough’s Recycling Program is required.
4. This application must be completed annually on the anniversary date for continued service. A renewal form will be sent to you prior to the expiry of this service. A physician’s signature will only be required every three (3) years. Please note below the application date for your records.

Date of Application: _____

5. Certification by a physician is required every three (3) years, please note the date of physician certification below for your records.

Date of Physician Certification: _____