C+M/BKS /30 (30)



HEALTH CARE WASTE MANAGEMENT



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Health Care waste management

Categorisation of waste

Health care waste can be broadly categorized into hazardous and non hazardous(General) waste.

Non hazardous(General) waste

Non hazardous waste includes all waste that has not been contaminated with infectious or hazardous substances such as blood, bodyfluids, and chemicals eg. Paper, left over food, fabric. General waste can be managed by the local authority.

Hazardous waste

There are several categories of hazardous waste

A. Infectious waste

- a. Blood, body fluids or items contaminated with them
- b. Microbiological waste
- c. Waste from isolation wards

B. Pathological waste

- a. Human body parts, fetuses
- b. Similar waste from surgery and autopsies
- c. Animal carcasses organs and tissues infected with human pathogens

C. Sharps

- a. Syringes with needles
- b. Scalpel blades, razors, infusion sers
- c. Contaminated broken glass
- d. Blood tubing and other similar material

D. Chemical waste

- a. Could be in the form of solid, liquid and gaseous chemicals
- b. Is generated in the laboratory by the use of solvents reagents disinfectants and other chemicals
- May be toxic corrosive flammable explosive or carcinogenic

E. Pharmaceutical waste

a. Are outdated or residual medications of all kinds

F. Radio active waste

- a. Solid liquid or pathological waste contaminated with radioactive isotopes of any kind
- b. Faeces vomitus and urine from patients treated with

Health waste management procedures

Safe Health waste management procedures aim at containing infections and reducing public health risks both within and outside the institution. The procedures include the following measures:

- Waste minimization and segregation
- Waste collection and onsite transportation
- Waste storage
- Waste treatment

Waste minimization and segregation

Waste minimization

Recycling procedurs should be implemented to ,minimize the quantity of Health waste generated.

- All non contaminated plastic items should be collected separately to be picked up by local authority capable of recycling them
- All non contaminated and un broken glassware which are not used should be segregated and sent for recycling
- Broken glassware should follow the stream of sharp waste Segregation

Segregation consists of separating different types of waste based on the type of treatment and disposal practices.

- It should take place at the point of generation of waste
- Different colour coded containers should be used.

Waste collection and on site transportation

- i. Waste collection
 - a) Hazardous waste
 - Should be collected in yellow polythene bags with the international biohazard symbol placed in yellow bins.

Infectious waste	Yellow	September 1
Sharp waste	Yellow with a red stripe	
General waste	Black	
Biodegradable waste	Green	
Glass waste	Red	
Paper waste	Blue	
Plastic waste	Orange	

- b) Sharps
- Sharps should be placed in specific cardboard or plastic boxes which are puncture proof and leak proof.
- Should be designed with a small opening so that items can be dropped in but no item can be removed.
- Box should be of yellow colour with red stripes and have the biohazards symbol on it.
- c) General waste
- Should be placed in black polythene bags

ii. Onsite transportation

- Waste should be collected from each ward on a regular schedule.
- When handling waste for transportation sanitary staff should wear protective clothing at all times including face masks, apron, boots and heavy duty gloves.
- All yellow bags should be sealed with appropriate adhesive tape, and removed from the bins.
- The sharps boxes should be closed when 3/4 full.
- Waste should be collected in a trolley or cart which is easy to load and clean.
- The trolley should not be used for any other purpose.
- The collection route should be direct from the point of collection to the central waste storage facility.

Waste storage

- A separate central storage facility should be provided for storage.
 - Non hazardous waste which is to be taken away by local government authorities should be stored separately from hazardous waste.
 - The central storage facility should be totally enclosed and sealed from unauthorized access.
 - It should be inaccessible to animals, insects and birds.
 - It should be easy to clean and disinfect.
 - It should have a good water supply, drainage and ventilation systems

Waste Treatment

Different types of hazardous HW should be treated appropriately.

1) Pharmaceuticals:

- Should be returned to the regional offices of the Medical Supplies Division (MSD) for proper disposal.
- If return to MSD is not possible a process to inert them should be carried out under supervision of the authorized person. To mix with cement and lime before burying.

2) Chemical Waste:

 Appropriate advice should be requested at the regional representative of the Central Environmental Authority before any disposal of chemical. Large quantities of chemical should be returned to the supplier.

3) Effluents:

- All liquid infectious waste shall be discharged into the sewerage system only after being properly treated.
- Effluents of all diagnostic medical laboratories, operating theatres, etc.. Shall always be neutralized in a buffer tank of concentrated hypochlorite (10% hypochlorite) before discarding into the sewerage.
- Radioactive effluents of in ward patients shall be discharged into the sewerage or into a septic tank only after it has decayed to adequate background level in retention tanks.

4) Placentas and Anatomical waste:

- All anatomical waste should be identify as infectious waste and packed in yellow bags and transported to a crematorium for incineration
- Alternatively it can be put into a designated pit of a sufficient depth(> 1m) in a location at least 100m away from any source of underground water.
- Anatomical waste should be stored at a temperature between 1°c to 5°c in the mortuary until transported.

5) Blood:

- Samples of blood should be autoclaved before being discarded.
- ternatively, samples of blood can be kept overnight in a container of concentrated hypochlorite before discarding.
- Blood bags should be incinerated.

6) Infectious waste:

- Infectious solid HW should preferably be incinerated in a double chamber incinerator.
- In densely populated areas it can be treated by autoclaving.
- In minor HCF solid infectious wasted can be buried at sufficient depth (>1m).

7) Sharps

- Sharps are destroyed together with other infectious waste.
- The method of choice for destruction is incineration in a double chamber incinerator.
- Alternatively, autoclaving and shredding can be used.
- In rural areas safety boxes can be incinerated in small numbers by open burning. The residues of burning shall be safety buried at sufficient depth (>1m).

8) Radioactive waste

In disposing radioactive waste the following practices are recommended.

- The radiation protection officer should be responsible regarding disposal of radioactive waste.
- In the process of disposal of the instructions provided by the atomic energy authority regarding storage and disposal should be followed.
- A written protocol on disposal should be available in the unit.
- All radioactive waste shall be stored to allow decay to background level.
- The radioactive waste should be placed in large containers or drums and labeled with the radiation symbol and the required period of storage.
- They should be stored in a specific area preferably in a lead shielded storage room or in a room with concrete walls 25cm thick.
- When radioactive waste has decayed to background level they can be discarded as Infectious HW.
- Liquid radioactive waste can be discarded into the sewerage system once certified as free of radioactivity.
- Non infectious which has decayed to the background level can be discarded with general waste.

Reference

1. The National Guidelines of Srilanka

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