

COMMUNITY HEALTH CENTRE, SAINKUL	
HOSPITAL ADMINISTRATION MANUAL	
Hospital Waste Management	STANDARD OPERATING PROCEDURE HAM.12



STANDARD OPERATING PROCEDURES



FOR

HOSPITAL WASTE MANAGEMENT POLICY



COMMUNITY HEALTH CENTRE, SAINKUL

758043

ODISHA

1.0 Purpose:

(Signature)
Superintendent
CHC Sainkul, Keonjhar

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1.0 Purpose:

The purpose of this waste management policy is to outline safe and efficient practices for the segregation, store and disposal of biomedical and general waste generated by the hospital and ensure the ensure the compliance to Statutory Requirements

2.0 Scope: It includes the following:

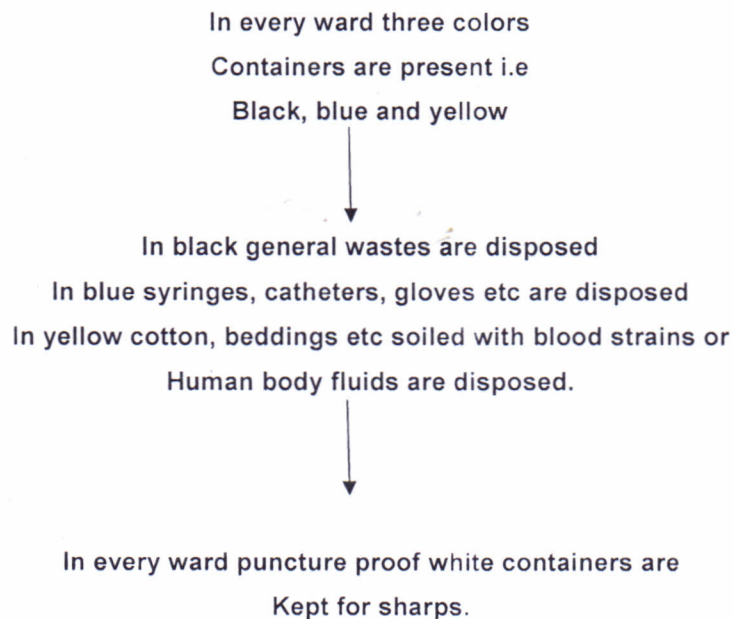
- Segregation of waste
- Collection and handling of waste
- Transportation of waste
- Storage of waste
- Disposal of waste

All these functions are done in accordance with the Bio-medical Waste (Management and Handling) Rules, 1998.

3.0 Reference:

Quality Management System Manual, MNL: QSM: 01, Section 7.1

4.0 Process Flow Chart



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It is the responsibilities of the nurses ,
sweepers and
Group D staff to segregate the waste.

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Wastes are collected from respective wards
by the sweepers in continuous basis.

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Every ward gives labels in the plastics
mentioning the name of the ward.

↓

The general wastes are collected by the municipality

5.0 Standard Procedures

S#	Activity	Responsibility	Related Format/Record/Document
5.1	Segregation		
5.1.1	Colour coded bins for segregation of waste in adequate number are made available in the hospital wherever necessary		
5.1.2	Segregation of Bio-Medical Waste is done at point of generation as per Biomedical Waste (Management & Handling) rules 1998 in different color coded bins with liners.	Doctor/ Nurse	
5.1.3	If waste specific coloured containers / plastic bags are not available, then labeling of colour / mentioning colour or category can be used	Nurse	
5.1.4	The colour coded plastics/ bins are located close to the site of generation of waste.	Nurse	

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5.1.5	Generally 3 types of containers are required: <ul style="list-style-type: none"> • For general waste – Black • Infectious non sharp waste – Yellow • Infectious sharp waste - Blue (Puncture proof 	Nursing Staff	
5.2	Collection of Waste		
5.2.1	Waste bags/ containers are sealed and tied when they are 3/4 th full. The disposable sharps bag/ container is sealed with tape.	Housekeeping staff	
5.2.2	Waste is collected by housekeeping at the respective department in morning time (or as required) except in OT where the waste would be collected after every operation.	Housekeeping staff	
5.2.3	The bags/ containers are replaced by fresh ones by the attendants/ housekeeping staffs	Housekeeping staff	
5.3	Handling of waste		
5.3.1	Staffs handling waste are adequately trained and aware of the procedures of handling waste. Following points are checked while handling waste: <ul style="list-style-type: none"> • Waste bags are properly sealed • Origin of the waste is marked on the waste bag/ container • Bags are picked up by the neck every time. 	Training In Charge	
5.3.2	Personal protective clothing/ devices are used by the waste handlers each time while handling waste.	Housekeeping staff	
5.4	Transportation of Waste		
5.4.1	Waste is transported to disposal site in closed container through a pre- defined route avoiding crowded area	Housekeeping Staff	

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5.4.2	A large plastic bag is used to line the wheel-able bin to prevent any liquid leaks from the waste bags from soiling the bin.	Housekeeping staff	
5.4.3	This plastic bag is replaced every day	Housekeeping staff	
5.5	Storage of Waste		
5.5.1	Blue, Yellow and Black waste are held in the bins kept permanently in waste holding room. Sufficient no. of bins is kept to store waste for a period of 12 hrs and maximum upto 48 hrs.	Housekeeping Staff	
5.5.2	Kitchen waste is placed in designated bins and will be stored for a maximum of 48 hrs.		
5.6	Safe Disposal of Waste:		
5.6.1	Anatomical waste (yellow bag) is disposed in pits made inside the hospital.		
5.6.2	Waste is disposed usually disposed same day. Maximum time limit is 48 hours		
5.6.3	General waste is collected from the facility and disposed by Outsourcing agency.	3 rd Party Outsourcing agency	
5.6.4	Plastic waste is shredded & then disposed off.		
5.6.5	Sharp waste (needles) are first mutilated in the needle cutter then disinfected with 1% sodium hypo chloride solution in white color puncture proof container. Then all needles disposed in sharp pits.		
5.6.6	Re usable waste: Fixer from the Radiology department is removed once in 3 to 4 weeks. This fixer liquid is transported in a closed container by housekeeping staff to a designated area of the hospital under the supervision and guidance of Radiology Staff.	Housekeeping staff	
5.6.7	Monitoring and Quality Control: MO I/C along with Sister Incharge during their rounds assess	MO I/C	

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	the process flow and compliance of Bio medical Waste regulations, Observations are discussed with the staff on duty and appropriate instructions are given at the same time.		
5.7	Statutory & Regulatory Compliance		
5.7.1	Hospital abides to all the clauses of Biomedical Waste (Management & Handling Rules) 1998.	Medical Officer I/C / BPM	Bio- Medical Waste (Management & Handling) Rules 1998
5.7.2	Hospital has a valid authorization for Handling & Treating Bio-Medical Waste as per BMW (Management & Handling Rules 1998. This is renewed at prescribed interval.		
5.7.3	A annual report is submitted to Pollution Control Board, Orissa by 31 st January of every year		Form II, Bio- Medical Waste (Management & Handling) Rules 1998
5.7.4	Any major accident during handling & transportation is reported to MO I/C	Medical Officer I/C / BPM	Form III, Bio- Medical Waste (Management & Handling) Rules 1998
5.7.5	All the containers are labeled with bio hazard sign as per schedule III of BMW (Management & Handling Rules 1998.		Schedule III Bio- Medical Waste (Management & Handling) Rules 1998

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6.0 Formats:

Title	Serial No
Form II Annual Report Format	
Form III Accident Reporting Format	
BMW Score card	

7. Records:

8. Documents of External Origin/ References

Bio-Medical Waste (Handling & Management) Rules 1998
IMEP Guidelines, MoHFW, Government of India

9. Signage/ Display



Bio Hazard Symbol

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Formats for Hospital Waste Management

Bio-Medical Waste (Management & Handling) Rules, 1998
FORM II (Rule 10) for ANNUAL REPORT
 (To be submitted to the prescribed authority by 31st January every year)
Annual Report for the Year (from January to December)
 Name of Hospital

<u>Sl. No.</u>	<u>Query as per Form –II</u>	<u>Response</u>
1.	Particulars of the applicant	Name of Hospital
i)	Name of the authorized person (Occupier/operator)
ii)	Name of the institution	Name of Hospital
	Address	
	Tel. No	
	Fax No	
2.	Categories of waste generated and Quantity on a monthly average basis :	Refer Exhibit –I
3.	Brief details of the treatment facility	Refer Exhibit –II
	Wherein the details of the on site treatment Facilities are described namely on site treatment Facilities are for Cat III, Cat-IV, and VII as below:	
	1. Autoclave for	
	a. Infectious plastic waste after Chemical disinfection and mutilation Of tubes & bags	
	b. Pathological laboratories waste	
	c. Blood bags tested +ve or HIV,	

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FORM III

(see Rule 12)

ACCIDENT REPORTING

1. Date: Time of accident:
2. Sequence of events leading to accident
3. The waste involved in accident:
4. Assessment of the effects of the accidents on human health and the environment.
5. Emergency measures taken:
6. Steps taken to alleviate the effects of accidents:
7. Steps taken to prevent the recurrence of such an accident:

Date:

Signature:

Place:

Designation:

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Hepatitis B & C, VDRL & MP

2. Shredding facilities of the syringes

Off-site facility

i) Name of the operator

ii) Name and address of the facility

Tel. No.

Fax No.

4. Category-wise quantity of waste treated

5. Mode of treatment with details

6. Any other information

Certified that the above report is for the period from

Signature :

Name & :

Designation

Place :

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BMW Score Card

(N) Biomedical Waste Management <i>for every YES give 1 for every NO give 0, add scores of all 10 attributes to get the final score</i>				
26	BMW Score	Scale 1-10	Availability of colour coded Bins at point of BMW generation	
			Availability of coloured liners	
			Display of work instructions at the point of segregation	
			Segregation of BMW at point of generation	
			availability of sharps pit and disposal of sharps as per rules.	
			Availability of deep burial pit and disposal of placenta and other anatomical waste as per rule	
			Availability of PPE(Personal Protective Equipments) with biomedical waste handlers	
			Availability of sodium hypochlorite solution and puncture proof boxes	
			Mutilation and disinfection of plastic waste before disposal	
			Authorization under BMW management rules 1996.	

10. Process Efficiency Criteria:

Si. No	Activity	Efficiency Criteria
1	Renewal of Authorization	The renewal of Authorization is done within specified time, i.e., before expiry of authorization
2	Storage of BMW	The BMW should not be stored for more than 48 hours
3	Annual Report	Annual report of BMW generated is submitted to State Pollution Control Board, on or before 31 st

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		March every year
4	BMW Score	Score of 10

11. Reference Documents:

1. Bio Medical Waste (Handling & Management) Rules, 1998
2. IMEP Guidelines, MoHFW, Government of India


 Superintendent
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 CHC Sainkul
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