

COMMUNITY HEALTH CENTRE, _____

HOSPITAL ADMINISTRATION MANUAL

Hospital Waste Management

STANDARD OPERATING PROCEDURE
HAM.4



STANDARD OPERATING PROCEDURES

FOR



HOSPITAL WASTE MANAGEMENT POLICY

COMMUNITY HEALTH CENTRE, _____

758____

ODISHA

PHONE NO:

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
- Management of E-Waste.

All these functions are done in accordance with the Bio-medical Waste (Management and Handling) Rules, 2016.

3.0 Reference:

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

4.0 Process Flow Chart

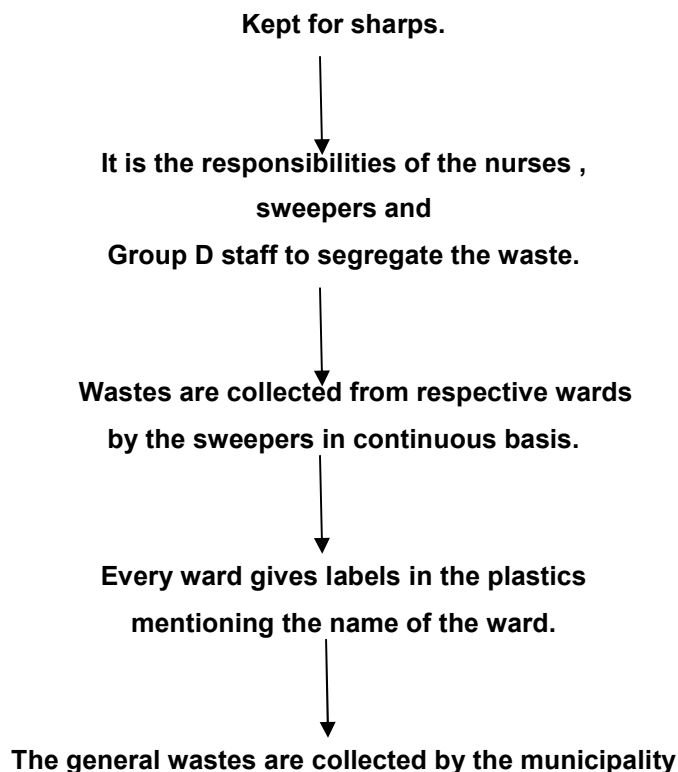
**In every ward three colors
Containers are present i.e
Black, blue and yellow**



**In black general wastes are disposed
In blue syringes, catheters, gloves etc are disposed
In yellow cotton, beddings etc soiled with blood strains or
Human body fluids are disposed.**



In every ward puncture proof white containers are



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	

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5.1.4	The colour coded plastics/ bins are located close to the site of generation of waste.	Nurse	
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	
5.1.6	Collection of E-waste – Waste like old electronic item such as tube lights, mobile phones, computers, keyboards, headphones, batteries etc are to be kept in a dedicated room. It should be sorted as per the size and toxicity. In no circumstance the e-waste will be dumped in the dustbin and other garbage. Agency will collect the e-waste and recycled at the Keonjhar municipality.	BPM	
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 	Training In Charge	

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	waste bag/ container <ul style="list-style-type: none"> • Bags are picked up by the neck every time. 		
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	
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, Red 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 like degradable items are placed in green bins and will be dumped at the dedicated compost pit. And the non degradable material are kept in the black bag.		
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.		

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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 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.	MO I/C	
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		
5.7.4	Any major accident during handling & transportation is reported to MO I/C	Medical Officer I/C / BPM	
5.7.5	All the containers are labeled with bio hazard sign as per schedule III of BMW (Management & Handling Rules).		

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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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 March every year

11. Reference Documents:

1. Bio Medical Waste (Handling & Management) Rules, 2016
2. IMEP Guidelines, MoHFW, Government of India