# Hospital Waste Management

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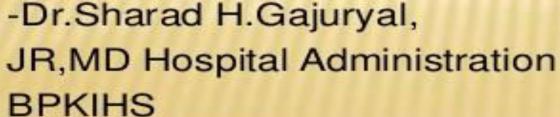
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# HOSPITAL WASTE MANAGEMENT













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# DEFINITION

Mospital waste are the waste produced in the course of health care activities during Treating, Diagnosing, and Immunizing Human being or animals or while doing Study/Research activities.

- 75-90% Non-Hazardous/General Waste
- 10-15% -Hazardous

# WHO CLASSIFICATION

Waste Categories	Description and Examples
1.General Waste	No risk to human health eg:office paper,wrapper,kitchen waste,general sweeping etc.
2.Pathological Waste	Human Tissue or fluid eg:body parts,blood,body fluids etc.
3.Sharps	Sharp waste eg:Needle,scaples,knives,blades etc.
4.Infectious waste	Which may transmit bacterial, viral or parasitica disease to human being, waste suspected to contain pathogen eg:labrotory culture, tissues (swabs) bandage etc.
5.Chemical waste	Eg:Labrotory reagent, disinfectants, Film Developer
6.Radio-active waste	Eg: unused liquid from radiotherapy or lab research, contaminated glasswares etc.

Waste Categories	Description with examples
7.Pharmacutical Waste	Expired outdated drugs /chemicals
8.Pressurized container	Gas cylinder,aerosal cans etc
9.Genotoxic Waste	Waste Containing Cytotoxic Drugs(often Used In Cancer Therapy)

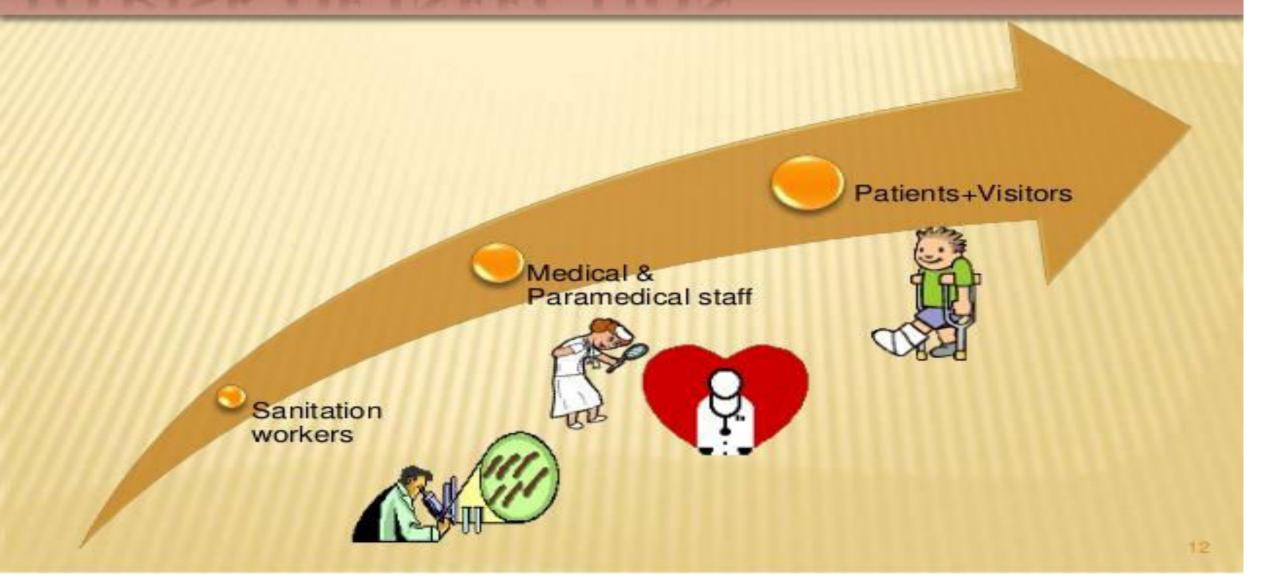
As propageted by CDC, Atlanta under US classification, Pathological waste, and Sharp waste also come under 'INFECTIOUS WASTE'

\*\*Types and nature of hospital waste depends upon the service available in hospital and nature of the hospital.

# SOURCE OF HEALTH CARE WASTE

- Governmental Hospital
- Private Hospital
- Nursing Homes
- Physician's Office
- Dentist Office
- Dispenseries
- Mortouries
- Blood Bank and collection center
- Animal Houses
- Labrotories
- Research Organizations

# CATEGORIES OF PERSONS EXPOSED TO RISK OF INFECTION



# ROUTES OF TRANSMISSION

Inhalation of dust particles containing germs

Intact or non intact skin, mucous membranes

> By ingestion (contaminated unwashed hands, contaminated food stuffs, water etc)

# PROBLEM ASSOCIATED WITH BIOMEDICAL WASTE

ORGANISM	DISEASES CAUSED	RELATED WASTE ITEM
VIRUSES HIV, Hepatitis B, Hepatitis A,C, Arboviruses, Enteroviruses, Herpes Virus	AIDS, Infectious Hepatitis, Infectious Hepatitis, Dengue, Japanese encephalitis, Ocular infection, Genital Infection	Infected needles, body Fluids, Human excreta, Blood, body fluids. Eye secrection, genital Secretion
BACTERIA Salmonella typhi, Vibrio cholerae, Clostridium Tetani, Pseudomonas, Streptococcus	Typhoid, Cholera, Tetanus Wound infections, septicemia, rheumatic fever, endocarditis, skin and soft tissue infections	Human excreta and body fluid in landfills and hospital wards, Sharps such as needles, surgical blades in hospital waste.
PARASITES Wucheraria Bancrofti,	Cutaneous leishmaniasis, Filariasis	Human excreta, blood and body fluids in poorly

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# GENERATION, SEGREGATION, COLLECTION, STO RAGE, TRANSPORTATION AND TREATMENT OF WASTE

SOPs for this system may differ from Hospital to Hospital/Nation wise.

\* 1.Generation:

Туре	Site of Generation	Disposal By
Non-Hazardous waste/General waste	Office, Kitchen, Admini stration, Hostels, Store s, Rest rooms etc	Muncipal/Public Authority
Hazardous (Infectious & toxic waste)	Wards, Treatment room, Dressing room, OT, ICU, Labour room, Labrotory, Dialysis room, CT scan, Radio-imaging etc	Hospital itself

# 2.Segregation:

Done at point of Generation of waste and put in separate coloured bags. Color coding varies from nation to nation. For eg. In AIIMS hospital, New delhi, Following color code bags are practised.

# GENERAL WASTE



## INFECTIOUS WASTE/PATHOLOGICAL WASTE



# SHARP AND DISPOSABLE WASTES



# SEGREGATE MEDICAL WASTE

WHITE BAG OR CONTAINER



#### PLASTIC WASTE

- \* N Sets
- "Tubings
- " Blood & Urme bags
- \* Syringes

#### BLACK

BAG OR CONTAINER



#### GENERAL WASTE

- Paper & Plastic Packaging
   Unsolled Plaster Casters
- \* Kitchen waste



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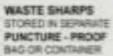
and regions on





- \* Soled bandages
- \* Dressings
- \* Pathological Tesure.
- \* Placenta









- 3.Collection of waste:
- Centralized sanitation staffs or any other sanitation staffs should collect the waste during morning afternoon or evening under the supervision of nursing staff and sanitation supervisor; documentation should be done in register; Garbage bin should be cleaned and disinfected regularly.

- \* 4. Storage of Waste:
- Waste should not be stored in the generation area for more than a period of 4-6 hours.
- It is responsibility of paramedic/sanitation staff to check for segregation
- Waste collected in various areas should be trasported for disposal/Treatment.

## Transportation:

- There should be separate corridor and lift in hospital to carry and transport waste.
- General waste are deposited at municipal dumps.
- Waste for autoclaving and incineration are dumped at separate site for external trasport (should have separate coloured plastic bag for these waste)
- Transportation should be done in sealed container/sanitation supervisor should ensure for leakage.

## Treatment & Disposal:

- General waste should be dumped at municipal dumping site. Sanitation officer should be responsible for proper coordination between municipal and hospital.
- Use of label/symbole is useful in identifying waste for treatment .eg: Risk of corrosion, Danger of Infection, Toxic hazards, Glass Hazards, Radioactive materials etc.

# LABEL FOR BIO-MEDICAL WASTE CONTAINERS/BAGS

BIOHAZARD SYMBOL CYTOTOXIC HAZARD SYMBOL







CYTOTOXIC

HANDLE WITH CARE

Note: Label shall be non-washable and prominently visible.

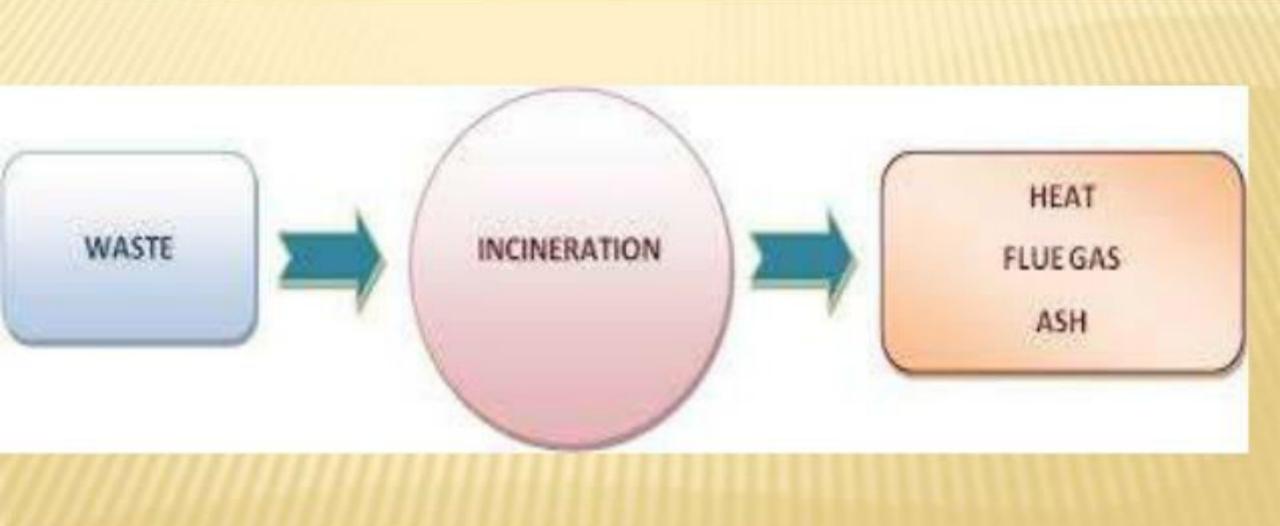
# TREATMENT & DISPOSAL TECHNOLOGIES

- \* 1.Incineration
- 2.Chemical Disinfection
- 3.Wet and dry thermal treatment
- 4. Microwave irradiation
- 5.Land disposal
- 6.Inertization

### Inceneration:

High tempreture dry oxidation process that reduce organic and combustible waste into inorganic incombustible matter. Resulting in significant reduction in waste volume and weight.

--Process is selected to treat waste that cannot be recycled, reused or can be disposed in land.



Types if Incinerators:

- Double chambered(for infectious waste)
- Single chambered (if double chamber not affordable)
- Rotatory Kilns(for genotoxic waste)

## 2.Chemical disinfection:

Commonly Used for treatment of liquid infectious waste eg.blood,urine,stool and hospital sewage

Chemicals are added to waste to kill or inactivate the pathogen it contains.

### 3. Wet and Dry thermal treatment:

- Wet thermal treatment/steam disinfection is based on exposure if infecious waste to high tempreture and high pressure steam similar to process of autoclaving, inapropriate for treating anatomical waste, chemical and pharmaceutical waste.
- Screw feed technology: Dry thermal treatment in which waste is shredded and heated in rotating auger.80% volume and 20-35 weight is reduced, suitable for infectius waste and sharps.

## Microwave irradiation

Microwave of frequency 2450MHZ and wave length 12.24cm used to destroy the microorganism. water contained in the waste is rapidly heated by microwave and infectious components are destroyed by heat conduction.

# Land Disposal:

- A.Open Dumps: risk for public health
- B.Sanitary landfills: designed and constructed to prevent contamination of soil,surface,ground water and direct contact with public.

### 5.Inertization

- Process of mixing waste with cement and other substances before disposal in order to minimize the risk of toxic substance migrating into surface water or ground water and to prevent scavenging.
- Proportion of 65% waste 15%lime 15% cement and 5% water is used.

### CATEGORIES OF BIOMEDICAL WASTE SCHEDULE - I

WASTE	TYPE OF WASTE	DISPOSAL OPTION
Category No. 1	Human Anatomical Waste (Human tissues, organs, body parts)	Incineration@ / deep burial*
Category No. 2	Animal Waste (Animal tissues, organs, body parts, carcasses, bleeding parts, fluid, blood and experimental animals used in research, waste generated by veterinary hospitals and colleges, discharge from hospitals, animal houses)	Incineration@ / deep burial*
Category No. 3	Microbiology & Biotechnology Waste (Wastes from laboratory cultures, stocks or specimen of live micro organisms or attenuated vaccines, human and animal cell cultures used in research and infectious agents from research and industrial laboratories, wastes from production of biologicals, toxins and devices used for transfer of cultures)	Local autoclaving/ microwaving / incineration@

	Waste Sharps (Needles, syringes, scalpels, blades, glass, etc. that may	Disinfecting (chemical treatment@@/
Category No. 4	cause puncture and cuts. This includes both used and unused sharps)	autoclaving / microwaving
Category No. 5	Discarded Medicine and Cytotoxic drugs (Wastes comprising of outdated, contaminated and discarded medicines)	Incineration@ / destruction and drugs disposal in secured landfills
Category No. 6	Soiled Waste (Items contaminated with body fluids including cotton, dressings, soiled plaster casts, lines, bedding and other materials contaminated with blood.)	Incineration@ / autoclaving / microwaving
Category No. 7	Solid Waste (Waste generated from disposable items other than the waste sharps such as tubing, catheters, intravenous sets, etc.)	Disinfecting by chemical treatment@@ / autoclaving / microwaving

Category No. 8	Liquid Waste (Waste generated from the laboratory and washing, cleaning, house keeping and	Disinfecting by chemical treatment@@ and discharge into
	disinfecting activities)	drains
Category No. 9	Incineration Ash (Ash from incineration of any biomedical waste)	Disposal in municipal landfill
Category No.10	Chemical Waste (Chemicals used in production of biologicals, chemicals used in disinfecting, as insecticides, etc.)	drains for liquids and

# THINK YOU