Ministry of Health

Department of Public Health

Occupational and Environmental Health Division

Standard Operating Procedures on Health Care Waste Management for Health Care Facilities

Contents

This document is prepared under Health Care Waste Management Project implemented by Occupational and Environmental Health Division, Department of Public Health.

1. Standard Operating Procedures on Health Care Waste Management for Township Hospitals

(Logo) Township Hospital	Standard Operating Procedures Health Care Waste Management	Document Number	
		Date issued	
		Date reviewed	

1.1. Standard Operating Procedure on Waste Segregation

1.1.1. Purpose

This procedure is issued to ensure correct segregation of health care waste in the township hospital.

1.1.2. Scope of Application

All rooms of township hospital in which health care waste is generated shall apply this procedure.

1.1.3. Responsibility

All persons who generate health care waste in township hospital (including all hospital staff, patients, attendants and visitors) shall apply this procedure.

1.1.4. Equipment and Supplies

Color-coded waste bags

Labels

Color-coded waste containers

Sharp containers

1.1.5. Method

Segregate health care waste as soon as it is generated.

Contain each type of waste in designated bags and containers.

Segregate sharp waste into sharp containers or red color bags or containers.

Segregate infectious waste, pathological waste and anatomical waste into separate yellow color bags with appropriate labels and logos.

Segregate pharmaceutical and chemical waste into brown color bags or containers.

Use double yellow bags for high risk infectious waste.

Segregate general waste into black color bags or containers.[1]

1.2. Standard Operating Procedure on Waste Storage

1.2.1. Purpose

This procedure is issued to ensure correct storage of health care waste in the township hospital.

1.2.2. Scope of Application

Storage room or place for health care waste shall apply this procedure.

1.2.3. Responsibility

Person in charge of health care waste storage room or place shall apply this procedure.

[1] Or in accordance with responsible municipal instruction.
[2] If the infectious waste collecting bags are torn or leak and contaminated clean the containers immediately, place it under the direct sunlight.

1.2.4. Equipment and Supplies

Storage room or place of a size appropriate to the volume of waste produced

Storage equipment and containers (bins, drums, cans, etc)

Labels

1.2.5. Method

Store different health care waste streams separately in standard storage equipment and specific storage containers such as bins, drums, cans etc.

Ensure storage time of health care waste should not exceed 48 hours.

Bury or dispose anatomical waste daily.

Clean and disinfect storage room or place and equipment at least once a week.

Locate specific areas for the initial storage of wastes, in the wards and departments, near the source of waste generation.

Locate central storage area away from food preparation, public access and exit route.

Locate central storage area separately from general waste storage areas.

Do not mix landfill and incinerable waste in the central storage area.

1.3. Standard Operating Procedure on Waste Transportation

1.3.1. Purpose

This procedure is issued to ensure correct transportation of health care waste in the township hospital.

1.3.2. Scope of Application

All transportation of health care waste onsite and offsite the township hospital shall apply this procedure.

1.3.3. Responsibility

Person in charge of health care waste transportation shall apply this procedure.

1.3.4. Equipment and Supplies

Equipment

Basket

Bins

Wheeled trolleys

Carts

These are not used for any other purposes and meet the following specifications;

- Easy to load and unload
- No sharp edges that could damage waste bags or containers during loading and off loading
- Easy to clean

1.3.5. Method

Remove bags and containers from initial storage area regularly.

Minimize manual handling of waste bags.

Handle all waste bags by the neck.

Plan internal transport routes from initial storage to central store to minimize the passage of waste through patient care areas and other clean areas.

Use dedicated wheeled containers, trolleys or carts to transport the waste containers to central storage area. Reserve these vehicles only for the transportation of clinical waste.

Clean and disinfect wheeled containers, trolleys or carts regularly and immediately after spillage or accidental discharge.

1.4. Standard Operating Procedure on Treatment of Waste

1.4.1. Purpose

This procedure is issued to ensure correct treatment of health care waste in the township hospital.

1.4.2. Scope of Application

Storage room or place for health care waste shall apply this treatment procedure before disposal.

1.4.3. Responsibility

Person in charge of treatment of health care waste shall apply this procedure.

1.4.4. Equipment and Supplies

Autoclave

Needle cutter / Hub cutter

Chemicals: Bleaching powder, Lime solution, Calcium oxide, Aseptol/ Dettol

1.4.5. Method

Autoclave autoclavable infectious waste before disposal.

Disinfect non-autoclavable infectious waste chemically by using bleaching powder, lime solution, calcium oxide or others (Aseptol/ Dettol).

Use needle cutter to displace needles from syringes.

Disinfect defanged syringes by 2% chlorine solution in order to be recycled.

1.5. Standard Operating Procedure on Disposal of Waste

1.5.1. Purpose

This procedure is issued to ensure correct disposal of health care waste in the township hospital.

1.5.2. Scope of Application

Storage room or place for health care waste shall apply this disposal procedure after treatment.

1.5.3. Responsibility

Person in charge of disposal of health care waste shall apply this procedure.

1.5.4. Equipment and Supplies

Standardized Incinerator

Sharp pit

Placenta pit

Materials for encapsulation and inertization

Sanitary Land Fill

1.5.5. Method

Incinerate non-treated infectious waste, placenta and small anatomical waste (by combustion or pyrolysis and gasification).

Dispose placenta and small anatomical waste to placenta pit where there is no effective incinerator.

Encapsulate or inertize the pharmaceutical waste. If feasible send back expired unused pharmaceutical products to the supplier or the provider.

Dispose general waste, sharp waste and treated waste to municipal waste collecting system.

Dispose general waste and treated waste to sanitary land filling where there is no municipal waste collecting system.

Dispose sharp waste to sharp pit where there is no municipal waste collecting system.

Bury large anatomical waste in appropriate site.

Dispose waste water according to the reference of safe management of waste from healthcare activities developed by WHO.

Dispose laboratory waste according to the reference of instructions developed by National Health Laboratory, Myanmar.

1.6. Issuance

	Name	Title	Signature	Date
Prepared by				
Checked by				
Approved by				

Read by			
Name	**Title**	**Signature**	**Date**

2. Standard Operating Procedures on Health Care Waste Management for Station Hospitals

(Logo) Station Hospital	Standard Operating Procedures Health Care Waste Management	Document Number	
		Date issued	
		Date reviewed	

2.1. Standard Operating Procedure on Waste Segregation

2.1.1. Purpose

This procedure is issued to ensure correct segregation of health care waste in the station hospital.

2.1.2. Scope of Application

All rooms of station hospital in which health care waste is generated shall apply this procedure.

2.1.3. Responsibility

All persons who generate health care waste in station hospital (including all hospital staff, patients, attendants and visitors) shall apply this procedure.

2.1.4. Equipment and Supplies

Color-coded waste bags

Labels

Color-coded waste containers

Sharp containers

2.1.5. Method

Segregate health care waste as soon as it is generated.

Contain each type of waste in designated bags and containers.

Segregate sharp waste into sharp containers or red color bags or containers.

Segregate infectious waste, pathological waste and anatomical waste into separate yellow color bags or containers with appropriate labels and logos.

Segregate pharmaceutical and chemical waste into brown color bags or containers.

Use double yellow bags for high risk infectious waste.

Segregate general waste into black color bags or containers.

2.2. Standard Operating Procedure on Waste Storage

2.2.1. Purpose

This procedure is issued to ensure correct storage of health care waste in the station hospital.

2.2.2. Scope of Application

Storage room or place for health care waste shall apply this procedure.

2.2.3. Responsibility

Person in charge of health care waste storage room or place shall apply this procedure.

2.2.4. Equipment and Supplies

Storage room or place of a size appropriate to the volume of waste produced

Storage equipment and containers (bins, drums, cans, etc)

Labels

2.2.5. Method

Store different health care waste streams separately in standard storage equipment and specific storage containers such as bins, drums, cans etc.

Ensure storage time of health care waste should not exceed 48 hours.

Bury or dispose anatomical waste daily.

Clean and disinfect storage room or place and equipment at least once a week.

Locate specific areas for the initial storage of wastes, in the wards and departments, near the source of waste.

Locate central storage area away from food preparation, public access and exit route.

Locate central storage area separately from general waste storage areas.

Do not mix landfill and incinerable waste in the central storage area.

2.3. Standard Operating Procedure on Waste Transportation

2.3.1. Purpose

This procedure is issued to ensure correct transportation of health care waste in the station hospital.

2.3.2. Scope of Application

All transportation of health care waste of the station hospital shall apply this procedure.

2.3.3. Responsibility

Person in charge of health care waste transportation shall apply this procedure.

2.3.4. Equipment and Supplies

Equipment

Basket

Trolley

Cart

These are not used for any other purposes and meet the following specifications

- Easy to load and unload
- No sharp edges that could damage waste bags or containers during loading and off loading
- Easy to clean

2.3.5. Method

Remove bags and containers from initial storage area regularly.

Minimize manual handling of waste bags.

Handle all waste bags by the neck.

Plan internal transport routes from initial storage to central store to minimize the passage of waste through patient care areas and other clean areas.

Use dedicated wheeled containers, trolleys or carts to transport the waste containers to central storage area. Reserve these vehicles only for the transportation of clinical waste.

Clean and disinfect wheeled containers, trolleys or carts regularly and immediately after spillage or accidental discharge.

2.4. Standard Operating Procedure of Treatment on Waste

2.4.1. Purpose

This procedure is issued to ensure correct treatment of health care waste in the station hospital.

2.4.2. Scope of Application

Storage room or place for health care waste shall apply this treatment procedure before disposal.

2.4.3. Responsibility

Person in charge of treatment of health care waste shall apply this procedure.

2.4.4. Equipment and Supplies

Autoclave

Needle cutter / Hub cutters

Chemicals: Bleaching powder, Lime solution, Calcium oxide, Aseptol/ Dettol

2.4.5. Method

Autoclave autoclavable infectious waste before disposal.

Disinfect non-autoclavable infectious waste chemically by using bleaching powder, lime solution, calcium oxide or others (Aseptol/ Dettol).

Use needle cutter to displace needles from syringes.

Disinfect defanged syringes by 2% chlorine solution in order to be recycled.

2.5. Standard Operating Procedure on Disposal of Waste

2.5.1. Purpose

This procedure is issued to ensure correct disposal of health care waste in the station hospital.

2.5.2. Scope of Application

Storage room or place for health care waste shall apply this treatment procedure before disposal.

2.5.3. Responsibility

Person in charge of disposal of health care waste shall apply this procedure.

2.5.4. Equipment and Supplies

Standardized Incinerator[2]

Sharp pit

Placenta pit

Materials for encapsulation and inertization

Sanitary Land Fill

2.5.5. Method

Incinerate non-treated infectious waste, placenta and small anatomical waste (by combustion or pyrolysis and gasification).

Dispose placenta and small anatomical waste to placenta pit where there is no effective incinerator.

[2] Most of the station hospital does not have incinerator.

Encapsulate or inertize the pharmaceutical waste. If feasible send back expired unused pharmaceutical products to the supplier or the provider.

Dispose general waste, sharp waste and treated waste to municipal waste collecting system.

Dispose general waste and treated waste to sanitary land filling where there is no municipal waste collecting system.

Dispose sharp waste to sharp pit where there is no municipal waste collecting system.

Bury large anatomical waste in appropriate site.

Dispose waste water according to the reference of safe management of waste from healthcare activities developed by WHO.

Dispose laboratory waste according to the reference of instructions developed by National Health Laboratory, Myanmar.

2.6. Issuance

	Name	Title	Signature	Date
Prepared by				
Checked by				
Approved by				

Read by			
Name	**Title**	**Signature**	**Date**

3. Standard Operating Procedures on Health Care Waste Management for Urban Health Centers

(Logo) Urban Health Center Address	Standard Operating Procedures Health Care Waste Management	Document Number	
		Date issued	
		Date reviewed	

3.1. Standard Operating Procedure on Waste Segregation

3.1.1. Purpose

This procedure is issued to ensure correct segregation of health care waste in the urban health center.

3.1.2. Scope of Application

All rooms of urban health center in which health care waste is generated shall apply this procedure.

3.1.3. Responsibility

All persons who generate health care waste in urban health center (including all staff, patients, attendants and visitors) shall apply this procedure.

3.1.4. Equipment and Supplies

Color-coded waste bags

Labels

Color-coded waste containers

Sharp containers

3.1.5. Method

Segregate health care waste as soon as it is generated.

Contain each type of waste in designated bags and containers.

Segregate sharp waste into sharp containers or red color bags or containers.

Segregate infectious waste, pathological waste and anatomical waste into separate yellow color bags or containers with appropriate labels and logos.

Segregate pharmaceutical and chemical waste into brown color bags or containers.

Use double yellow bags for high risk infectious waste.

Segregate general waste into black color bags or containers.

3.2. Standard Operating Procedure on Waste Storage

3.2.1. Purpose

This procedure is issued to ensure correct storage of health care waste in the urban health center.

3.2.2. Scope of Application

Storage room or place for health care waste shall apply this procedure.

3.2.3. Responsibility

Person in charge of health care waste storage room or place shall apply this procedure.

3.2.4. Equipment and Supplies

Storage room or place of a size appropriate to the volume of waste produced

Storage equipments and containers (bins, drums, cans, etc)

Labels

3.2.5. Method

Store different health care waste streams separately in standard storage equipment and specific storage containers such as bins, drums, cans etc.

Ensure storage time of health care waste should not exceed 48 hours.

Bury or dispose anatomical waste daily.

Clean and disinfect storage room or place and equipment at least once a week.

Locate specific areas for the initial storage of wastes near the source of waste.

Locate central storage area away from food preparation, public access and exit route.

Locate central storage area separately from general waste storage areas.

3.3. Standard Operating Procedure on Waste Transportation

3.3.1. Purpose

This procedure is issued to ensure correct transportation of health care waste in the urban health center.

3.3.2. Scope of Application

All transportation of health care waste onsite and offsite the urban health center shall apply this procedure.

3.3.3. Responsibility

Person in charge of health care waste transportation shall apply this procedure.

3.3.4. Equipment and Supplies

Equipment

Basket

Trolley

Cart

These are not used for any other purposes and meet the following specifications

- Easy to load and unload
- No sharp edges that could damage waste bags or containers during loading and off loading
- Easy to clean

3.3.5. Method

Remove bags and containers from initial storage area regularly.

Minimize manual handling of waste bags.

Handle all waste bags by the neck.

Clean and disinfect waste containers regularly and immediately after spillage or accidental discharge.

3.4. Standard Operating Procedure on Treatment of Waste

3.4.1. Purpose

This procedure is issued to ensure correct treatment of health care waste in the urban health center.

3.4.2. Scope of Application

Storage room or place for health care waste shall apply this treatment procedure before disposal.

3.4.3. Responsibility

Person in charge of treatment of health care waste shall apply this procedure.

3.4.4. Equipment and Supplies

Needle cutter / Hub cutter

Chemicals: Bleaching powder, Lime solution, Calcium oxide, Aseptol/ Dettol

3.4.5. Method

Disinfect infectious waste chemically by using bleaching powder, lime solution, calcium oxide or others (Aseptol/ Dettol).

Use needle cutter to displace needles from syringes.

Disinfect defanged syringes by 2% chlorine solution in order to be recycled.

3.5. Standard Operating Procedure on Disposal of Waste

3.5.1. Purpose

This procedure is issued to ensure correct disposal of health care waste in the urban health center.

3.5.2. Scope of Application

Storage room or place for health care waste shall apply this treatment procedure before disposal.

3.5.3. Responsibility

Person in charge of disposal of health care waste shall apply this procedure.

3.5.4. Equipment and Supplies

Sharp pit[3]

Placenta pit[4]

Sanitary land fill

3.5.5. Method

Dispose placenta and small to placenta pit.

Dispose general waste, sharp waste and treated waste to municipal waste collecting system.

Dispose general waste and treated waste to sanitary land filling where there is no municipal waste collecting system.

Dispose sharp waste to sharp pit where there is no municipal waste collecting system.

Transport pharmaceutical waste to Township Hospital or Station Hospitals in order to be encapsulated and inertized.

[3] Where there is enough space.
[4] Where there is enough space.

3.6. Issuance

	Name	Title	Signature	Date
Prepared by				
Checked by				
Approved by				

Read by			
Name	**Title**	**Signature**	**Date**

4. Standard Operating Procedures on Health Care Waste Management for Rural Health Centers

(Logo) Rural Health Center Address	Standard Operating Procedures Health Care Waste Management	Document Number	
		Date issued	
		Date reviewed	

4.1. Standard Operating Procedure on Waste Segregation

4.1.1. Purpose

This procedure is issued to ensure correct segregation of health care waste in the rural health center.

4.1.2. Scope of Application

All rooms of rural health center in which health care waste is generated shall apply this procedure.

4.1.3. Responsibility

All persons who generate health care waste in rural health center (including all staff, patients, attendants and visitors) shall apply this procedure.

4.1.4. Equipment and Supplies

Color-coded waste bags

Labels

Color-coded waste containers

Sharp containers

4.1.5. Method

Segregate health care waste as soon as it is generated.

Contain each type of waste in designated bags and containers.

Segregate sharp waste into sharp containers or red color bags or containers.

Segregate infectious waste, pathological waste and anatomical waste into separate yellow color bags or containers with appropriate labels and logos.

Segregate pharmaceutical and chemical waste into brown color bags or containers.

Use double yellow bags for high risk infectious waste.

Segregate general waste into black color bags or containers.

4.2. Standard Operating Procedure on Waste Storage

4.2.1. Purpose

This procedure is issued to ensure correct storage of health care waste in the rural health center.

4.2.2. Scope of Application

Storage room or place for health care waste shall apply this procedure.

4.2.3. Responsibility

Person in charge of health care waste storage room or place shall apply this procedure.

4.2.4. Equipment and Supplies

Storage room or place of a size appropriate to the volume of waste produced

Storage equipment and containers (bins, drums, cans, etc)

Labels

4.2.5. Method

Store different health care waste streams separately in standard storage equipment and specific storage containers such as bins, drums, cans etc.

Ensure storage time of health care waste should not exceed 48 hours.

Bury or dispose anatomical waste daily.

Clean and disinfect storage room or place and equipment at least once a week.

Locate specific areas for the initial storage of wastes near the source of waste.

Locate health care waste storage area separately from general waste storage areas.

4.3. Standard Operating Procedure on Waste Transportation

4.3.1. Purpose

This procedure is issued to ensure correct transportation of health care waste in the rural health center.

4.3.2. Scope of Application

All transportation of health care waste of rural health center shall apply this procedure.

4.3.3. Responsibility

Person in charge of health care waste transportation shall apply this procedure.

4.3.4. Equipment and Supplies

Equipment

Basket

Trolley

Cart

These are not used for any other purposes and meet the following specifications

- Easy to load and unload
- No sharp edges that could damage waste bags or containers during loading and off loading
- Easy to clean

4.3.5. Method

Remove bags and containers from initial storage area regularly.

Minimize manual handling of waste bags.

Handle all waste bags by the neck.

Clean and disinfect waste containers regularly and immediately after spillage or accidental discharge.

4.4. Standard Operating Procedure on Treatment of Waste

4.4.1. Purpose

This procedure is issued to ensure correct treatment of health care waste in the rural health center.

4.4.2. Scope of Application

Storage room or place for health care waste shall apply this treatment procedure before disposal.

4.4.3. Responsibility

Person in charge of treatment of health care waste shall apply this procedure.

4.4.4. Equipment and Supplies

Needle cutter / Hub cutter

Chemicals: Bleaching powder, Lime solution, Calcium oxide, Aseptol/ Dettol

4.4.5. Method

Disinfect infectious waste chemically by using bleaching powder, lime solution, calcium oxide or others (Aseptol/ Dettol).

Use needle cutter to displace needles from syringes.

Disinfect defanged syringes by 2% chlorine solution in order to be recycled.

4.5. Standard Operating Procedure on Disposal of Waste

4.5.1. Purpose

This procedure is issued to ensure correct disposal of health care waste in the rural health center.

4.5.2. Scope of Application

Storage room or place for health care waste shall apply this treatment procedure before disposal.

4.5.3. Responsibility

Person in charge of disposal of health care waste shall apply this procedure.

4.5.4. Equipment and Supplies

Sharp pit

Placenta pit

Sanitary land fill

4.5.5. Method

Dispose placenta to placenta pit.

Dispose sharp waste to sharp pit

Dispose general waste and treated waste to sanitary land filling.

Transport pharmaceutical waste to Township Hospital or Station Hospitals in order to be encapsulated and inertized.

4.6. Issuance

	Name	Title	Signature	Date
Prepared by				
Checked by				
Approved by				

Read by			
Name	**Title**	**Signature**	**Date**

5. Standard Operating Procedures on Health Care Waste Management for Rural Health Sub-Centers

(Logo) Rural Health Sub-center Address	Standard Operating Procedures Health Care Waste Management	Document Number	
		Date issued	
		Date reviewed	

5.1. Standard Operating Procedure on Waste Segregation

5.1.1. Purpose

This procedure is issued to ensure correct segregation of health care waste in the rural health sub-center.

5.1.2. Scope of Application

All rooms of rural health sub-center in which health care waste is generated shall apply this procedure.

5.1.3. Responsibility

All persons who generate health care waste in rural health sub-center (including all staff, patients, attendants and visitors) shall apply this procedure.

5.1.4. Equipment and Supplies

Color-coded waste bags

Labels

Color-coded waste containers

Sharp containers

5.1.5. Method

Segregate health care waste as soon as it is generated.

Contain each type of waste in designated bags and containers.

Segregate sharp waste into sharp containers or red color bags or containers.

Segregate infectious waste, pathological waste and anatomical waste into separate yellow color bags or containers with appropriate labels and logos.

Segregate pharmaceutical and chemical waste into brown color bags or containers.

Use double yellow bags for high risk infectious waste.

Segregate general waste into black color bags or containers.

5.2. Standard Operating Procedure on Waste Storage

5.2.1. Purpose

This procedure is issued to ensure correct storage of health care waste in the rural health sub-center.

5.2.2. Scope of Application

Storage room or place for health care waste shall apply this procedure.

5.2.3. Responsibility

Person in charge of health care waste storage room or place shall apply this procedure.

5.2.4. Equipment and Supplies

Storage room or place of a size appropriate to the volume of waste produced

Storage equipment and containers (bins, drums, cans, etc)

Labels

5.2.5. Method

Store different health care waste streams separately in standard storage equipment and specific storage containers such as bins, drums, cans etc.

Ensure storage time of health care waste should not exceed 48 hours.

Bury or dispose anatomical waste daily.

Clean and disinfect storage room or place and equipment at least once a week.

Locate specific areas for the initial storage of wastes near the source of waste.

Locate health care waste storage area separately from general waste storage areas.

5.3. Standard Operating Procedure on Waste Transportation

5.3.1. Purpose

This procedure is issued to ensure correct transportation of health care waste in the rural health sub-center.

5.3.2. Scope of Application

All transportation of health care waste of rural health sub-center shall apply this procedure.

5.3.3. Responsibility

Person in charge of health care waste transportation shall apply this procedure.

5.3.4. Equipment and Supplies

Equipment

Basket

Trolley

Cart

These are not used for any other purposes and meet the following specifications.

- Easy to load and unload
- No sharp edges that could damage waste bags or containers during loading and off loading
- Easy to clean

5.3.5. Method

Remove bags and containers from initial storage area regularly.

Minimize manual handling of waste bags.

Handle all waste bags by the neck.

Clean and disinfect waste containers regularly and immediately after spillage or accidental discharge.

5.4. Standard Operating Procedure on Treatment of Waste

5.4.1. Purpose

This procedure is issued to ensure correct treatment of health care waste in the rural health sub-center.

5.4.2. Scope of Application

Storage room or place for health care waste shall apply this treatment procedure before disposal.

5.4.3. Responsibility

Person in charge of treatment of health care waste shall apply this procedure.

5.4.4. Equipment and Supplies

Needle cutter

Chemicals: Bleaching powder, Lime solution, Calcium oxide, Aseptol/ Dettol

5.4.5. Method

Disinfect infectious waste chemically by using bleaching powder, lime solution, calcium oxide or others (Aseptol/ Dettol).

Use needle cutter to displace needles from syringes.

Disinfect defanged syringes by 2% chlorine solution in order to be recycled.

5.5. Standard Operating Procedure on Disposal of Waste

5.5.1. Purpose

This procedure is issued to ensure correct disposal of health care waste in the rural health sub-center.

5.5.2. Scope of Application

Storage room or place for health care waste shall apply this treatment procedure before disposal.

5.5.3. Responsibility

Person in charge of disposal of health care waste shall apply this procedure.

5.5.4. Equipment and Supplies

Sharp pit

Placenta pit

Sanitary land fill

5.5.5. Method

Dispose placenta to placenta pit.

Dispose sharp waste to sharp pit

Dispose general waste and treated waste to sanitary land filling.

Transport pharmaceutical waste to Township Hospital or Station Hospitals in order to be encapsulated and inertized.

5.6. Issuance

	Name	Title	Signature	Date
Prepared by				
Checked by				
Approved by				

Read by			
Name	**Title**	**Signature**	**Date**

6. Standard Operating Procedures on Needle-Syringe Management at PHC Immunization Posts

(Logo) Sub RHC address	Standard Operating Procedures on Needle and Syringe waste Management	Document No:	
		Date issue	
		Date Review	

6.1. Standard Operating Procedure on Waste Segregation

6.1.1. Purpose

This procedure is issued to ensure correct segregation of needle and syringes waste in the immunization posts either outreach activities or within any health facilities.

6.1.2. Scope of Application

All immunization posts under the coverage of any health facilities in which needle and syringe health care waste is generated shall apply this procedure.

6.1.3. Responsibility

All persons who generate health care waste during immunization activities within the jurisdiction of any health facilities (including all basic health staffs, patients, attendants and visitors) shall apply this procedure.

6.1.4. Equipment and Supplies

Autos disable syringes and needles

Needle/hub cutter

Sharp containers

Color-coded waste bags

6.1.5 Method

Segregate health care waste as soon as it is generated.

Segregate needles in needle/hub cutter container and other sharp wastes including syringes, used or empty vials and ampoules into sharp containers or red color bags.

Segregate general waste into black color waste bags

6.2. Standard Operating Procedure on Waste Storage

6.2.1. Purpose

This procedure aims to ensure correct storage of needles and immunization syringes at immunization posts of any health facilities or in the outreach activities.

6.2.2. Scope of Application

Storage bags, Storage containers, Storage room or place for immunization wastes and sharp wastes shall apply this procedure.

6.2.3. Responsibility

Persons dedicated to conduct outreach immunization activities and have a responsibility to bring back immunization wastes to their respective ~~sub rural~~ health facilities and shall apply the storage procedure of respective health facilities.

6.2.4. Equipment and Supplies

Color-coded bags and puncture proof containers

Back packs

6.2.5. Method

Store immunization wastes such as needles, syringes initially in color-coded bags and puncture proof containers

Store general wastes in black color bags

Clean and disinfect storage equipment at least once a week.

6.3. Standard Operating Procedure on Waste Transportation

6.3.1. Purpose

This procedure is issued to ensure correct transportation of immunization wastes such as, syringes, vaccine vials and ampoules from immunization posts and after completion of outreach immunization activities to the respective health facilities

6.3.2. Scope of Application

All kind of transportation of immunization waste at/ to any health facilities shall apply the procedure on transportation of their respective health facilities.

6.3.3. Responsibility

Person in charge of health care waste transportation shall apply this procedure.

6.3.4. Equipment and Supplies

Equipment

Bags

Basket

Back packs

6.3.5. Method

Remove bags and containers regularly.

Minimize manual handling of waste bags.

Handle all waste bags by the neck.

Discard defanged syringes into separate containers

Clean and disinfect waste containers regularly and immediately after spillage or accidental discharge.

6.4. Standard Operating Procedure on Treatment of Waste

6.4.1. Purpose

This procedure is issued to ensure correct treatment of immunization wastes such as needles, syringes, vaccine vials and ampoules in any health facilities

6.4.2. Scope of Application

Storage containers, room or place for health care waste shall apply the treatment procedure of their respective health facilities before disposal.

6.4.3. Responsibility

Person in charge of storage, transport and treatment of health care waste shall apply this procedure.

6.4.4. Equipment and Supplies

Chemicals: Bleaching powder, Lime solution, Calcium oxide, 2% Chlorine solution, Hydrogen peroxide, Aseptol/Dettol

6.4.5. Method

Syringes

Use needle/hub cutter to displace needles from syringes

Disinfect defanged syringes by 2% chlorine solution in order to be recycled.

Vaccine vials

It should be applied according to the instructions developed by Central Expanded Program of Immunization Division.

6.5. Standard Operating Procedure on Disposal of Waste

6.5.1. Purpose

This procedure is issued to ensure correct disposal of immunization wastes in any health facilities.

6.5.2. Scope of Application

Storage room or place for health care waste shall apply this procedure for disposal.

6.5.3. Responsibility

Person in charge of management of health care waste shall apply this procedure.

6.5.4. Equipment and Supplies

Sharp pit

Standardized Incinerator

Autoclave

Secured burial pit

Sanitary land fill

6.5.5. Method

Dispose sharp waste to sharp pit

Dispose general waste and treated waste to sanitary land filling.

Dispose vaccine vials according to the instructions developed by Central Expanded Program of Immunization Division, high temperature incineration or secured burial pits.

Checklist for Application of HCWM SOPs in a Health Care Facility

Name of the Health Facility:

Address:

Name of the Head of Health Facility:

Name and Designation of Waste Management In-charge:

Date of Inspection:

Score: All Yes = 1 point, Any No = 0 point

Sr.		Yes	No	Score
1	**Establishment of SOP**			
	Have the SOPs been issued?			
	Are SOPs placed on Notice board?			
	Have all staff and workers read and signed the SOPs?			
	Has the in-charge of HCWM been assigned?			
2	**Segregation of HCW**			
	Do the staff and workers segregate the waste?			
	Do the staff and workers use colour coding?			
	Are waste containers placed properly?			
	Do the staff and workers use the color-coded waste bags?			
	Is there a needle cutter in injection room? (ignore if not supplied)			
	Do the staff practice needle cut? (ignore if not supplied)			
	Is there sharp container in the injection room?			
3	**Storage of HCW**			
	Are different wastes stored differently?			
	Does storage time of health care waste not exceed 48 hours?			
	Is anatomical waste buried or disposed daily?			
	Is storage room and equipment cleaned and disinfected at least once a week?			

	Are there specific areas for the initial storage of wastes in the wards and departments or near the source of waste?			
	Is location of central storage area away from food preparation, public access and exit route?			
	Is central storage area located separately from general waste storage areas?			
	Is there a practice of separating landfill waste and incinerable waste in the central storage area?			
4	**Transport**			
	Are waste bags and containers from initial storage removed regularly?			
	Is there an instruction to minimize manual handling of waste bags?			
	Is there a practice of handling all waste bags by the neck?			
	Is there a plan for internal transport routes from initial storage to central store?			
	Are there dedicated wheeled containers, trolleys or carts to transport the waste containers?			
	Is there a practice to clean and disinfect wheeled containers, trolleys or carts regularly?			
	Is there an instruction to clean and disinfect wheeled containers, trolleys or carts immediately after spillage or accidental discharge?			
5	**Treatment**			
	Is autoclavable infectious waste autoclaved before disposal?			
	Is non-autoclavable infectious waste disinfected by using chemicals before disposal?			
	Does staff use needle cutters? (if supplied)			
6	**Disposal**			
	Is an incinerator in use? (ignore if there is no incinerator)			
	Is non-treated infectious waste incinerated? (ignore if there is no incinerator)			

	Is small anatomical waste incinerated? (ignore if there is no incinerator)			
	Is placenta incinerated? (ignore if there is no incinerator)			
	Is a sharp pit in use? (ignore if there is an incinerator)			
	Is a placenta pit in use? (ignore if there is an incinerator)			
	Does a sanitary land fill practice? (ignore if there is an incinerator)			
7	**General**			
	Is there a record keeping system?			
	Have any training regarding health care waste management given?			
	Are equipment and supplies adequate?			

Total Score: ( ) out of 7.

Other Finding(s)

Is there a public participation on waste management?

Is there any experience of inspection on application of SOPs?

Impressing

Is overall compliance of waste management satisfactory?

Instruction / Recommendation:

	Name	Designation	Signature	Date
Checked by				
Countersigned by				
Approved by				

References

1. Department of Environment, Guideline on the Handling and Management of Clinical Wastes in Malaysia, Malaysia, 2009, 3rd Edition.
2. Government of Tamil Nadu, Handbook on biomedical waste management, India, 2008.
3. Ministry of Health, Write out instructions for medical devices, Myanmar. 1991.
4. Ministry of Health, MOH policy and guidelines for health institutions, Health care waste management in Ghana, Ghana, 2006.
5. Ministry of Health, Infection Prevention and Control Guidelines for health care facilities, Cambodia, 2010.
6. Ministry of Health, Hospital Management Manual, Myanmar, Nay Pyi Taw, 2011.
7. Ministry of Health, Department of Hospital Services and Working Group on Health care waste management, National Guideline on Health care waste management, Cambodia, Phnom Penh, 2012.
8. Ministry of Health, Myanmar Essential Health Services Access Project, Environmental Management Plan, Yangon, Myanmar, 2014.
9. Ministry of Health and Population, Department of Health Services, Health care waste management guideline, Nepal, 2014.
10. Ministry of Health, Department of Medical Services, Hospital Infection Control Guidelines, Myanmar, Nay Pyi Taw, 2016.
11. Ministry of Health, National Health Laboratory, Medical Laboratory Waste Management Instruction, Myanmar, 2016.
12. Ministry of Health, Department of Food and Drug Administration, Laboratory waste disposal at Pharmaceutical Chemistry Laboratory, Myanmar, 2016.
13. Ministry of Health, National Guideline on Health care waste management, Rwanda, 2016.
14. National Health and Medical Research Council, National Guidelines for waste management in the health care industry, Australia, 1999.
15. World Health Organization, Laboratory Biosafety Manual, Geneva, 2004.

16. World Health Organization, Safe management of waste from healthcare activities, Geneva, 2014, 2nd Edition.