













Safe management of wastes from health-care activities

Second edition

Edited by Annette Prüss-Ustun, Jorge Emmanuel, Philip Rushbrook, Raki Zghondi, Ruth Stringer, Ute Pieper, William King Townend, Susan Wilburn and Yves Chartier



Safe management of wastes from health-care activities

2nd edition



WHO Library Cataloguing-in-Publication Data

Safe management of wastes from health-care activities / edited by Y. Chartier et al. - 2nd ed.

1.Medical waste. 2.Waste management. 3.Medical waste disposal – methods. 4.Safety management. 5.Handbook. I.Prüss, Annette. II.Emmanuel, Jorge. III.Stringer, Ruth. IV.Pieper, Ute. V.Townend, William. VI.Wilburn, Susan. VII.Chartier, Yves. VIII.World Health Organization.

ISBN 978 92 4 154856 4 (NLM classification: WA 790)

© World Health Organization 2013

All rights reserved. Publications of the World Health Organization (WHO) are available on the WHO web site (www.who.int) or can be purchased from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: bookorders@who.int).

Requests for permission to reproduce or translate WHO publications –whether for sale or for non-commercial distribution– should be addressed to WHO Press through the WHO web site (www.who.int/about/licensing/copyright_form/en/index.html).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the WHO be liable for damages arising from its use.

The named editors alone are responsible for the views expressed in this publication.

Declarations of interest

The members of the health-care waste-management working group completed the WHO standard form for declaration of interests prior to the meeting. At the start of the meeting, all participants were asked to confirm their interests, and to provide any additional information relevant to the subject matter of the meeting. It was from this working group that chapter authors and lead editors were selected.

None of the members declared current or recent (<1 year) financial interests related to commercial organizations.

Two members declared consultation contracts for work relevant to the subject matter of the meeting.

Bill Townend: Consultant for two industry nongovernment organizations, one of which – the International Solid Waste Association – is a nongovernmental organization in official relations with WHO, and provided technical and financial support for the publication.

Ute Pieper: Consultant in health-care waste management in projects financed by international agencies, development banks and bilateral government agreements.

These interests were not considered to give rise to a conflict with the aims of the meeting and the publication arising from the meeting and formed the basis of the expertise of the panel.

The following participants were adjudged to have no potentially conflicting interests in the subject matter of the meeting, based on their completed declarations: Jorge Emmanuel, Philip Rushbrook and Ruth Stringer.

Cover images (from top to bottom: tacartoons | Dreamstime.com; Jorge Emmanuel; J. Emmanuel; Sudok1 | Dreamstime.com; J. Emmanuel; Global Methane Initiative (GMI) program; J. Emmanuel

Technical editing and design by Biotext, Australia

Printed in Malta

Contents

Forev	vord to th	e first edition	xiii	
Ackn	owledgen	nents	XV	
Acror	nyms and	abbreviations	xvii	
1	Introd	luction	1	
2	Defini	Definition and characterization of health-care waste		
	2.1	General definition and classification	3	
		2.1.1 Sharps waste	4	
		2.1.2 Infectious waste	4	
	2.2	Pathological waste	5	
	2.3	Pharmaceutical waste, including genotoxic waste		
	2.4	Chemical waste	6	
	2.5	Radioactive waste	8	
	2.6	Non-hazardous general waste	8	
	2.7	Sources of health-care waste	9	
	2.8	Generation of health-care waste	11	
	2.9	Physicochemical characteristics	15	
	2.10	Minimum approach to overall management of health-ca	re waste20	
	2.11	Desirable improvements to the minimum approach	21	
	2.12	References and further reading	21	
3	Risks	associated with health-care waste	25	
	3.1	Overview of hazards	25	
		3.1.1 Types of hazards	25	
		3.1.2 Persons at risk	25	
		3.1.3 Hazards from infectious waste and sharps	26	
		3.1.4 Hazards from chemical and pharmaceutical waste	28	
		3.1.5 Hazards from genotoxic waste		
		3.1.6 Hazards from radioactive waste		
		3.1.7 Hazards from health-care waste-treatment methods		
	3.2	Public sensitivity	31	
	3.3	Public health impact		
		3.3.1 Impacts of infectious waste and sharps		
		3.3.2 Impacts of chemical and pharmaceutical waste		
		3.3.3 Impacts of genotoxic waste		
		3.3.4 Impacts of radioactive waste		
	3.4	Survival of pathogenic microorganisms in the environme		
	3.5	The need for further research and epidemiological surve		
	3.6	References and further reading		
4		ative, regulatory and policy aspects of health-care waste		
	4.1	Importance of a national policy		
	4.2	Guiding principles		
	4.3	International agreements and conventions		
		4.3.1 The Basel Convention	42	

		4.3.2	The Bamako Convention	43
		4.3.3	The Stockholm Convention	43
		4.3.4	The environment and sustainable development conferences	43
		4.3.5	United Nations Committee of Experts on the Transport of Dangerous Goods	44
		4.3.6	United Nations Economic Commission for Europe	44
		4.3.7	Aarhus Convention of the United Nations Economic Commission for Europe	45
	4.4	Availab	ole guidance	45
		4.4.1	World Health Organization Guidance	45
		4.4.2	The International Waste Management Association	46
		4.4.3	ISWA policy document on health-care waste management	47
	4.5	Nation	al legislation	47
	4.6	Technic	cal guidelines	48
	4.7	Minimu	um approach to developing health-care waste-management policy	48
	4.8	Desirab	ole improvements to the minimum approach	48
	4.9	Referer	nces and further reading	49
5	Healtl	n-care was	ste-management planning	51
	5.1	The ne	ed for planning	51
	5.2	Nation	al plans	52
		5.2.1	Purpose of a national health-care waste-management plan	
		5.2.2	Action plan for developing a national programme	
	5.3	Waste-	management plan for a health-care facility	
		5.3.1	Assignment of responsibilities	56
		5.3.2	Management structure, liaison arrangements and dutiesduties	57
		5.3.3	Assessment of waste generation	61
		5.3.4	Development of a hospital waste-management planplan	62
		5.3.5	Implementation of the waste-management plan	64
	5.4	Minimu	um approach to planning	65
	5.5	Desirab	ole improvements to the minimum approach	65
	5.6	Referer	nces and further reading	65
6	Healtl	n-care was	ste minimization, reuse and recycling	67
	6.1	The wa	ste-management hierarchy	67
	6.2		minimization	
	6.3	Enviror	nmentally preferable purchasing	68
	6.4		procurement	
		6.4.1	Recycling symbols for plastics	69
	6.5	Safe re	use	70
	6.6	Recycli	ng and recovery	71
	6.7	,	nmental management systems	
	6.8		um approach to waste minimization	
	6.9		ole improvements to the minimum approach	
	6.10		nces and further reading	
7			orage and transport of health-care waste	
-	7.1	_	g principles	
	7.1	•	ation systems	
	1.4	7.2.1	Waste containers, colour codes and labels	
		7.2.1	Beyond basic segregation	
		,	50, 5.15 Dagic scgregation	∪∠

		7.2.3	Waste containers: specifications and siting	83
		7.2.4	Setting and maintaining segregation standards	85
	7.3	Collec	tion within the health-care facility	86
	7.4	Interin	n storage in medical departments	86
	7.5	Onsite	e transport of waste	87
		7.5.1	General requirements	87
		7.5.2	Transport trolleys	87
		7.5.3	Routing	88
	7.6	Centra	al storage inside health-care facilities	89
		7.6.1	General requirements	90
		7.6.2	Hazardous waste storage	91
		7.6.3	Layout of waste-storage areas	94
		7.6.4	Documentation of the operation of storage places	95
	7.7	Offsite	e transport of waste	95
		7.7.1	Logistic staff	95
		7.7.2	Vehicle requirements	96
		7.7.3	Labelling of the transport vehicle	97
		7.7.4	Cleaning of container and vehicle	99
		7.7.5	Transport documentation	99
	7.8	Minim	num approach to segregation, storage and transport	102
	7.9	Desira	ble improvements to the minimal approach	102
	7.10	Refere	ences and further reading	103
8	Treatn	nent and	disposal methods	105
	8.1	Select	ion of treatment methods	105
	8.2	Overv	iew of waste-treatment technologies	106
		8.2.1	Thermal processes	106
		8.2.2	Chemical processes	106
		8.2.3	Irradiation technologies	107
		8.2.4	Biological processes	107
		8.2.5	Mechanical processes	107
	8.3	Suitab	oility of treatment methods for infectious waste	107
	8.4	Steam	treatment technologies	108
		8.4.1	Autoclaves	108
		8.4.2	Integrated steam-based treatment systems	111
	8.5	Micro	wave treatment technologies	112
	8.6	Dry-he	eat treatment technologies	113
	8.7	Chemi	ical treatment technologies	113
		8.7.1	Internal shredding of waste	114
		8.7.2	Chemical disinfectants	114
		8.7.3	Microbial resistance	115
		8.7.4	Alkaline hydrolysis	116
	8.8	Incine	ration	116
		8.8.1	Combustion	116
		8.8.2	Pyrolysis and gasification	117
		8.8.3	Required waste characteristics	118
		8.8.4	Energy recovery	118
		8.8.5	Types of incinerators for health-care waste	119

		8.8.6	Environmental control of incinerators	121
		8.8.7	Dust removal	124
	8.9	Encaps	sulation and inertization	125
	8.10	Emerg	ing technologies	126
	8.11	Applic	ations of treatment and disposal methods to specific waste categories	127
		8.11.1	Sharps	127
		8.11.2	Anatomical waste, pathological waste, placenta waste and contaminated animal 128	carcasses
		8.11.3	Pharmaceutical waste	129
		8.11.4	Cytotoxic waste	129
		8.11.5	Chemical waste	
		8.11.6	Waste containing heavy metals	131
		8.11.7	Radioactive waste	131
	8.12	Land d	lisposal	
		8.12.1	Municipal and other external disposal sites	
	8.13		um approach to treatment and disposal	
	8.14	Desira	ble improvements to the minimum approach	137
	8.15	Refere	nces and further reading	138
9	Collec	tion and	disposal of wastewater	147
	9.1	Charac	teristics of health-care wastewater	147
	9.2	Hazard	ls of wastewater from health-care facilities	147
		9.2.1	Wastewater-related diseases	148
		9.2.2	Hazards from liquid chemicals in wastewater	149
		9.2.3	Hazards from pharmaceuticals in wastewater	149
		9.2.4	Hazards from radioactive substances	150
		9.2.5	Quantity of wastewater	150
		9.2.6	Quality of wastewater by hospital department	150
	9.3	Collect	tion and pretreatment of liquid health-care waste	151
		9.3.1	Sewerage systems for health-care facilities	151
		9.3.2	Pretreatment of hazardous liquids	152
	9.4	Discha	rge into municipal sewage systems	153
	9.5	Onsite	wastewater treatment	153
		9.5.1	Wastewater-treatment systems	153
		9.5.2	Disinfection of wastewater	155
		9.5.3	Disposal of sludge	
		9.5.4	Emerging technologies	156
		9.5.5	Reuse of wastewater and sludge	
		9.5.6	Offsite treatment and disposal in specialized facilities	157
	9.6		tion and monitoring of sewerage systems	
		9.6.1	Operation and maintenance of wastewater systems	
		9.6.2	Monitoring of wastewater systems	
	9.7	Minim	um approach to wastewater management	
		9.7.1	Sanitation system	
		9.7.2	Minimal liquid hazardous waste-management system	
		9.7.3	Basic wastewater-treatment systems	
	9.8		ble improvements to the minimum approach	
	9.9	Refere	nces and further reading	163

10	Econo	mics of health-care waste management	165		
	10.1	Guiding principles	165		
	10.2	Cost elements	166		
		10.2.1 Costs at a health-care facility level	166		
		10.2.2 Costs at a central treatment facility level	167		
		10.2.3 Costs at a national level	168		
	10.3	Cost estimation	168		
	10.4	Cost and financing	174		
		10.4.1 Methods of financing	174		
		10.4.2 Costing tools	175		
		10.4.3 Pricing models for a treatment provider	177		
	10.5	Recommendations for cost reductions	178		
	10.6	Minimum approach to health-care waste management costing	178		
	10.7	Desirable improvements to the minimum approachapproach	179		
	10.8	References and further reading	179		
11	Health	n and safety practices for health-care personnel and waste workers	181		
	11.1	Guiding principles	181		
	11.2	Occupational health risks	182		
		11.2.1 Health hazards	182		
		11.2.2 Cytotoxic safety	184		
	11.3	Exposure prevention and control	184		
		11.3.1 Hierarchy of controls (applied to bloodborne pathogens)	184		
		11.3.2 Dealing with spillages	185		
		11.3.3 Reporting accidents and incidents	187		
		11.3.4 Protective equipment	187		
		11.3.5 Occupational post-exposure prophylaxis	188		
	11.4	Training			
	11.5	Minimum approaches to health and safety practices			
	11.6	Desirable improvements to the minimum approach			
	11.7	References and further reading	190		
12	Hospit	tal hygiene and infection control	195		
	12.1	Guiding principles	195		
	12.2	Chain of infection			
	12.3	Epidemiology of nosocomial infections			
		12.3.1 Transition from exposure to infection			
		12.3.2 Sources of infection			
		12.3.3 Routes of transmission	197		
	12.4	Prevention of nosocomial infections	198		
		12.4.1 Standard precautions	198		
		12.4.2 Isolation of infected patients and standard precautions	200		
		12.4.3 Cleaning	200		
		12.4.4 Sterilization and disinfection	200		
		12.4.5 Hand hygiene	206		
	12.5	Measures for improving infection control	209		
	12.6	Minimum approach to hygiene and infection control	209		
	12.7	Desirable improvements to the minimum approach	210		
	12.8	References and further reading	210		

13	Trainir	ıg, educat	tion and public awareness	213	
	13.1	13.1 Importance of training and education			
	13.2	Educat	ion and training of health-care personnel	214	
		13.2.1	Planning and implementation	214	
		13.2.2	Employees to be trained	216	
		13.2.3	Content of education programmes	216	
		13.2.4	Follow-up and refresher courses	217	
		13.2.5	Training responsibility	217	
	13.3	Implen	nentation of a training course	217	
		13.3.1	The training package	217	
		13.3.2	Selection of participants	218	
	13.4	Trainin	g health-care waste handlers	219	
		13.4.1	Health-care personnel	219	
		13.4.2	Cleaning staff	219	
		13.4.3	Staff who transport waste	220	
		13.4.4	Treatment plant operators	221	
		13.4.5	Landfill operators	221	
	13.5	Integra	ating training with public education on risks of health-care waste	222	
	13.6	Minimu	um approach to training, education and public awareness	223	
	13.7	Desiral	ole improvements to the minimum approach	223	
		13.7.1	Improvements to the minimum approach		
		13.7.2	Improvements to more advanced approaches	223	
	13.8	Referer	nces and further reading	224	
14	Health		ste management in emergencies		
	14.1		g principles		
	14.2		for the safe management of health-care waste in emergencies		
		14.2.1	Phase one: rapid initial assessment		
		14.2.2	Phase two: emergency response		
		14.2.3	Phase three: recovery phase		
	14.3		gency planning and emergency preparedness		
	14.4		nces and further reading		
15			3		
		15.1 Changing patterns of disease			
	13.1	15.1.1	Emerging diseases and multidrug-resistant organisms		
		15.1.2	Pandemics		
	15.2		nmental issues		
	13.2	15.2.1	Climate change		
		15.2.1	Other environmental issues		
	15.3		technology		
	15.4		cultural and regulatory changes		
			, , , , , , , , , , , , , , , , , , ,		
Λ	15.5		nces and further reading		
			the first edition		
			g programmes in health-care waste management		
			uction methods for cytostatic drugs		
			s for radioactive waste		
			amination by mutagenic and carcinogenic products		
		•	nological waste		
Glossa	ry	• • • • • • • • • • • • • • • • • • • •		305	

Tables

Table 2.1	Categories of health-care waste	
Table 2.2	Chemical waste from health-care activities	7
Table 2.3	Examples of health-care waste from different sources	12
Table 2.4	Daily data-collection form	14
Table 2.5	Total and infectious waste generation by type of health-care facility (Pakistan, Tanzania, South Africa)	17
Table 2.6	Total and infectious waste generation by type of health-care facility: high-income country (United States of America)	18
Table 2.7	Bulk densities of health-care waste by components	18
Table 2.8	Average material composition of health-care waste	19
Table 2.9	Moisture content (%) of health-care waste components	19
Table 2.10	Heating value of health-care waste components	20
Table 3.1	Potential infections caused by exposure to health-care wastes, causative organisms and transmission vehicles	27
Table 3.2	Frequency of procedure that health-care workers were using at the moment of percutaneous injury, selected countries	32
Table 3.3	Viral hepatitis B infections caused by occupational injuries from sharps (USA)	33
Table 5.1	Sample sheet for assessing waste generation	62
Table 7.1	WHO-recommended segregation scheme	79
Table 7.2	Advantages and disadvantages of needle cutters/destroyers	83
Table 7.3	Selected United Nations packaging symbols	97
Table 8.1	Typical reaction conditions and products from pyrolysis, gasification and incineration processes	118
Table 8.2	Emission guidelines for health-care waste incinerators	122
Table 10.1	Estimated capital and operating costs for available treatment methods	170
Table 10.2	Investment costs for incinerators in Indonesia	171
Table 10.3	Investment costs for incinerators in Africa	171
Table 10.4	Investment costs for large central incinerators that meet international standards	172
Table 10.5	Investment costs for alternative treatment solutions	172
Table 10.6	Positive and negative effects of fixed pricing	177
Table 10.7	Positive and negative effects of variable pricing	177
Table 11.1	Risk of transmission of infection following occupational exposure	182
Table 11.2	Hazards to health-care waste workers	183
Table 11.3	Example of a list of items for spillage cleaning	186
Table 12.2	The main forms of hand hygiene	206
Table 12.3	Ways to improve infection control	209
Table 14.1	Segregation of health-care waste in emergencies	229
Table 14.2	Summary of pharmaceutical disposal methods in and after emergencies	232
Table A2.1	Programme of the Certificate Programme in Health Care Waste Management	248
Table A2.2	Schedule for WHO-Euro's three-day course on health-care waste management	249
Table A2.3	Content of the UNEP health-care waste-management training modules	250
Table A3.1	Formulation of reconstituted and administration solutions of cytostatic drugs	282
Table A3.2	Efficiency of the degradation methods tested on 32 cytostatic drug formulations	286
Table A4.1	Generic clearance levels for solid waste	289
Table A4.2	Liquid discharge rates to sewers, rivers or other large water bodies	290
Table A4.3	Gaseous releases into the open air	291

Figures

Figure 2.1	Typical waste compositions in health-care facilities	3
Figure 2.2	Total and infectious waste generation in selected hospitals (kg per bed per day)	15
Figure 2.3	Total and infectious waste generation in selected hospitals (kg per occupied bed per day or kg per patient per day)	16
Figure 2.4	Total and infectious waste generation in small clinics, health centres and dispensaries (in kg per patient per day)	16
Figure 5.1	Action plan for national programme of sound health-care waste management	54
Figure 5.2	Hospital waste-management structure	58
Figure 6.1	The waste-management hierarchy	67
Figure 7.1	Biohazard, radiation and chemical hazard symbols	79
Figure 7.2	Comparison of common hazardous waste symbols	80
Figure 7.3	Cardboard safety boxes	84
Figure 7.4	Example of a waste-segregation poster	85
Figure 7.5	Examples of interim waste storage places	87
Figure 7.6	A selection of onsite transportation trolleys	88
Figure 7.7	Example of a health-care facility site plan with waste-collection points (red circles)	
Figure 7.8	Example labels outside the storage facility	
Figure 7.9	Example labels inside the storage facility	90
Figure 7.10	Label for a pathological waste storage room	
Figure 7.11	Examples of storage places for chemical waste	
Figure 7.12	Sketch of waste-storage area	
Figure 7.14	Example of a vehicle used for transporting health-care waste in the United Kingdom	97
Figure 7.15	Specifications for placards (e.g. UN 3291 Infectious [Biomedical] Waste)	99
Figure 7.16	Example of consignment note for carriage and disposal of infectious wastewaste	100
Figure 7.17	Example of an emergency response intervention card	101
Figure 8.1	Simplified schematic of a pre-vacuum autoclave	109
Figure 8.2	Simplified schematic of batch (left) and semicontinuous (right) microwave technologies	113
Figure 8.3	Simplified flow scheme of the incineration process	117
Figure 8.4	Rotary kiln	120
Figure 8.5	Sample design of a concrete sharps vault	128
Figure 8.6	Routes of exposure to hazards caused by open dumping	134
Figure 8.7	Example of a low-cost pit cover	136
Figure 9.1	Deaths due to improper water and sanitation systems per 1000 population	148
Figure 9.2	Improper disposal of photochemicals into the sewerage system	152
Figure 9.3	Activated sludge wastewater-treatment system in a hospital in Sonla, Vietnam	
Figure 9.4	Horizontal reed bed system	156
Figure 9.5	Basic hospital wastewater-treatment system with two treatment stages	159
Figure 9.6	Sample of a septic tank	160
Figure 9.7	Basic lagooning system at a hospital	162
Figure 11.1	Recommended protective clothing for health-care waste transportation in small hospitals in Thailand	188
Figure 12.1	The spread of nosocomial infections	
Figure 12.2	Aide memoir for standard precautions in health care	204
Figure 12.3	Hand hygiene technique with alcohol-based formulation	
Figure 12.4	Hand washing technique with soap and water	208
Figure 14.1	Construction of a pit for onsite waste burial	230
Figure 14.2	Special cells or trenches for disposal of biocontaminated wastes in a municipal dumping site (10 m long, 3 m wide and 2 m deep)	231
Figure 14.3	Double-chamber incinerator in a health-care centre dumping site	

Figure 15.1	Anticipated extension in the range of malaria in 2050	238
Figure A3.1	Schematic representation of procedure for destruction of doxorubicin or daunorubicin	256
Figure A3.2	Schematic representation of procedure for destruction of methotrexate or dichloromethotrexate using potassium permanganate/sulfuric acid	_
Figure A3.3	Schematic representation of procedure for destruction of methotrexate using aqueous alkaline potass permanganate	
Figure A3.4	Schematic representation of procedure for destruction of methotrexate using aqueous sodium hypochlorite	263
Figure A3.5	Schematic representation of procedure for destruction of cyclophosphamide and ifosfamide using alkaline hydrolysis in the presence of dimethylformamide	265
Figure A3.6	Schematic representation of procedure for destruction of cyclophosphamide using acid hydrolysis followed by addition of sodium thiosulfate and aqueous hydrolysis	268
Figure A3.7	Schematic representation of procedure for destruction of vincristine sulfate and vinblastine sulfate	271
Figure A3.8	Schematic representation of procedure for destruction of 6-tioguanine and 6-mercaptopurine	274
Figure A3.9	Schematic representation of procedure for destruction of cisplatin by reduction with zinc powder	276
Figure A3.10	Schematic representation of procedure for destruction of cisplatin by reaction with sodium diethyldithiocarbamate	278
Figure A3.11	Schematic representation of procedure for destruction of procarbazine using potassium permanganatin sulfuric acid	
Figure A6.1	Example of a placenta pit	298
Figure A6.2	A dome biogester	301
Figure A6.3	A biogas plant	301
Boxes		
Box 2.1	Common genotoxic products used in health care ^a	6
Box 2.2	Common recyclable materials from health-care facilities	9
Box 2.3	Major sources of health-care waste	9
Box 2.4	Minor sources of health-care waste	10
Box 3.1	Chain of infection	26
Box 3.2	Health sector contribution of mercury in the environment	29
Box 3.3	Cytotoxic drugs hazardous to eyes and skin	30
Box 3.4	Occupational transmission of HIV in France and the United States of America	33
Box 5.1	Parameters to be monitored by the waste-management officer	60
Box 5.2	Details to include in the waste-management plan	63
Box 6.1	Examples of practices that encourage waste minimization	68
Box 6.2	Reuse of medical devices in Canada	70
Box 6.3	Examples of sterilization methods for reusable items	71
Box 6.4	Recycling at the Heart of England NHS Foundation Trust	72
Box 6.5	Recycling infectious waste in Nepal	72
Box 6.6	Hospital food waste composting	73
Box 7.1	Recommendations for storage facilities for health-care waste	89
Box 7.2	Decay storage of radioactive waste – a sample calculation of decay storage time	94
Box 8.1	Characteristics of sodium hypochlorite (NaOCI) as a chemical disinfectant	115
Box 8.2	Essential elements for the design and operation of sanitary landfills	135
Box 10.1	Costs of construction and operation of a health-care waste-treatment plant (incinerator, autoclave, microwave, etc.)	169
Box 10.2	Tools for estimating total costs of health-care waste management	
Box 11.1	Controls framework	
Box 11 2	Example of general procedure for dealing with spillages	186

Box 12.1	Classification of pathogenic organisms	196
Box 13.1	Example of a training set-up	215
Box 13.2	Training tools examples (World Health Organization-related)	218
Box 13.3	Training health-care personnel	219
Box 13.4	Training health-care personnel Training cleaning staff	220
Box 13.5	Training waste-transport staff	220
Box 13.6	Training treatment plant operators	221
Box 13.7	Issues to address when training treatment plant operators	222
Box 14.1	Rapid initial assessment	
Box 14.2	Generic terms of reference for conducting a rapid initial assessment	
Box 14.3	Issues to remember when collecting information in emergencies	227
Box 14.4	Key points to address during a recovery phase	233
Box 15.1	Key points relating to changing disease patterns	237
Box 15.2	Key points relating to climate change	239
Box 15.3	Key points relating to environmental issues	240
Box 15.4	Key points relating to waste technology	241
Box 15.5	Key points relating to social, cultural and regulatory changes	242

Foreword to the first edition

In pursuing their aims of reducing health problems and eliminating potential risks to people's health, health-care services inevitably create waste that may itself be hazardous to health. The waste produced in the course of health-care activities carries a higher potential for infection and injury than any other type of waste. Wherever waste is generated, safe and reliable methods for its handling are therefore essential.

Inadequate and inappropriate handling of health-care waste may have serious public health consequences and a significant impact on the environment. Sound management of health-care waste is thus a crucial component of environmental health protection.

In both the short term and the long term, the actions involved in implementing effective health-care waste management programmes require multisectoral cooperation and interaction at all levels. Policies should be generated and coordinated globally, with the management practices implemented locally. Establishment of a national policy and a legal framework, training of personnel, and raising public awareness are essential elements of successful health-care waste management.

Improved public awareness of the problem is vital in encouraging community participation in generating and implementing policies and programmes. Management of health-care waste should thus be put into a systematic, multifaceted framework, and should become an integral feature of health-care services.

To achieve this aim, the World Health Organization (WHO), together with WHO's European Centre for Environment and Health in Nancy, France, set up an international working group (in 1995) to produce a practical guide, addressing particularly the problems of health-care waste management in developing countries. The group included representatives of the private sector involved in waste management activities and members of the public.

This handbook, the result of their efforts, is intended to be comprehensive, yet concise, "user-friendly" and oriented towards practical management of health-care waste in local facilities. It provides guidelines for the responsible national and local administrators, and is the first publication to offer globally relevant advice on the management of health-care waste. The guidelines complement and supplement those produced in different regions in the past.

WHO strongly encourages the widespread implementation of these guidelines and is ready to assist users in adapting them to national settings. This handbook has been prepared as a practical response to the need for improved health-care waste management, especially in developing countries. Continuing efforts are being made to refine this response, and feedback from users of the handbook would be appreciated.

Comments and suggestions based on experience of this handbook's use may be sent to:

Department of Public Health and Environment, World Health Organization, 1211 Geneva 27, Switzerland.

Acknowledgements

WHO wishes to express its appreciation to all whose efforts and valuable contributions made this production possible. In particular, WHO gratefully acknowledges the contributions of the following international experts who contributed to and reviewed the handbook.

Editorial

Annette Prüss-Ustun, WHO, Switzerland

Jorge Emmanuel, UNDP GEF Global Healthcare Waste Project, United States of America

Ruth Stringer, Health Care Without Harm, United Kingdom

Ute Pieper, ETLog Health GmbH, Germany

Philip Rushbrook, Foreign & Commonwealth Office, United Kingdom

Raki Zghondi, WHO Regional Centre for Environmental Health Activities, Jordan

William King Townend, International Environmental Consultancy, United Kingdom

Susan Wilburn, WHO, Switzerland

Yves Chartier, WHO, Switzerland

Authors

Andrew Trevett, UNICEF, United States of America

Ashok Agarwal, IGNOU, India

Christopher Drew, Golder Consulting, United Kingdom

Ed Krisiunas, WNWN International, United States of America

Franck Bouvet, UNICEF, Switzerland

Jan-Gerd Kühling, ETLog Health GmbH, Germany

Jorge Emmanuel, UNDP GEF Global Healthcare Waste Project, United States of America

Leo Leest, Management and Technical Solutions for Waste, the Netherlands

Philip Rushbrook, Foreign & Commonwealth Office, London, United Kingdom

Raki Zghondi, WHO Regional Centre for Environmental Health Activities, Jordan

Ruth Stringer, Health Care Without Harm, United Kingdom

Susan Wilburn, WHO, Switzerland

Ute Pieper, ETLog Health GmbH, Germany

William King Townend, International Environmental Consultancy, United Kingdom

Yves Chartier, WHO, Switzerland

Contributors

Anne Woolridge, Independent Safety Services Ltd, United Kingdom

Ashok Agarwal, IGNOU, India

Carib Nelson, PATH, United States of America

Diego Daza, WHO, Colombia

Ed Krisiunas, WNWN International, United States of America

Franck Bouvet, UNICEF, Switzerland

Jan Gerd Kühling, ETLog Health GmbH, Germany

Joanie Roberston, PATH, Vietnam

Jorge Emmanuel, UNDP GEF Global Healthcare Waste Project, United States of America

Leo Leest, Management and Technical Solutions for Waste, the Netherlands

Mahesh Nakarmi, Health Care Foundation Nepal, Nepal

Marcia Rock, global health consultant, United States of America

Maria Mahon, GWB, United Kingdom

Nancy Muller, PATH, United States of America

Paul Williams, Consultant, United Kingdom

Philip Rushbrook, Foreign & Commonwealth Office, London, United Kingdom

Preethi Pratap, University of Illinois at Chicago School of Public Health, United States of America

Raki Zghondi, WHO Regional Centre for Environmental Health Activities, Jordan

Ruma Tavorath, World Bank, India

Ruth Stringer, Health Care Without Harm, United Kingdom

Dejana Selenic, CDC, United States of America

Shinee Enkhtsetseg, WHO, Germany

Ute Pieper, ETLog Health GmbH, Germany

Victoria Masembe, JSI, Uganda

William King Townend, International Environmental Consultancy, United Kingdom

Yves Chartier, WHO, Switzerland

The second edition of *Safe management of wastes from health-care activities* is dedicated to our distinguished colleague and dear friend **Yves Chartier (1958–2011)**, Public Health Engineer, who led the development of this work, and inspired involvement in and commitment to health-care waste management. Yves was the co-author of many WHO publications on environmental health in the health sector. It is also dedicated to our colleague **Carib Nelson (1956–2007)**, whose contributions consistently showed us a practical way through sound health-care waste management options.

WHO wishes also to acknowledge gratefully the secretarial support of Lesley Robinson and Saydy Karbaj, and the experts who contributed to the first edition and are listed in Annex 1.

Sincere apologies are extended to any contributors whose names have inadvertently been omitted from these lists.

The development of this second edition was made possible with the financial support and collaboration of the Bill & Melinda Gates Foundation, the International Solid Waste Association and the GAVI Alliance.

Thank You for previewing this eBook

You can read the full version of this eBook in different formats:

- HTML (Free /Available to everyone)
- PDF / TXT (Available to V.I.P. members. Free Standard members can access up to 5 PDF/TXT eBooks per month each month)
- > Epub & Mobipocket (Exclusive to V.I.P. members)

To download this full book, simply select the format you desire below

