**Facility Waste Management Oversight Committee ‒ Guidance**

**Document Number: 201**

*Note: This guidance document is provided as a template and must be customized to accommodate facility specific procedures and terminology.*

# Purpose

This document describes the steps required to establish and maintain the Waste Management Oversight Committee of the health care facility.

# Scope

The committee is a multidisciplinary initiative to coordinate, assess and review the health care facility’s compliance with legal, facility and other requirements relevant to the management of waste. Waste is generated by many different activities, not only from direct health care services. Many people in different departments and areas are involved in generating and managing waste, such as handling, storage, and transport. It is vital that these activities and personnel are coordinated to ensure waste is managed without harm to people and to minimize the environmental impact.

The management of waste is not confined to the facility’s premises. It may also involve off-site activities such as waste treatment, recycling and reuse, and disposal, with transport to and from these facilities. The management of waste, therefore, needs to include all the steps in the journey of the health care facility’s waste, from “cradle to grave.”

The functions outlined here should be conducted by an existing committee, which may be the Infection Control Committee, Infection Prevention Committee, Quality Management Committee, Biosafety Committee, Safety and Health Committee, or other committee. From this point forward the facility overseeing committee will be referenced as “the committee.”

# Definitions

**Infectious waste** ‒ any waste suspected to contain pathogenic organisms, i.e., bacteria, viruses, parasites or fungi in sufficient concentration to cause disease in susceptible hosts. Infectious waste includes waste contaminated with blood and other body fluids, laboratory cultures and microbiological stocks, waste from isolation wards, tissues (swabs), materials, or equipment that have been in contact with infected patients. This category can overlap with the categories of sharps, pathological and anatomical waste, all of which can be infectious.

**Recycling** ‒ the reuse or reclamation of waste, through a process or activity separate from the production of the primary product or the provision of the primary service. Recycling is a broad term that encompasses the reuse of materials in original or changed forms rather than discarding them as wastes. Recycling can also be thought of as the collection and reprocessing of a resource so it can be used again, though not necessarily for its original purpose. Recycling helps conserve raw materials and energy that manufacturers would otherwise use in producing new products. Recycling also reduces the amount of material going into landfills. Recycling helps lessen the pollution that may result from waste disposal.

**Sharps** ‒ items that could cause cuts or puncture wounds, including needles, scalpels and other blades, knives, infusion sets, saws, broken glass and nails. Irrespective of the associated infection risk potential, such items are usually considered to be highly hazardous health care waste.

**Waste management** ‒ the collection, transport, processing or disposal of waste materials, usually ones produced by human activity, in an effort to reduce their effect on human health or local environment. A sub-focus in recent decades has been to reduce waste materials' effect on the environment and to recover resources from them.

**Waste minimization** ‒ the reduction, to the extent feasible, of waste that is generated or subsequently treated, stored, or disposed of. It includes any source reduction or recycling activity undertaken by a generator or facility operator that results in either (1) the reduction of total volume or quantity of waste, or (2) the reduction of toxicity or other characteristics of hazardous waste, or both, so long as the reduction is consistent with the goal of minimizing present and future threats to human health and the environment.

**Waste segregation** ‒ the process of sorting waste into the relevant waste categories so that it can be appropriately disposed of. Segregation of infectious waste at the point of generation is critical for effective and efficient waste management. It not only helps to control the risk of transmission and reduce waste management costs, but also ensures that the correct pathways are adopted for storage, transport and ultimate disposal.

**Waste storage** ‒ to hold the waste for a period of time after collection and before final disposal.

# Responsibilities



* 1. The Waste Management Oversight Committee is responsible for establishing standards of acceptable waste management that seek to minimize harm to people and the environment. The committee members’ responsibilities are to attend all meetings and participate fully. If members cannot attend a meeting, they should ask a colleague to stand in for them and report on their behalf. The committee is comprised of representatives from the following departments or sectors:
		+ Senior management, including either the facility director or designated representative
		+ Waste management coordinator
		+ Health care personnel (doctors and nurses)
		+ Infection prevention and control
		+ Maintenance
		+ Procurement (supply chain or buyers)
		+ Catering or kitchen staff
		+ Security
		+ Safety and health representatives
		+ Waste handlers
		+ Waste service providers, such as transporters, treatment and disposal organizations
		+ Long-term or resident contractors who are on site for at least a year at a time
	2. The responsibilities of specific members of the committee are as follows. The chairperson and secretary can be chosen from committee members from any part of the facility, as long as they have the correct skills and the time to execute their functions.
		1. **Chairperson** is responsible for:
* Convening and chairing meetings, ensuring the associated administration is carried out efficiently and effectively
	+ 1. **Secretary** is responsible for
* Administering the process of the committee
* Drafting meeting minutes and agenda
* Circulating minutes and agenda before the next meeting
* Sending out meeting reminders to committee members
* Maintaining the records of the committee
	+ 1. **Waste management coordinator** is responsible for:
* Getting required reports presented at the meeting
* Ensuring action items have been completed on time
* Providing expertise on medical waste management to committee members and other staff as needed
* Researching and reporting on ways to improve waste management
* Organizing and reporting on inspection and audits
* Assisting the chairperson and secretary in convening and conducting meetings
	+ 1. **Committee members** are responsible for the timely reporting on waste management in their areas, which includes:
* Key performance indicators (how much, how often, what waste streams and classification)
* Any nonconformances and problems (this is in addition to the procedure for reporting incidents)
* Proposing improvements to the system
	+ 1. **Senior management** must ensure they provide the strategic support to the work by:
* Ensuring that appropriate plans are developed to deal with any deteriorating trends
* Providing sufficient resources (people, time, funds, equipment, etc.)
	+ 1. **Facility director or chief executive officer** is responsible for ensuring compliance with legal requirements relating to waste management and the environment. This person is ultimately responsible and accountable for waste generated on site and its subsequent handling, storage, treatment and disposal, whether on- or off-site and whether or not these activities are undertaken by employees directly or contractors working on behalf of the facility.

**Note:** *Day-to-day waste management must be dealt with by the responsible players in that area, and a summary of issues should be reported to the committee. The committee meeting is held to report on progress against the plan and to assist where issues remain unresolved or require an integrated initiative to deal with them.*

# Materials and Equipment

When conducting visits to the site, committee members should refer to the appropriate SOPs and procedures for information on needed materials and equipment.

# Hazards and Safety Concerns

When conducting visits to the site, committee members should refer to the appropriate SOPs and procedures for information on hazards and safety concerns.

# Procedures

* 1. Develop and execute a committee charter.

Elements of a model facility policy on health care waste management (UNDP GEF, 2009) is recommended as the draft that can be used for the first year. The policy should be reviewed and, if necessary, updated each year after that. Refer to the References section for information on how to access a copy of the UNDP GEF Model Policy document.

* 1. Provide oversight of HCWM to ensure that waste is managed safely, by:

# Reviewing monthly reports from the different sectors of the facility/waste management and agreeing on appropriate actions needed to solve problems.

# Conducting periodic audits of facility waste management to check that processes and procedures are properly executed.

# Ensuring that waste management documents are adequate and current.

# See audit documents in Related Documents section, below.

* 1. Communicate concerns and needs to leadership.

# See Attachment 11.1 Committee Agenda for more information on reporting to leadership.

* 1. Implement improvement by developing and executing a facility HCWM strategy and implementation plan.

# Reporting and Recordkeeping

* 1. Meeting minutes
	2. Routine and audit reports on waste generated, treated and disposed of, as per the SOPs and guidance documents.
	3. Records of contracts with contractors dealing with the facility’s waste, e.g., waste treatment facilities, waste transportation agencies, recycling contractors, municipal authorities.
	4. Financial reports including the investment, training and operating costs for the waste management system and income from sales of recyclables
	5. The waste management committee should hold copies of all policies and procedures relevant to the facility including approved designs of posters and signage to be used.

# References

# Emmanuel, J. Elements of a model facility policy on health care waste management. New York (NY): United Nations Development Programme‒Global Environment Facility; 2009. <http://gefmedwaste.org/downloads/Elements%20of%20a%20Model%20Facility%20Policy%20April%202009%20UNDP%20GEF%20Project.pdf>

# Related Documents

Doc 203: Health Care Waste Management Audit Procedures ‒ Guidance

Doc 204: Inspection Checklist: Housekeeping/Waste Handler

Doc 205: Inspection Checklist: Waste Holding And Storage

Doc 206: Inspection Checklist: Laboratory Waste Management

Doc 207: Inspection Checklist: Supervisor/Matron

Doc 102: Facility HCWM Plan ‒ Guidance

Doc 504: Waste Receipt Log

# Attachments

# Committee Agenda

# Responsibilities for Health Care Waste Management

**Attachment 11.1: Committee Agenda**

The committee agenda should include the following:

**Reports of waste management performance** for each area/department represented in terms of:

* + Waste generated: amounts, classification (hazardous or general), and their fate (recycled/reused, treated or landfilled)
	+ Trends (increasing / stable / decreasing)
	+ Any of the following:
		- Nonconformances with the requirements of waste procedure
		- Incidents – with root cause and impacts, as well as steps taken to prevent a recurrence
		- Issues requiring input to ensure improvement – equipment, training, awareness, personnel, etc.
		- Improvement projects to avoid and minimize waste
		- Campaigns to raise awareness
		- Training required in addition to that contained in the plan

**Progress according to plan**

* + Targets
	+ Key performance indicator trends graphed
	+ Budget update
	+ Completed items and any delays

**Reporting**

* + Internal: to inform and raise awareness among all stakeholders
	+ External: to identify which information needs to be reported to relevant authorities and other stakeholders outside of the committee and to determine who should be responsible for relaying the information

**Continuous improvement**

* + Annual review: policy, objectives, targets, training, awareness, plan

**Attachment 11.2: Responsibilities for Waste Management**

The **waste generator** shall ensure that waste arising from all activities is handled, stored and disposed of safely and correctly by following appropriate procedures. If the waste generator is not employed or contracted by the facility (such as visitors or patients), measures must be taken to make him/her aware of how to dispose of waste correctly and safely using appropriate signage.

**Hazardous waste generators** shall*:*

* Separate at the source, containing the hazard and the waste appropriately. This means that if a waste is infectious it is discarded as hazardous waste and if it contains a liquid (such as placentas), the container is leak-proof and has a sealable lid. Sharps must be discarded in a way that minimizes the risk of sticks, cuts, and potentially infectious injuries – manual recapping or removal of needles is not recommended.
* Ensure that only the generator touches the waste before it is contained. No one may leave waste for another person to clean up, including doctors at the bedside.
* Any spills must be contained and cleaned up immediately by the person who caused the mess. If specialized skills and equipment are required (for mercury, radioactivity, isolation wastes, etc.), the emergency response procedure must be activated immediately.
* Hazardous waste arising from maintenance activities (waste oil, fluorescent lighting, asbestos, etc.) must also be managed to minimize the risk to people and the environment.

**General waste generators shall:**

* Avoid or prevent generating waste where possible
* Minimize the waste generated, by recycling, reusing, recovering, where possible and in an appropriate manner
* Discard the least amount of waste possible
* Separate waste at source
* Use the correct containers for disposal

The **waste management coordinator shall** ensure that:

* Daily waste management and disposal operations are conducted in accordance with legal and facility requirements
* All waste generated is recorded and that which is reused/recycled, treated and disposed of, both on- and off-site is recorded
* Contractor work areas are regularly inspected and included in waste audits
* All relevant personnel (including contractors) are trained and able to safely manage waste
* Waste transporters and off-site facilities treating and disposing of waste on behalf of the facility are checked for compliance with legal and other requirements at least annually

**Procurement personnel**are responsible for ensuring:

* Mercury-containing equipment and products are not purchased
* Packaging is limited to what is required to maintain the integrity of the items
* Redundant or expired items are returned to the suppliers as part of the contractual agreements; this also applies to used electric/electronic items such as batteries and broken equipment
* Sufficient quantities are obtained in time to prevent running out or over-supply situations
* Where a choice exists, the product with the least toxicity and/or environmental impact during use and disposal is chosen

**Security personnel**are responsible for ensuring:

* Only approved waste contractors remove waste from the facility

**Senior management** is responsible for ensuring:

* Sufficient and qualified human resources are assigned to health care waste management in their areas of responsibility
* Adequate supplies and equipment for health care waste management are available in accordance with the requirements
* All staff are adequately trained to manage waste (including spills and any emergency response) generated by their activities
* The waste management coordinator is made aware of any problem areas and appropriate and timely action is taken to improve performance
* Waste management practices meet all applicable national and international standards and that any legally required reporting is carried out