**Inspection Checklist: Waste Holding and Storage**

**Document Number: 205**

1. **Purpose**

This document provides a checklist to guide managers who inspect medical waste management practices in the health care facility. This checklist focuses on how and where the waste from all wards and department are collected and stored before treatment (waste holding and storage).

1. **Scope**

An inspection of waste management procedures and practices can reveal the knowledge, attitudes and practices of the staff as well as information on actual adherence to waste management procedures. Information from audits will help identify current gaps in waste management practices and help determine how to improve them. Please also refer to Doc 203: Health Care Waste Management Audit Procedures ‒ Guidance as well as the other audit and inspection checklists for laboratory, housekeeping/waste handling, and supervisor/matron (see 10. Related Documents, below).

1. **Definitions**

For definitions, refer to Doc 203: Health Care Waste Management Audit Procedures – Guidance.

1. **Responsibilities**
   1. The management should:
      1. Work with the inspector to define the terms and objectives of the inspection.
      2. Make sure that the inspector has access to all records, areas and staff required.
      3. Ensure that any recommendations resulting from the inspection are implemented without delay.
   2. Staff involved with the management of waste holding and storage should:
      1. Continue with their tasks as normal during the inspection.
      2. Fully answer any questions the inspector has and provide any other information that is requested.
   3. The inspector should:
      1. Work with management to establish the terms of the inspection.
      2. Diligently review all relevant records and reports.
      3. To the best of his/her ability, objectively assess the current status of waste management practices and adherence to policies and procedures using the attached checklist.
      4. Complete a report that includes a summary and discussion of the information collected and highlights any areas that need immediate attention or ongoing improvement.
      5. Work with management, as appropriate, to develop a plan to implement recommendations.
2. **Materials and Equipment**

* Documents discussed in the procedures
* Camera
* Disposable gloves
* Tongs for checking content of bins
* Proper PPE as per relevant SOPs

1. **Hazards and Safety Concerns**
   1. Any waste that has potentially come in contact with a patient or bodily fluids should be assumed to be infectious and handled with proper PPE and procedures.
   2. Sharps may also cause injury and spread infection. During waste audits and inspections, personnel should be on the lookout for improperly disposed sharps, which can be a hazard to themselves and others.
2. **Procedures**
   1. Staff should not have any warning of an inspection. If they are able to anticipate one, they may adjust their behavior so the inspector will not get an accurate impression of actual practices.
   2. Record review. The inspector should review the following records and reports:
      1. Facility health care waste management policy
      2. Facility safety procedures
      3. Standard operating procedures for waste holding and storage
      4. Staff training logs
      5. Waste collection records
      6. Service agreement, if waste handling is outsourced
      7. Accident or incident reports
      8. Previous audit/inspection reports
   3. Physical Inspection
      1. Use the attached checklist to assess the current status of waste management practices and adherence to policy and procedures related to waste holding and storage.
3. **Reporting and Recordkeeping**
   1. The inspector should produce a report that includes a summary and discussion of the data he/she has collected and highlights any areas that need improvement.
   2. Inspection results should be filed for a minimum of three years or longer if local regulations require, so that any persistent problems can be identified and the effects of any changes can be tracked, and for reference by the regulatory authorities.
   3. Whenever possible, the health care facility should make inspection results public if need be.
4. **References**
   1. Environmental Protection Agency (EPA). EPA guidelines. Medical waste management–storage, transport and disposal. Adelaide, South Australia: Government of South Australia; 2003. 4 p.

<http://www.epa.sa.gov.au/xstd_files/Waste/Guideline/guide_medical.pdf>

* 1. Community Practitioners’ and Health Visitors’ Association (CPHVA) [Internet]. Infection A2Z. Waste management: storage and disposal of waste [cited 2013 April 1]. Available from:

<http://www.infectiona2z.org/stdPage.aspx/home/Wastemanagement/CoreContent/Storageanddisposalofwaste>

* 1. Prüss A, Giroult E, Rushbrook P, editors. Safe management of wastes from healthcare activities. Geneva: World Health Organization; 1999.

<http://www.who.int/water_sanitation_health/medicalwaste/wastemanag/en/>

1. **Related Documents**

* Doc 203: Health Care Waste Management Audit Procedures ‒ Guidance
* Doc 206: Inspection Checklist: Laboratory Waste Management
* Doc 204: Inspection Checklist: Housekeeping/Waste Handler
* Doc 207: Inspection Checklist: Supervisor/Matron

1. **Attachments**
   1. Waste Holding and Storage Inspection Checklist

**Attachment 11.1: Waste Holding and Storage Inspection Checklist**

*Please note: Use a separate checklist for each area inspected.*

Name of the facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of inspector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Storage area inspected (if more than one in facility): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Activities | **Response**  Check Yes or No | | Remarks |
| --- | --- | --- | --- |
| **Waste segregation and collection** | | | |
| Does waste segregation occur at the point where the waste is generated? | Yes | No |  |
| Is the collected waste properly segregated? | Yes | No |  |
| Are color-coded waste containers used in all facility areas? | Yes | No |  |
| Are waste containers properly marked and labeled as per the waste they contain? | Yes | No |  |
| Do all yellow buckets for collecting infectious waste have lids? | Yes | No |  |
| Are all waste containers free of leaking? | Yes | No |  |
| Are sharps containers puncture-resistant, and leak-proof? | Yes | No |  |
| Is appropriate aisle space maintained near the waste containers? | Yes | No |  |
| Are the waste containers emptied at the end of each day? | Yes | No |  |
| Are the waste containers filled no more than about three-quarters full? | Yes | No |  |
| Are containers cleaned daily after waste is emptied? | Yes | No |  |
| Is segregated sharps waste sealed and labeled before transportation? | Yes | No |  |
| Is medical waste other than sharps placed in clearly labeled heavy-duty biohazard plastic bag or yellow plastic bag? | Yes | No |  |
| Does everyone who will be handling waste have the appropriate PPE? (Gloves, tongs) | Yes | No |  |
| Is chemical waste temporarily stored in the generator's laboratory? | Yes | No |  |
| Is the chemical waste stored in a central waste-holding facility of the building? | Yes | No |  |
| Are incompatible chemical wastes stored in separate containers? | Yes | No |  |
| Are liquid waste containers only filled to 70-80% capacity? | Yes | No |  |
| **Waste storage** | | | |
| Are lids of waste bins and containers closed properly during transportation from ward to central storage? | Yes | No |  |
| Is waste storage area located away from the patients? | Yes | No |  |
| Are the waste collection tanks completely enclosed? | Yes | No |  |
| Are the waste collection tanks not overfilled? | Yes | No |  |
| Is waste storage area kept clean, free from loose litter and malodorous spillages and debris? | Yes | No |  |
| Is waste storage area free from pests and vermin? | Yes | No |  |
| Is waste storage area secure and with access restricted to authorized personnel only? | Yes | No |  |
| Is waste storage area well lit? | Yes | No |  |
| Is waste storage area well ventilated? | Yes | No |  |
| Is waste storage separated from food preparation area(s) and supply rooms? | Yes | No |  |
| Is stored waste clear within the following periods?   * Maximum 48 hours during the cool season * Maximum 24 hours during the hot season | Yes | No |  |
| Is waste storage area clearly marked with warning signs (biohazard symbol)? | Yes | No |  |
| Is there access to first aid and washing facilities? | Yes | No |  |
| Is waste storage area away from routes used by the general public? | Yes | No |  |
| Is bag for storage of infectious waste identified with the source where the waste is generated — either by a written label or with bar-coded tape or labels? | Yes | No |  |
| Is water supply available for cleaning purpose in the storage area? | Yes | No |  |
| **Documentation** | | | |
| Are policy and procedures for medical waste management available in the storage area? | Yes | No |  |
| Are SOPs for waste holding and storage available in the storage area? | Yes | No |  |
| Is the record of quantity of collected waste in the storage area well maintained and up to date? | Yes | No |  |
| Are HCWM training aids posted in the storage area? | Yes | No |  |
| **Training** | | | |
| Are storage area personnel training files up to date and available? | Yes | No |  |
| Is refresher training available to all related staff at least yearly? | Yes | No |  |
| Do personnel understand hazards and how to minimize risks? | Yes | No |  |
| Is injury and emergency response procedure known and understood by all relevant personnel? | Yes | No |  |