**Inspection Checklist: Laboratory Waste Management**

**Document Number: 206**

1. **Purpose**

This document is intended to provide a checklist to inspect laboratory waste management systems.

1. **Scope**

Waste inspections are the single most important means for a laboratory to know the status of its waste management system. Waste inspections can reveal the knowledge, attitudes and practices of staff as well as provide information on actual waste types and volume and waste management practices. Please also refer to Doc 203: Health Care Waste Management Audit Procedures ‒ Guidance as well as the other audit and inspection checklists for housekeeping/waste handling, waste holding and storage, and the inspection checklist for supervisor or matron.

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 audit.
		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. All staff involved with laboratory waste management should:
		1. Continue with their tasks as normal during the audit.
		2. Fully answer any questions the inspector has and provide any other information that is requested.
2. **Materials and Equipment**
* Documents/SOPs discussed in procedures
* Camera
* Disposable gloves
* Tongs
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 should only be 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. Records review

The inspector may need to refer to the following documents. Copies should be made available:

* National or regional medical waste treatment guidelines
* Facility health care waste management policy
* Facility safety procedures
* Standard operating procedures for the laboratory
* Training logs
* Collection records where final disposal is off-site
* Service agreement, if collection and/or treatment is outsourced
* Accident or incident reports
* Previous audit/inspection reports
	1. Physical inspection
		1. Use the attached checklist to assess the current status of waste management practices in the laboratory and adherence to policy and procedures.
1. **Reporting and Recordkeeping**
	1. The inspector should produce a report that includes a summary and discussion of the data that he or 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.
2. **References**
	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/>
3. **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 207: Inspection Checklist: Supervisor/Matron
* Doc 202: Service Provider ‒ Guidance
1. **Attachments**
	1. Laboratory Waste Management Inspection Checklist

**Attachment 11.1: Laboratory Waste Management Inspection Checklist**

Name of the facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of inspection: \_\_\_\_\_\_\_

Name of laboratory inspected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note: Used a separate checklist for each laboratory inspected.**

| **Activities** | **Response****(circle yes/no or write in answer)** | **Remarks** |
| --- | --- | --- |
| **A. Management, policy and training** |
| 1. Has a committee for medical waste management (MWM) has been formed at the facility?
 | Yes | No |  |
| 1. Has the committee met in the past two months?
 | Yes | No |  |
| 1. Has a focal person for MWM been identified at the facility?
 | Yes | No |  |
| 1. Is there an MWM plan established for the laboratory (i.e., the laboratory being audited)?
 | Yes | No |  |
| 1. Has the focal person and waste handler(s) of the laboratory had suitable training on MWM?
 | Yes | No |  |
| 1. Are SOPs for MWM available in the laboratory?
 | Yes | No | *Please attach list of SOPs available in the laboratory.* |
| 1. Are the SOPs adequate for the activities of the laboratory?
 | Yes | No |  |
| 1. Are the SOPs up to date?
 | Yes | No | *Please ensure that the list of SOPs (asked for in item 6, above) includes the most recent revision date for each SOP.*  |
| 1. Have laboratory staff been trained on all laboratory SOPs?
 | Yes | No | *Please attach a copy of the HCWM training log, if available.* |
| 1. Are PPEs (utility gloves, full-sleeved waterproof gown, mask, goggles and boots) available, in good condition and being used for handling of wastes?
 | Yes | No |  |
| 1. Are digital thermometers used at this facility?
 | Yes | No |  |
| 1. Are any mercury-containing instruments (thermometers) used?
 | Yes | No |  |
| 1. If yes to 12, is there an SOP for mercury spill cleanup?
 | Yes | No |  |
| 1. If yes to 12, is there a mercury spill cleanup kit?
 | Yes | No |  |
| **B. Segregation and collection of waste** |
| 1. Are separate colored bins for collecting nonbiodegradable nonrisk waste (green) kept in laboratory?
 | Yes | No |  |
| 1. Do all yellow buckets for collecting infectious waste kept in the laboratory have lids?
 | Yes | No |  |
| 1. Are leak-proof plastic bags kept in the wastes bins for easy handling of wastes?
 | Yes | No |  |
| 1. Is there a sharps container in the laboratory?
 | Yes | No |  |
| 1. Do all bins and containers for MWM have appropriate labels as per the relevant SOP?
 | Yes | No |  |
| 1. Is infectious waste treated within the following periods:
* Maximum 48 hours during the winter season
* Maximum 24 hours during the summer season
 | Yes | No |  |
| **C. Transportation of waste from satellite/mobile clinic**  |
| 1. Are lids of waste bins and containers closed properly so that waste will not come out during transportation?
 | Yes | No |  |
| 1. Do transportation vehicles and containers meet requirements for safety outlined in Doc 202: Service Provider ‒ Guidance?
 | Yes | No |  |
| **D. Treatment of waste** |
| 1. Are all infectious waste, contaminated glasses and sharps autoclaved before final disposal or recycling?
 | Yes | No |  |
| 1. Is an autoclave log available in the laboratory or the autoclave room?
 | Yes | No |  |
| 1. If autoclave log is available, has it been updated within the last day (or at the last load)?
 | Yes | No |  |
| 1. Are pipette tips and similar waste decontaminated with sufficient amount of 1% sodium hypochlorite solution for 30 minutes?
 | Yes | No |  |
| 4a. If no, what solution at what concentration is used to decontaminate blood?  |  |  |
| 1. Is the solution made fresh on a daily basis?
 | Yes | No |  |
| **E. Disposal of waste** |
| 1. Does the center have treatment or recycling facility for their wastes?
 | Yes | No |  |
| 1. Does the center have treated wastes that could be recycled but currently are not?
 | Yes | No | *If yes, please list them here* |
| 1. Is nonrecyclable general waste disposed into municipal waste stream?
 | Yes | No |  |
| 1. Is liquid waste disposed of into drainage through utility sink or flushable toilet?
 | Yes | No |  |
| 1. If liquid waste is disposed of via utility sink or toilet, do practices adhere to guidance provided in Doc 521: Sanitary Sewer Disposal of Liquid Laboratory Waste ‒ Guidance?
 | Yes | No | *Please comment on any deviations from Guidance.* |
| **F. Out-sourced contract** |
| 1. Is a third party (e.g., CTF-common treatment facility) contracted to collect the waste from this facility?
 | Yes | No |  |
| If a third party (CTF) is contracted to collect waste: |  |  |  |
| * 1. Is the contractor licensed to treat these waste streams?
	2. Is there a medical waste service agreement in effect?
 | YesYes | NoNo | *Please attach a copy of the license.**Please attach a copy of the medical waste service agreement here.* |
| * 1. When on-site, are workers using adequate PPEs and following proper waste transportation rules?
 | Yes | No |  |
| * 1. Has a hazardous waste plan been developed?
 | Yes | No | *Please attach a copy of the hazardous waste plan.* |
| * 1. Is the CTF providing complete, regular documentation of what they collect and when and how it was treated and/or otherwise disposed of?

Note: Regular and routine audits of the outsourced waste disposal service provider should be conducted, from collection to transportation, treatment and final disposal. Refer to Doc 203: Service Provider ‒ Guidance.  | Yes | No | *Please attach documentation here.* |

Name of the inspector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of inspector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_