



health

Department of Health  
**NORTHERN CAPE**

## Policy on Health Care Waste Management

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OFFICE OF THE HEAD OF DEPARTMENT  
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NORTHERN CAPE PROVINCE

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### Definitions and Abbreviations

**Cradle to grave** - simply relates to the point when waste is generated at the health care facility up to the point where it is finally disposed of at the hazardous landfill site (H:H/Class A, GLB+). The following steps shall briefly explain the health care waste life cycle;

**Health care waste generation/production**- It is a process where new or unused health care product or material is opened with a purpose of being used for treating, testing or examining a patient by which that product will not be used further for the same purpose.

**Segregation/Identification of health care waste**- It is a process where the waste handler or care giver separate different types of waste at the point of generation and keeping them isolated from each other e.g. sharps waste should be separated and isolated from anatomical waste.

**Containerization/Packaging** - This is a process where different types of health care waste are contained in their appropriate receptacles for safety handling purpose e.g. Sharps waste container has different lid that allows only sharps to pass through the container. Different colour coding assists to determine appropriate containers for different waste e.g. Sharps waste (Yellow container, Anatomic waste (Red container) and Pharmaceutical waste (Green container). The health care waste container shall have international infectious sign displayed on them.

**Labelling of health care waste container**- This is a process where health care waste handler uses appropriate methods to distinguish characteristics of specific waste and its origin. Distinguishing characteristics of waste can be determined through use of appropriate marking of containers or stickers which can easily identify the origin of the waste e.g. Labour ward, date of removal.

**Collection of waste**- It is a process of removing waste from point of generation using appropriate transport that is safe for health care waste handlers to a storage area and further to treatment sites. Internal transportation may include wheeled trolleys and carts specifically designed for health care waste transportation, external collection include the use of approved vehicles specifically designed to transport hazardous material.

**Storage of health care waste**- It is a process of temporarily keeping health care waste in a designated area specifically designed for the purpose of storing waste until it is removed to treatment facility. Storage area shall be demarcated according to different types of waste. Different types of waste are stored at different length periods (See SANS 10248).

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The storage area shall also comply with minimum requirements as stipulated in the SANS 10248. International Hazard sign shall be displayed in each storage area.

**Treatment of health care waste** - It is a process of changing biological and chemical character of the waste to minimise its potential to cause harm or injury. This process includes but not limited to sterilisation, decontamination, disinfecting, shredding and incineration. Treatment of health care waste is done by private companies outside the province due to the unavailability of the service in the department.

**Disposal of health waste**- It is a process of safe burial of waste ashes to keep them isolated from the environment on an authorised special hazardous landfill site. The Northern Cape does not have this site and no health care facility is allowed to dispose of this ashes in the province.

## 1. Policy Aim

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- 1.1. This Policy aims to regulate systems and procedures directed towards complete health care waste management in facilities of the Northern Cape Department of Health (NCDOH).

## **2. Policy Scope**

- 2.1. This policy applies to all Northern Cape health care facilities, all employees and service providers involved in the management of health care waste.

## **3. Policy Statement**

- 3.1. Having the interest of the public and employees, the NCDOH, puts the reduction of adverse health effects at top priority through the effective waste management. It is the policy of the Northern Cape Department of Health that ensures:
- 3.1.1. Reduction of generation of health care waste and segregate health care waste accordingly to prevent risks associated with waste.
  - 3.1.2. Healthcare workers handle health care waste in a manner that will not pose risks to employees, public and environment.
  - 3.1.3. Health care waste is transported by a vehicle that is compliant with (South African National Standards) SANS' 10228.
  - 3.1.4. Health care waste is treated and disposed of in an environmentally sound manner.
  - 3.1.5. Prevention of health care waste from being used for any unauthorised purpose.
  - 3.1.6. Every employee and member of the public within public health care facilities is informed about the risks associated with health care waste through training and public awareness campaigns.
  - 3.1.7. All facilities comply with relevant health care waste plans, strategies and procedures accompanied and associated to this policy including the NCDOH Policy on the Disposal of Medicines and Scheduled Substances (Pharmaceutical Waste) and other relevant policies.
  - 3.1.8. Nomination and training of health care waste representatives at all health facilities.

3.1.9. Human resource and other resources are available and optimally used to the benefit of the health care waste management in the province.

3.1.10. Establishment and training of health care waste committees on health care waste management.

3.1.11. Optimal participation of all relevant stakeholders in the decisions made by the Northern Cape Department of Health on matters involving health care waste.

3.1.12. That NCDOH is responsible for health care waste management from cradle to grave although the external transportation, treatment and final disposal of health care waste shall be out sourced to an external service provider specialising in health care waste management.

### **3.2. Health Care Waste life cycle in the NDOH**

3.2.1. Shall include all the steps which health care waste is continuously being handled by waste handlers (healthcare providers) from cradle to grave.

### **3.3. Segregation**

3.3.1. Health care waste must be segregated and containerised at the point of generation.

3.3.2. Containers must be colour coded in accordance with SANS 10248-1 (as amended).

### **3.4. Packaging**

3.4.1. No health care waste must leave a generator unless in rigid, leak proof and puncture resistant container.

3.4.2. Health care waste containers must be packaged in accordance with SANS 10248-1 (as amended).

3.4.3. Packaging for health care waste shall be filled to no more than three-quarters capacity of the container.

3.4.4. All sharp waste must be packaged in sharps containers supported in rigid frame and must be in accordance with SANS 10248-1.

3.4.5. Plastics bags used for the packaging of health care waste must be managed as health care waste and must not be reused.

### **3.5. Labelling**

3.5.1. All health care waste containers excluding interim storage containers must be sealed, labelled and bar coded or micro chipped to reflect the following:

3.5.1.1. The date container and the origin of the container and;

3.5.1.2. The generator's registration number issued in terms of the Waste Information Regulations, 2011 for major generators.

### **3.6. Transportation**

3.6.1. Transportation of healthcare waste shall be easy to load and unload;

3.6.2. It shall be free of sharp edges that could damage waste bags;

3.6.3. It shall be easy to clean and disinfect;

3.6.4. Use of appropriate trolleys, wheeled bins/containers shall be properly maintained and provided with hazardous sign for identification;

3.6.5. Off-site transportation of health care waste shall comply with the requirements in SANS 1518, SANS 10321, SANS 10321-1, SANS 10231-2, SANS10232-3 and other national requirement and regulations.

### **3.7. Storage**

3.7.1. Health care waste must be stored in a designated area that:

3.7.1.1. Is inaccessible to unauthorised personnel and members of the public;

3.7.1.2. Is secured by means of suitable locks;

3.7.1.3. In under cover and protected against direct sun, strong winds and rain/floods;

3.7.1.4. Is appropriately ventilated;

3.7.1.5. Is clearly signposted with warning signs as to the nature of the health care waste being stored;

3.7.1.6. Health care waste including anatomical waste, infectious non-anatomical waste and isolation waste must not be stored for a period longer than fourteen (14) days from the date container is sealed to date of treatment;

3.7.1.7. Sharp waste must be stored for a period no longer than ninety (90) days from the date the container is sealed to the date of treatment;

3.7.1.8. Pharmaceutical waste must be stored for a period no longer than ninety (90) days from the date the container is sealed to the date of disposal; and

3.7.1.9. If the odour from health care waste poses a nuisance, the health care waste must be transported for treatment immediately.

### **3.8. Prohibition on Health Care Risk Waste**

3.8.1. No employee and or service provider may:

3.8.1.1. Mix health care waste with health care general waste or any other waste stream at the point of generation.

- 3.8.1.2. Separate, sort or remove any item of health care waste once containerised unless to open a reusable container to load the health care risk into a device for treatment or to open a sanitary bin for cleaning.
- 3.8.1.3. Fill a container with health care waste to weigh in excess of fifteen (15) kilograms including the container.
- 3.8.1.4. Leave health care waste unattended in a place where unauthorised personnel or the public have unrestricted access.
- 3.8.1.5. Release health care from a major generator unless weighed and recorded, or
- 3.8.1.6. Release health care waste for storage, treatment or disposal without a waste manifest document.
- 3.8.1.7. Reusable containers, excluding sanitary waste bins, must be cleaned and decontaminated after each use in accordance with the standards as set out in the SABS.

## **4. Roles and Responsibilities**

### **4.1. The Head of the Department shall:**

- 4.1.1. Approve, renew and terminate contracts for health care waste if and when required;
- 4.1.2. Report progress of health care waste to the Member of the Executive Council, Auditor General, Health Portfolio Committee and all legislative bodies
- 4.1.3. Authorise and delegate the relevant executive/senior to represent the department at the intergovernmental meetings and corporate governance with regard to the National Environmental Management Act, No. 107 of 1998 and Waste Management activities.

### **4.2. The Chief Director District Health Services shall:**

- 4.2.1. Ensure that there is a transparent, efficient and effective management of health care waste;
- 4.2.2. Represent the HOD/department at intergovernmental meetings and corporate governance with regard to National Environmental Management Act, No. 62 of 2003 and Waste Management Activities;



4.2.3. Provide/ submit a comprehensive report on the health care waste activities and services in the province to the Head of Department.

4.2.4. Ensure that all health facilities are registered with the Department of Environmental Affairs and Tourism for waste information system processes.

4.2.5. Outline and clarify the roles and responsibilities of each member within the health care waste steering committee.

**4.3. The Director for Non-Communicable Disease Control Programmes shall:**

4.3.1. Assist with the management of health care waste in the province;

4.3.2. Ensures that the Environmental Health unit monitors compliance of health care waste according to prescripts and relevant legislation;

4.3.3. Submit report to the Chief Director Corporate Services and the HOD on the status of the health care waste in the province.

**4.4. The Environmental Health Unit shall:**

4.4.1. Provide expertise during the development of policies and procedures for health care waste;

4.4.2. Monitor the health care waste process from cradle to grave;

4.4.3. Advise the service provider and districts regarding the management of health care waste;

4.4.4. Inform the department about legislation, procedure and control measures regarding health care waste management;

4.4.5. Develop provincial Health care waste plans and strategies as well as assisting in tender specification documents for Health care waste;

4.4.6. Represent the department at different waste management forums and submit a report to Acting Director Non-Communicable Disease Programmes;

4.4.7. Undertaking quality control checks on materials and services.

**4.5. The District Managers shall:**

4.5.1. Ensure an environmentally sound and safe management of health care waste;

4.5.2. Allocate sufficient human and material resources for effective implementation of the health care waste management;

4.5.3. Ensure adequate and appropriate training for all affected staff members.

**4.6. The Hospital CEO shall:**

- 4.6.1. Appoint waste management officer or assign an employee to act as a health care waste management officer and serve on the health care waste steering committee;
- 4.6.2. Develop a Health care waste data information system and collating information for the province;
- 4.6.3. Ensuring effective health care waste management within the facility.

**4.7. The Supply Chain Management Unit shall:**

- 4.7.1. Be responsible for the procurement of equipment and materials required for health care waste;
- 4.7.2. Continuously liaising with facilities regarding health care waste consumables;
- 4.7.3. Investigate out sourcing of tasks within health care waste service and the management of tenders procedures.

**4.8. The Hospital Management shall:**

- 4.8.1. Ensure that health professionals are familiar with waste management principles;
- 4.8.2. Liaise with infection control officers and health care waste officer to ensure that procedures are adhered to, required standards are maintained and corrective measures are implemented;

**4.9. The Infection Control unit/Occupational health Unit/District Health services shall:**

- 4.9.1. Identify the training needs of the staff according to staff grading and arrange the required training;
- 4.9.2. Facilitate the implementation of the Hepatitis B programme, needle prick injury protocols and counselling procedures for all health personnel.

**4.10. The Waste Management Officer/ Environmental Health Practitioners shall:**

- 4.10.1. Conduct inspections in the facilities to ensure compliance with regard to health care waste;
- 4.10.2. Investigate and report any incident related to health care waste;
- 4.10.3. Submit reports to facility managers on the status of the Health care waste and recommend corrective measures;

- 4.10.4. Liaise with the procurement office to ensure appropriate infrastructure, equipment and materials are provided;
- 4.10.5. Ensure that the facilities are registered with the Department of Environmental Affairs and Tourism as generators of waste weighing more than 20kg per day;
- 4.10.6. Ensure that there is a waste information system is implemented by different facilities;
- 4.10.7. Ensure that emergency procedures are available, information on emergency procedures is disseminated and necessary equipment's are available.

## 5. Review and Distribution

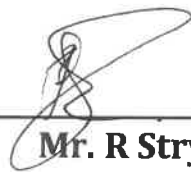
- 5.1. The **Director for Non-Communicable Disease Programmes** is the responsible manager for this policy and ensuring it is reviewed and updated.
- 5. 2. This policy, the accompanying procedure and plan will be reviewed after three (3) years from the publishing date. If necessary, an updated version will be issued to supplement the cover of this Policy (Identifying a revised publication date).
- 5.3. The **Director for Policy and Planning** will distribute updated version to:
  - 5.3.1. Member of the Executive Council for Health
  - 5.3.2. Head of the Department of Health
  - 5.3.3. All Chief Directors, Director and Deputy Directors (Who will in turn distribute to their staff appropriately).

## 6. Acknowledgement and Sources

- 6.1. National Environmental Management Act, Waste Act (Act 59 of 2008)
- 6.2. The National Health Act (Act no 61 of 2003) R 375 Regulations relating to Health Care Waste Management in health establishments
- 6.3. The Constitution of the Republic of South Africa, NO. 108 of 1996
- 6.4. The National Environmental Management Act, No 107 of 1998
- 6.5. Basel Convention on the Transboundary Movement of Hazardous Wastes and their Disposal, 1989

- 6.6. Stockholm Convention on Persistent Organic Pollutants (2004)
- 6.7. The National Policy on Infection, Prevention and Control Policy and Strategy (2007)
- 6.8. Occupational Health and Safety Act, No 85 of 1993
- 6.9. NCDOH Policy on disposal of medicine and schedule substances (Pharmaceutical Waste)
- 6.10. WHO guidelines on safe transport of infectious substances and diagnostic specimen WHO/ EMC/97.3

**Approved by Acting  
Head of Department:**



**Mr. R Strydom**

**Date:** 18/8/2022