

Balochistan Hospital Waste Management Rules 2020

1. Short title and commencement.- (1) These rules may be cited as the Balochistan Hospital Waste Management Rules 2020.
 - (2) They shall come into force at once;
2. Definitions:- (1) In these rules:
 - (i) "Act" means the Balochistan Environmental protection Act 2012
 - (ii). "Agency" means Balochistan Environmental Protection Agency,
 - (iii) "authorized .officer" means- any officer- of the; Agency authorized as such by the Director General for carrying out purposes of the rules;
 - (iv) "chemical waste" means Waste Includes chemicals from diagnostic and experimental Work, cleaning -processes, housekeeping and, disinfecting procedures, mercury waste such as from broken clinical equipment and spillage, and cadmium waste such as from discarded batteries;
 - (v) "enquiry or inspection" means enquiry or inspection as provided under clause (a) of sub-section (2) 'of section 6 of the Act,;
 - (vi) "genotoxic waste" means 'waste includes cytotoxic drugs and out dated materials, vomitus, feaces or urine from patients treated with cytotoxic drugs or chemicals, and- materials such as syringes and vials contaminated from preparation and administration of such drugs;
 - (vii) "Government" means the Government of the 'Balochistan;
 - (viii) "hospital" means a clinic, laboratory, dispensary, pharmacy, nursing home, health unit, maternity center; blood bank, autopsy centre,-Mortuary, research and veterinary institutions, veterinary hospital or clinic and any other facility involved in health care and biomedical activities;
 - (ix) "hospital waste" means both risk Waste and non-risk waste;
 - (x) "hospital waste management" -means the management of risk and non-risk hospitalwaste through documentation, segregation, collection, transportation, storage, disposal, minimization and reuse;
 - (xi) "hospital waste management supervisory committees" means committees, established at provincial, divisional, district, tehsil and Rural Health 'Center (RHC) levels for monitoring, supporting, facilitating, guiding and directing the public or private hospitals for implementation of the rules;
 - (xii) "hospital waste management team" means committee notified as such by the Medical Superintendent, Chief Executive, proprietor or owner of public or private hospital or clinic, or veterinary hospital, clinic or institution for management of hospital waste with distribution of responsibilities entrusted with different office bearers in the hospital;
 - (xiii) "Infectious waste" means waste contaminated by any type of pathogens such as bacteria, viruses, parasite or fungi and includes cultures from laboratory work, waste from surgeries and autopsies, waste from infected patients, discarded or disposable materials and equipment which have been in contact with such patients and infected animals from laboratories;
 - (xiv) "local council" means a local council in the geographical limits of which any hospital is located;
 - (xv) "Medical Superintendent" means the head of the hospital by whatever designation called;
 - (xvi) "non-risk waste" means paper and cardboard, packaging, food waste, aerosols and others;

- (xvii) "pathological waste" means tissues, organs, body parts, fetuses, blood and body fluids;
- (xviii) "pharmaceutical waste" includes expired or unused pharmaceutical products; spilled contaminated pharmaceutical products, surplus drugs, vaccines and discarded items used in handling pharmaceutical such as bottles, boxes, gloves, masks, tubes, or vials;
- (xix) "private hospital" means a hospital other than public hospital;
- (xx) "public hospital" means a hospital being run or administered by the federal, provincial or local Government;
- (xxi) "radioactive waste" means liquid, solid and gaseous waste contaminated with radio nuclides generated from in-vitro analysis of body tissue and fluid, in-vivo body organ imaging and tumor localization, and investigation and therapeutic procedures;
- (xxii) "risk waste" means infectious waste, pathological waste, sharps, pharmaceutical waste, genotoxic waste, chemical waste, and radioactive waste; and
- (xviii) sharp" means, whether infected or not, needles, syringes, scalpels, infusion sets, saws and knives, blades, broken glass and any other item that could cut or puncture.
- (2) The words and expressions used but not defined in these-rules shall have the same meanings as are assigned to them in the Act.

3. Responsibility for waste management.- Every hospital, public or private, shall responsible for the proper management of the waste generated by it till its final disposal in accordance with the provisions of the Act and the rules.

4. Hospital waste management team.- (1) The Medical Superintendent, in case of a public hospital, shall constitute a hospital waste management team comprising of the following':

(a)	Medical Superintendent	Chairman
(b)	Heads of all departments of the hospital	Members
(c)	Infection control Officer	Member
(d)	Chief Pharmacist	Member
(e)	Radiology officer	Member.
(f)	Senior matron	Member
(g)	Head of administration	Member
(h)	Hospital engineer	Member
(i)	Head of the sanitation staff	Member
(j)	Other hospital staff members as the Medical Superintendent may designate	Member
(k)	A representative of the Deputy Commissioner	Member
(l)	A representative of the Agency	Member

(2) The Chief Executive, proprietor or owner or contractor, in case of private hospital, shall be responsible for Constituting hospital waste management team by designating doctors, medical' and paramedical staff comprising of three to five members, under intimation to the Agency.

(3) The officer in-charge of hospital or clinic, in case of veterinary hospital or clinic, shall be responsible for constituting hospital waste management team by designating veterinary doctors or veterinary assistants comprising of three to five members, under intimation to the Agency.

(4) The Medical Superintendent shall designate any other staff member in a hospital where the posts under sub-rule (1) do not exist, to perform the duties and responsibilities of the holders of such posts under rules 8 to 14.

(5) The members of the hospital waste management team shall be informed in writing of their duties and responsibilities as .Provided under rules 8 to 14.

(6) One of the members Of the hospital waste management team shall be designated by the Medical Superintendent as the waste management officer; who shall act as the Secretary of the hospital waste management team.

5. Responsibilities of hospital waste management team - A hospital waste management team shall be responsible for the preparation, monitoring, periodic review, revision or updating if necessary, and Implementation of the waste management plan, and for supervision of all actions taken In compliance with the provisions of these rules.
6. Meetings of hospital Waste management team.- (1) Every hospital waste management team shall hold review Meeting at least once in a month.
 - (2) One-third of the members of the hospital waste management team shall constitute the quorum for a meeting..
7. Responsibilities of Medical Superintendent- A Medical Superintendent shall:
 - (a) constitute the hospital waste management team;
 - (b) designate the waste management officer,
 - (c) facilitate meetings of the hospital waste management team and ensure implementation of Its decisions,
 - (d) supervise implementation, monitoring and review of the waste management plan and ensure that it is kept up to date;
 - (e) arrange for a waste audit of the hospital by an external agency as may be designated for the purposes, involving analyses for the existing waste, stream and assessment of existing waste management practices;
 - (f) allocate sufficient financial and manpower resources to ensure efficient and - effective implementation of the Waste management plan; and
 - (g) ensure adequate training and refresher courses for the concerned hospital staff.
8. Responsibilities of the heads of the departments.- The heads of departments of the hospital shall be responsible for the proper management of waste generated in their respective departments, and in particular shall:
 - (a) ensure that- all doctors, nurses, clinical staff in their respective departments, is aware of and Where required properly trained in waste management procedures;
 - (b) arrange proper supervision of the sanitary staff to ensure that they comply with waste management procedures at all times; and
 - (c) liaise with the waste management officer for effective monitoring and reporting of omissions and errors in implementation of the Waste Management plan.
9. Responsibilities Of infection Control officer,- An infection control Officer shall be responsible for:
 - (a) giving advice regarding the control of infection and the standards of the Waite disposal system;
 - (b) identifying training requirements for each category of staff;
 - (c) Organizing training: and refresher courses on safe waste management procedures;
 - (d) documentation of the waste generated on daily and-monthly basis.
10. Responsibilities of Chief Pharmacist:- The Chief pharmacist Shall be responsible for the sound management of pharmaceutical stores and in Particular shall:
 - (a) give advice regarding procedures for management of pharmaceutical waste
 - (b) ensure that the concerned hospital Staff Members receive adequate training In pharmaceutical waste Procedures.
11. Responsibilities by Radiology Officer:- The Radiology Officer shall responsible for the sound management of radioactive waste and in particular shall:

- (a) give advice regarding procedures for management of radioactive waste
 - (b) ensure that the concerned hospital Staff Members receive adequate training In radioactive waste Procedures.
 - (c) maintain the record of hospital waste generated and transferred for final disposal
12. Responsibilities of senior matron and head of administration.- A senior matron and head of administration shall be responsible for:
- (a) ensuring training of nursing staff, laboratory staff, medical assistants and sanitary staff and sweepers in waste management procedures and basic personal hygiene; and
 - (b) segregation of waste in wards and operation theaters.
13. Responsibilities of hospital engineer.- A hospital engineer shall be responsible for:
- (a) installation, maintenance and safe operation of waste storage facilities, waste handling equipment and where installed the hospital incinerator; and
 - (b) ensuring that the concerned hospital staff members are properly trained for these purposes.
14. Duties and responsibilities of waste management officer.- A Waste management officer shall, in addition to his duties and responsibilities, be responsible for the day to day implementation and monitoring of the waste management plan and in particular, shall:
- (a) for waste collection:
 - (i)- ensure internal collection of waste bags and waste containers, and their transportation to central storage facility of the hospital on daily basis;
 - (ii) liaise with the supplies department of the hospital to ensure that an adequate supply of waste bags, containers, protective clothing and collection trolleys are available all the time;
 - (iii) ensure that sanitary staff and sanitary workers immediately replace used bags and containers, with the new-ones of the same type and where a waste bag is removed from containers, it is properly cleaned before a new-bag is fitted therein; and
 - (iv) directly supervise the hospital sanitation staff assigned the duties to collect and transport the waste;
 - (b) for waste storage:
 - (i) ensure correct use of the central storage facility and that it is kept secured from unauthorized access and the waste from central storage facility shall be transferred to disposal site within twenty four hours;
 - (ii) prevent unsupervised dumping of waste bags and waste containers on the hospital premises even for a short period of time; and maintain the record of waste brought to the central storage facility, type of waste entered, weight of waste, date and time of entrance of waste as well as when it was transferred from central storage facility to disposal- site;
 - (c) for waste disposal:
 - (i) coordinate and monitor all waste disposal operations and for this purpose keep coordination;
 - (ii) ensure that the correct methods of transportation of waste are used on site to the central storag.6" facility or incinerator, if Installed, and off site by the local council;
 - (iii) ensure that the waste is not stored on the hospital premises for longer than twenty four hours by coordinating with the incinerator operators and with the local council; and

- (iv) ensure proper labeling of waste collection bags, the type of waste stored in them, weight of the waste and date of collection;
- (d) for staff training and information:
- (i) liaise with the head of the departments of the hospital, head of administration and senior matron to ensure that all doctors, clinical staff, nursing staff, laboratory staff and medical assistants are fully aware of- their duties and responsibilities under the waste management plan; and
 - (ii) ensure that sanitary staff and sanitary workers are not involved in waste segregation and they only handle waste bags- and containers in the correct manner; and
- (e) for incident management and control:
- (i) ensure that emergency procedures are available at all times and that all staff members are aware of the action to be taken by them;
 - (ii) investigate, record and review all incidents reports regarding hospital waste management; and
 - (iii) record the quantities of waste generated by each department of the hospital on weekly basis
15. Waste management plan:- (1) Waste management plan shall be prepared by the waste management officer for approval by the hospital waste management team and shall be based on internationally recognized environment management standards such as the international organization for standardization series.
- (2) The waste management plan shall include:
- (a) a plan of the hospital showing the waste disposal points for every -Ward and department, indicating whether each point is for risk waste or non-risk waste and showing the sites of the central storage facility for risk waste and the central storage facility for non-risk waste;
 - (b) details of the types, numbers and estimated cost of containers, waste bags and trolleys required annually;
 - (c) time tables indicating frequency of waste collection from each ward and department;
 - (d) duties and responsibilities for each of the different categories of hospital staff members, generating hospital waste and be involved in the management of waste;
 - (e) an estimate of the number of staff members required for waste collection;
 - (f) procedures for the management of waste requiring special treatment before final disposal;
 - (g) contingency plans for storage or disposal' of risk waste the event of break downs of incinerators or of maintenance or collection arrangements;
 - (h) training courses-- and programmers on waste management and
 - (i) emergency procedures.
- (3) A representative of a focal council responsible for the collection and disposal of waste from the hospital shall be consulted in preparing and finalization of the waste management plan.
- (4) The waste management plan shall be .regularly 'monitored, reviewed, revised and updated by the hospital waste management team as and when necessary.

16. Waste segregation.- (1) Risk waste shall be separated from non-risk waste at the ward bedside operation theater, laboratory or any other room in the hospital where the waste is generated by a doctor, nurse; or other staff.
 - (2) The disposal of medical equipment and supplies including syringes, needles, plastic bottles, drips, and infusion bags shall be cut or broken and rendered non-reusable at the point of use by the person using the same.
 - (3) All risk waste other than sharps, large quantities of pharmaceuticals, or chemicals, waste with a high content of Mercury or cadmium such as broken thermometers or used batteries, or radioactive waste shall be placed in suitable container made of metal or tough plastic with a pedal type or swing lined with a strong yellow waste bag.
 - (4) The yellow waste bags shall be removed when these are not more than three quarters full and sealed, preferably with self-locking plastic sealing tags and not by stapling.
 - (5) Each yellow waste bag shall be labeled, indicating date, point of production, ward and hospital, quantity and description of waste, prominently displaying the biohazard symbol. The bags removed shall immediately be replaced with the new ones of the same type.
 - (6) Sharp Including the cut or broken syringes and needles shall be placed in metal or high density plastic containers resistant to penetration and leakage, designed as such that items can be dropped by using one hand, and no item can be removed there from.
 - (7) The containers shall be colored yellow and marked "DANGER! CONTAMINATED SHARPS". The sharp container shall be closed when three quarters full. If the sharp container is to be incinerated, it shall be placed in the yellow-waste bag with the other waste.
 - (8) Large quantities of pharmaceutical waste shall be returned to the suppliers. Small quantities shall be placed in yellow waste bag preferably after being crushed, where this can be done safely.
 - (9) Large quantities of chemical waste, and waste with a high content of mercury shall not be incinerated; but shall be placed in chemical resistant containers and sent to specialized treatment
 - (10) Radioactive waste which has to be stored to allow decay to background level shall be placed in-a waste bag, in a large yellow container or drum. The container or shall be labeled showing Pie radio nuclide's activity on a given date, and the 'period of store required, and marked "RADIOACTIVE WASTE" with the radiation symbol.
17. Waste collection.-.(2).- The waste shall be collected in accordance with the schedules specified in the waste management plan.
 - (2) Sanitary staff and sanitary workers when handling waste, shall wear protective clothing at all times including face masks, industrial aprons, leg protectors Industrial boots and disposable or heavy duty gloves, as required.
 - (3) Sanitary staff and sweepers shall ensure that:
 - (a) Waste is collected at least once daily;
 - (b) all waste bags are labeled before removal, indicating production, ward, hospital and contents;
 - (c). the removed waste bags and containers are immediately replaced with new ones of the same type; and
 - (d) where a waste bag is removed from a container, the container is properly cleaned before a new bag is fitted therein
18. Waste transportation.- (1) Waste collection trolley shall, on-site transportation, be free of sharp edges, easy to load and unload, clean and preferably a stable three or four wheel design with high sides and be cleaned regularly.

- (2) The sea Jed waste begs shall be carefully loaded by hand onto the trolley to minimize the risks of punctures or tears.
- (3) The Yellow bagged risk waste and white bagged non risk waste shall be collected on separate trolleys and painted or marked in the corresponding
- (4) The route shall be direct one, from the final collection point to the central Storage facility designated in the waste management plan. The collected waste shall not be left even temporarily anywhere other than at the designated central Storage facility.
- (5) Local Council shall ensure that:
 - (a) all yellow bagged Waste is collected at least once daily;
 - (b) all staff Members handling yellow bagged waste wear protective clothing;
 - (c) yellow bagged waste is transported separately from all other waste;
 - (d) all concerned staff members are properly trained In the handling, loading, unloading, transportation and disposal of yellow bagged waste; and fully aware of emergency procedures for dealing with accidents and spillages;
 - (f) all vehicles carry adequate supply of empty waste bags, protective clothing, cleaning tools and disinfectants to clean and disinfect any spillage;
 - (g) the transportation of waste is properly documented and all vehicles carry a consignment note from the point of collection to the incinerator or land-fill or other final disposal facility; and
 - (h) all vehicles are cleaned and disinfected after use

19. Waste storage.- (1) A separate central storage facility shall be provided for yellow bagged waste with a sign prominently displaying the biohazard symbol and clearly mentioning the facility stores risk waste.

- (2) The designated central storage facility Shall:
 - (a) be located within the hospital premises close to the incinerator, if installed, but away from food Storage or food preparation areas; -
 - (b) be large enough ,to contain all the risk waste produced by the hospital with spare capacity to cater for collection or incinerator breakdoWns;
 - (c) be easy to clean and disinfect with an impermeable hard standing base, plentiful water supply and good drainage, lighting and ventilation;
 - (d) have adequate cleaning equipment, protective clothing, waste bags and containers located nearby; and
 - (e) be easily accessible to collection vehicles and authorized staff but totally enclosed and-secure from unauthorized access including Inaccessible to animals, Insects and birds, -
- (3) Material other than yellow bagged Waste shall not be stored in the central storage facility.
- (4) The waste shall not be stored at the central storage facility for More than twenty four hours

Provided that in case of emergency where infectious waste is required to be stored for more than twenty four hours it shall be refrigerated at a temperature of 3°C to 8°C.

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- (5) Container with radioactive waste shall be stored in specifically marked area in lead shielded storage room. -
- (6) Container with chemical waste which are to be specialized treatment facilities shall also be stored in a separated room. -

- (7) The central storage facility shall be thoroughly drained in accordance with procedures stipulated in the waste management plan.

20. Waste disposal. (1) Depending upon the types and nature of the waste material and the organisms in the waste, risk waste shall be inactivated or rendered safe before final disposal by a suitable thermal, chemical, irradiation incineration, filtration or other treatment method, or by a combination of such methods involving proper validation and monitoring procedures.

- (2) Effluents from the waste treatment method, shall also be periodically tested to verify that it conforms to the Environmental Quality Standard before it is discharged into the sewerage system.
- (3) The yellow tagged waste shall be disposed of by burning in an incinerator by burial in landfill or by any other method of disposal approved by the Agency
- (4) Sharps, containers shall, which have not been placed in yellow Waste bags for incinerator be disposed of by encapsulation or other method of disposal approved by the Agency.
- (5) The method of disposal whether by burning in an incinerator or by burning or landfill or otherwise shall be operated by a hospital only after approval of its environmental impact assessment, in accordance with the provisions of section 12 of the Act:

Provided that hospitals already using an incinerator or landfill on the date of commencement of the rules shall submit an environmental report, in respect thereof to the Agency within two months from the said date and may continue to use the incinerator or landfill up till the date thereon.

- (6) All risk waste delivered to an incinerator shall be burned within twenty four hours.
- (7) Ash and residues from incineration and other methods, shall be placed in robust, noncombustible containers and sent to the local council's designated risks waste landfill site.
- (8) The landfills shall be located at sites with minimal risk of pollution of groundwater and rivers. Access to the site shall be restricted to authorized personnel only. Risk waste shall be burned in a separate area of the landfill under a layer of earth or non-risk waste of at least one meter depth which shall then be compacted.-
- (9) The landfill shall be regularly monitored by the local council to check groundwater and air pollution. The local Council shall also ensure that the landfills are properly trained, especially in safe procedures use of protective equipment, hygiene and emergency response procedures:
- (10) Daily collection of risk waste from hospitals shall be taken by the vehicles of the local council immediately to the designated landfill site or incinerator by the Most direct route in accordance with prior scheduling of collection times and journey times.
- (11) radioactive waste which has decayed to background level shall either be buried in the landfill site or incinerated.

Explanation. An incineration facility for radioactive waste shall require, in addition to approval of its EIA by the Agency, registration with and issue of license by PNRA and reconciled with the requirements of the Pakistan Nuclear Regulatory Authority Ordinance 2001 (III of 2001) and the guidelines made there under in connection with the management and disposal of radioactive waste.

- (12) All liquid infectious waste shall be discharged into the sewerage system only after being, properly treated and disinfected.

Explanation-I: Liquid radioactive Waste shall be discharged into the sewerage system only after it had decayed to background level and after it has been ensured that the radioactive materials are soluble and dispersible in water failing which, it shall be filtered.

- (13) Portable filter assemblies, in case of gaseous radioactive waste, shall be used to extract iodine and -xenon. The used filters shall be treated as solid radioactive waste.

21. Accidents and spillages:- (1) In case of accidents or spillages, the following actions shall be taken:
- (a) the emergency procedures Mentioned In the waste management plan shall be Implemented immediately;
 - (b) the contaminated area shall immediately be evacuated, if required;
 - (c) the contaminated areas shall be cleared and, if necessary, disinfected;
 - (d) exposure of staff members shall be limited to the possible extent during the cleanup operation, and appropriate immunization may be carried out, as required; and
 - (e) any emergency equipment used shall immediately be replaced in the same location from which it was taken.
- (2) All hospital staff members shall be properly trained and prepared for emergency response including procedures for treatment of injuries, clean-up of the contaminated areas and ,prompt reporting of all incidents of accidents, spillages and near misses.
 - (3) The waste management officer shall immediately investigate record and review all such incidents to establish causes and shall submit his report to the hospital waste management team.
 - (4) The hospital waste management team, shall review the report and where necessary shall amend the Waste management plan to prevent recurrence of such incidents and take such further action as may be required.
22. Waste minimization and reuse:- (1) Each hospital, for minimizing hospital waste, shall introduce:
- (a) purchasing and stock control involving careful management of the ordering process to avoid over stocking particularly with regard to date limited pharmaceutical and other products and to accord preference to products involving low amount of packaging;
 - (b) waste recycling program involving return of unused or waste chemicals in quantity to the supplier for reprocessing, return of pressurized gas cylinders to suppliers for refilling and reuse, sale of material such as Mercury, cadmium, nickel and lead acid to specialized recyclers and transportation of high level radioactive waste to the original supplier; and
 - (c) waste reduction, practices in all hospital departments.
- (2) Each hospital, to encourage reuse, shall separately collect and sterilize, either thermally or chemically In accordance with approved procedures, surgical equipment and Other items which are designed for reuse and are resistant to the' sterilization process.
- 23. Inspection and legal proceedings.-** (1) The authorized officer may inspect any hospital; incinerator or landfill located within the area of his jurisdiction to check that the provisions of the Rules are being complied.
- (2) Any contravention of any provision of the rules if discovered by the authorized officer, shall report the same to the Agency with intimation to the DCO concerned.
 - (3) The Agency, after becoming satisfied about the contravention of the rules on the basis or evidence, may initiate legal action against the offender, under section16 of the Act.
- 24. Provincial committee.-** (1) The Chief Secretary shall, by notification, constitute Provincial Hospital Waste Advisory Committee, for the province and It shall comprising of:
- (a) Secretary Environment Chairperson
 - (b) Secretary Health Department Member
 - (c) Nominee of the Local Government Department Member
 - (d) Representative of Pakistan Medical Association Member
 - (e) Representative of one medical university in the Member
 - (f) Representative of the two NGO working in health Member
 - (g) Representative of private hospitals association Member
 - (h) DG, Environmental Protection Agency Member/Secretary

- (2) The Provincial Hospital Waste Advisory Committee shall:
- (a) Devise strategies in collaboration with concerned line departments of the hospital to give effect to the rules;
 - (b) Periodically review the implementation of the rules and recommend improvements in the rules; and
 - (c) Recommend adoption of such policy measures, plans and projects as it may consider necessary for the effective management of hospital waste in the province.

25. Divisional committee.- (1) The Government shall notify the following Divisional Hospital Waste Supervisory Committees for each Division:

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| (a) Divisional Commissioner | Chairperson |
| (b) DCs of the all concerned districts | Members |
| (c) Divisional Director Health | Member/Secretary |
| (d) Representative of Pakistan Medical Association | Member |
| (e) Medical Superintendent of DHQ Hospital | Member |
| (f) Rep of Private Hospitals Association | Member |
| (g) Chief Executives of two leading hospitals working in private sector in the division concerned, | Members |
| (h) Reps of two NGOs working in Division concerned in Health sector | Member |
| (i) District Officer Environment | Member |

(2) The Divisional Hospital Waste Supervisory Committee shall:

- (a) Periodically review the implementation of the rules in all the districts of the division;
- (b) Recommend adoption of such policy measures, plans and projects as it may consider necessary for the effective management of hospital waste;
- (c) prepare reports regarding enforcement of the HWM, Rules and Measures taken by the Divisional Committees for effective management of hospital waste in all hospitals; and
- (d) create public awareness about harmful impacts of hospital risk waste.

26. District Committee.- (1)The Chief Secretary shall notify the following District Hospital Waste Supervisory Committee for each -District::

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| (a) Deputy Commissioner of concerned District | Chairman |
| (b) MPA of the constituency concerned | Member |
| (c) District Health Officer concerned | Member/Secretary |
| (d) MS concerned Chief Executive, owner of Hospital | Member |
| (e) District Officer (Livestock) of the district concerned | Member , |
| (f) representative of private hospitals association | Member |
| (g) District Officer (Environment) of the district | Member |

(2) The District Hospital Waste Supervisory Committee shall hold Its meetings on monthly basis, and;

- (i) review the implementation status of the rules,
- (ii) pursue and direct the Medical Superintendent ,or Chief Executive, Owner, Proprietor, or .Contract of the hospital or incinerator or landfill to Make arrangement for proper medical waste Manage.

27. Authorization by the Agency;- The management of each hospital generating risk-waste shall apply to the Agency for issuance of authorization in favor of any qualified body or firm or company for handling and managing hospital waste.

SCHEDULE I
(see rule 2(f))

CATEGORIES OF Hospital WASTE

Category Number	Type of Waste Category	Color Coding	Container Type	Treatment	Disposal
1	pathological waste (tissues, organs, body parts, fetuses, blood and body fluids)	Yellow	Metal or tough plastic bag	Cremation/ Incineration/deep burial	
2	infectious waste (waste contaminated by any type of pathogens such as bacteria, viruses, parasite or fungi and includes cultures from laboratory work, waste from surgeries and autopsies, waste from infected patients, discarded or disposable materials and equipment which have been in contact with such patients and infected animals from laboratories)	Red	Disinfected container High density plastic container resistant to penetration and leakage	Autoclaving / micro-waving.	Incineration/L andfill
3	Sharp (whether infected or not, needles, syringes, scalpels, infusion sets, saws and knives, blades, broken glass and any other item that could cut or puncture)	Red	Disinfected container High density plastic container resistant to penetration and leakage	All shall be cut or broken and rendered nonreusable at the point of use; disinfection by chemical treatment autoclaving/ microwaving and mutilation/shredding	Landfill
4	Pharmaceutical waste (expired or unused pharmaceutical products, spilled contaminated pharmaceutical products, surplus drugs, vaccines or sera, and discarded items used in handling pharmaceutical such as bottles, boxes, gloves, masks, tubes, or vials)	Yellow	Metal or tough Plastic bag	Destruction	incineration/L andfill
5	genotoxic waste (cytotoxic drugs and outdated materials, vomitus, faeces or urine from patients treated with cytotoxic drugs or chemicals, and	Yellow		Return to supplier for treatment	Incineration (>1300oC) Landfill

	materials such as syringes and vials contaminated from the preparation and administration of such drugs)				
6	chemical waste (Chemicals from diagnostic and experimental work, cleaning processes, housekeeping and disinfecting procedures, mercury waste such as from broken clinical equipment and spillage, and cadmium waste such as from discarded batteries	Yellow	Metal or tough Plastic bag	Photo- chemicals should be de-silvered and vaporized.	Landfill
7	radioactive waste (liquid, solid and gaseous waste contaminated with radio nuclides generated from in-vitro analysis of body tissue and fluid, in-vivo body organ imaging and tumour localization, and investigation and therapeutic procedures.	Yellow	Metal or tough plastic bag	Treated in facility with lead walls	
8	non-risk waste (paper and cardboard, packaging, food waste and the like)	Black/white	Any suitable	Recycling plant	Landfill
9	Incineration Ash (ash from incineration of any bio-medical waste)	Yellow	Metal or tough plastic bag		Landfill
10	Liquid Waste (waste generated from laboratory and washing, cleaning, house- keeping and disinfecting activities)			disinfection by chemical treatment	Discharge into drains/ sewage system.

Explanation:

- Chemicals treatment using at least 1% hypochlorite solution or any other equivalent chemical reagent. It must be ensured that chemical treatment ensures disinfection.
- Mutilation/shredding must be such so as to prevent unauthorized reuse.
- There will be no chemical pretreatment before incineration. Chlorinated plastics shall not be incinerated.
- Color coding of waste categories with multiple treatment options as defined in Schedule I, shall be selected depending on treatment option chosen, which shall be as specified in Schedule I.
- Waste collection bags for waste types needing incineration shall not be made of chlorinated plastics
- Labeling : date, point of production, ward and hospital, quantity and description of waste and prominently displaying the biohazard symbol
- Category 9 (liquid) do not require containers/bags.

SCHEDULE II
(see rule 4(2)(f))
LABEL FOR BIO-MEDICAL WASTE CONTAINERS/BAGS



BIOHAZARD



CYTOTOXIC