

# FISTULA CARE

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## Medical Waste Management Compliance Checklist

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**USAID**  
FROM THE AMERICAN PEOPLE



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## Medical Waste Management Monitoring Checklist

<b>Name</b>	
<b>Country</b>	
<b>Person Conducting Review</b>	
<b>Date of Review</b>	

Medical waste management compliance (disposal and environmental protection)	
	For each element listed below, circle the response.
a. Does site have a written management plan (to show the observer) for nonhazardous general waste, liquid medical waste, and solid medical waste?	1. Site reports it has a written management plan, and the plan was shown to the observer, 2. Site reports it has a formal management plan, but it was not shown to the observer. 3. Site has no formal management plan.
b. What numbers and types of staff were trained in infection prevention/medical waste disposal in last four quarters? No. of clinical staff. _____ No. of nonclinical staff _____	1. At least one clinical or one nonclinical person was trained, <u>and</u> the site has clearly assigned staff who cover all steps in waste management, with at least one person trained. 2. No persons are trained.
c. Does site have clearly assigned staff responsibilities that cover all steps in the waste management process?	1. Yes 2. No
d. Does site have appropriate and adequate supplies and equipment for infection prevention and waste management (see infection prevention guide), including decontaminants, containers, and protective clothing?	1. Site has a supply of bleach, a bucket for decontamination, and a sterilizer/autoclave. 2. Site has either bleach or a bucket for decontamination, or a sterilizer/autoclave, but not all. 3. Site does not have any of bleach or bucket for decontamination or sterilizer/autoclave.
e. Does site have and use infection prevention job aids and medical waste management protocols or curricula from USAID, EngenderHealth, WHO, etc.?	1. At least one job aid is posted in the operating theater and/or ward and/or procedure/sluice room, and site follows use of waste management protocols. 2. Job aid is posted in the operating theater or ward or procedure/sluice room, or waste management protocols are used. 3. No job aid is posted in work areas.
f. <i>Sorting</i> : Are there internal rules for appropriate separation of waste by type at the place where it is generated (e.g., needles and sharps disposed of in special sharps containers, such as covered leak-proof, puncture-proof cardboard boxes, plastic bottles, or tin cans)?	1. Waste is separated by type immediately, separation occurs at the point where waste is generated, and contaminated sharps are immediately isolated into safe temporary containers. 2. Waste is separated by type immediately, or separation occurs where the waste is generated, or contaminated sharps are placed in appropriate containers, 3. Waste is not separated by type immediately, separation does not occur where the waste is generated, and

	contaminated sharps are not placed in appropriate containers.
g. <i>Handling</i> : Is there appropriate collection and transportation of medical waste within the facility (e.g., handling medical waste as little as possible before temporary storage and disposal; removing and emptying waste containers from operating, procedure, and sluice rooms before completely full, at least once a day; Observing good hygiene; and wearing protective clothing)?	<ol style="list-style-type: none"> <li>1. Waste is transported appropriately and protective clothing and good hygiene (including regular washing with soap and water) are used.</li> <li>2. Waste is transported appropriately or protective clothing or good hygiene are used.</li> <li>3. Waste is transported inappropriately and there is a lack of use of protective clothing and good hygiene.</li> </ol>
h. <i>Interim storage</i> : Is medical waste appropriately and temporarily stored safely, packaged, and labeled within the facility (e.g., always for less than 24 hours, before disposal; stored in a designated, closed-off area that is minimally accessible to staff, visitors, and food; correct response for spills, injury, exposure is followed)	<ol style="list-style-type: none"> <li>1. Storage area and labeling are appropriate and storage is always for less than 24 hours.</li> <li>2. Storage area is appropriate or labeling is appropriate or storage is always for less than 24 hours,</li> <li>3. Storage area is inappropriate, labeling of waste is inappropriate, and storage sometimes is for more than 24 hours.</li> </ol>
i. <i>Final disposal, general</i> : Are solid medical waste, liquid medical waste, sharps, and hazardous chemical waste from the health facility eliminated appropriately (e.g., all solid and liquid waste and contaminated waste disposed of away from the community; never stored in open container; never thrown onto an open pile)?	<ol style="list-style-type: none"> <li>1. Disposal of waste is away from the community, and waste is never stored in open containers and never thrown onto an open pile.</li> <li>2. Disposal of waste is away from the community, or waste is never stored in open container or never thrown onto an open pile.</li> <li>3. Waste is disposed of in the community and sometimes is stored in open containers and thrown onto open piles.</li> </ol>
j. <i>Final disposal of solid waste</i> : Is solid waste disposed of appropriately (e.g., at the facility, if possible, under the supervision of staff who understand the risks, by burning or burying, or by transporting it to an off-site disposal site).	<p>Circle all that apply:</p> <ol style="list-style-type: none"> <li>1. Final disposal of solid waste is by burning.</li> <li>2. Final disposal of solid waste is by burying.</li> <li>3. Final disposal of solid waste is through an arrangement for off-site transfer.</li> <li>4. Other (specify):</li> </ol>
k. <i>Burning</i> : If final disposal of solid waste is by burning, functional burning in a drum or brick incinerator is best. Less optimal would be open burning, in a small designated area far from the premises. If wet, waste should be doused with kerosene first before starting the fire.	<ol style="list-style-type: none"> <li>1. Site has an optimally functional incinerator.</li> <li>2. Site has a nonoptimal incinerator.</li> <li>3. Site does not have an incinerator.</li> </ol>
l. <i>Burying</i> : If final disposal of solid waste is by burying, is this done safely (e.g., at a designated, fenced, or walled-off space in view of the facility, with a pit large enough for all the solid medical waste generated at the site, to	<ol style="list-style-type: none"> <li>1. Site has optimally functional waste burial site.</li> <li>2. Site has nonoptimal waste burial site.</li> <li>3. Site does not have waste burial site.</li> </ol>

<p>prevent scavenging and accidental injury)? Does the pit have an impermeable plastic or clay lining? Is the burial pit at least 50 m away from any water source, to prevent contamination? Does the site have proper drainage? Is it located downhill from any wells, free of standing water, in an area that does not flood? Is the bottom of the pit 2 meters above the water table? (Consult local water engineer/water authority about location of the water table.) Is waste covered with 10–30 cm of soil?</p>	
<p>m. If final disposal is off-site, are precautions taken to ensure that waste is transported and disposed of safely?</p>	<ol style="list-style-type: none"> <li>1. All precautions are taken to ensure that waste is transported safely.</li> <li>2. Some precautions are taken to ensure that waste is transported safely.</li> <li>3. No precautions are taken to ensure safe transport.</li> </ol>
<p>n. Additional observations and comment on infection prevention and waste storage/disposal:</p>	