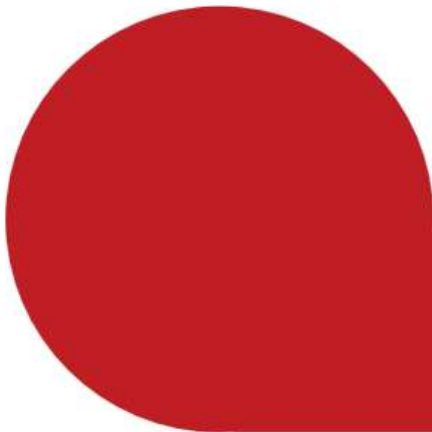




Office of Health Standards Compliance  
Ensuring quality and safety in health care



## Health Care Waste Management

**v1.2.1**

**Regulatory Private Acute  
Hospital Inspection tool**

Facility:
Date:

- **Tool Name:** Regulatory Private Acute Hospital Inspection Tool v1.2.1
- **HEs Type:** Hospitals
- **Sector:** Private
- **Specialization:** Private Acute Hospital
- **Created By:** Health Standards Development and Training

## 37 Health Care Waste Management

### Domain 37.2 CLINICAL GOVERNANCE AND CLINICAL CARE

#### Sub Domain 37.2.1 7 Clinical management

**Standard 37.2.1.1 7(1)** The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies and guidelines.

**Criterion 37.2.1.1.1 7 Health care personnel must be informed about standard operating procedure and guidelines.**

**37.2.1.1.1.1** Health care personnel have been informed about the policy or standard operating procedure or procedure or guideline of the unit and health establishment.

**Assessment type:** Document - **Risk rating:** Essential measure

Documented evidence that personnel have been informed about the policy or standard operating procedure or procedure or guideline must be available. This could include but is not limited to distribution lists which include personnel signatures to indicate they have read and understood the document (which must be dated and signed), proof of attendance at meetings where policies, guidelines and standard operating procedures are discussed, or similar evidence for electronic distribution which could include but not limited to email distribution or documents deposited in intranet or other electronic platforms. Score 1 if such evidence is available and score 0 if it is not available.

Score	Comment		
Aspects	Score	Comment	
1. Obtaining additional healthcare risk waste containers			
2. Handling, storage and safe disposal of waste			
3. Management of chemical and biohazardous spills			

**Standard 37.2.1.2 7(2)** (b) A health establishment must establish and maintain systems, structures and programmes to manage clinical risk.

**Criterion 37.2.1.2.1 7 A designated and knowledgeable staff member responsible for waste management must oversee compliance with relevant legislation and standards.**

**37.2.1.2.1.1** There is a designated or appointed person responsible for waste management.

**Assessment type:** Document - **Risk rating:** Essential measure

A designated or appointed person responsible for waste management will ensure that the health establishment complies with waste management guidelines and legislation. The incumbent must have an appointment or designation letter, which must be signed and dated.

Not applicable: Never

Score	Comment

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**Criterion 37.2.1.2.2 7 The establishment must have undertaken a health care risk waste management process in the previous two years to identify the hazardous waste that it generates and must establish how to deal with it safely.**

**37.2.1.2.2.1** The health care risk waste management assessment report is available.

**Assessment type:** Document - **Risk rating:** Essential measure

The purpose of the assessment is to identify the hazards associated with hazardous waste. The management report of the assessment undertaken must be available.

Not applicable: Never

Score	Comment

**37.2.1.2.2.2** The management plan addresses the risks identified in the health care risk waste management report.

**Assessment type:** Document - **Risk rating:** Essential measure

The document aims to ensure minimisation of risks associated with hazardous waste. The health care risk waste risk assessment report and the management plan must be available. The document must be signed and dated.

Not applicable: Never

Score	Comment

**37.2.1.2.2.3** Actions taken to address the risks identified in the health care risk waste report are documented.

**Assessment type:** Document - **Risk rating:** Essential measure

The health care risk waste management implementation report must be available. The document must be signed and dated.

Not applicable: Where there were no risks identified.

Score	Comment

**Criterion 37.2.1.2.3 7 The health establishment must have a functional quality management system**

**37.2.1.2.3.1** Quality improvement plans are developed by health care personnel.

**Assessment type:** Document - **Risk rating:** Vital measure

Randomly select one quality improvement plan of the from the previous six months. Verify whether the aspects listed below are documented. Score if aspect is documented and 0 if not. Score not applicable where no gaps have been identified

Score	Comment	
Aspects	Score	Comment
1. Gaps identified		
2. Activities required or implemented to address gaps		

3. Health care personnel responsible		
4. Time frames		

**37.2.1.2.3.2** Implementation of quality improvement plans is monitored.

**Assessment type:** Document - **Risk rating:** Vital measure

Evidence must be available that quality improvement activities are implemented by the units. This could include but is not limited to minutes of meetings, reports.

Not applicable: Where there were no gaps identified

Score	Comment

**Sub Domain 37.2.2 8** Infection prevention and control programmes

**Standard 37.2.2.1 8(1)** The health establishment must maintain an environment, which minimises the risk of disease outbreaks, the transmission of infection to users, health care personnel and visitors.

**Criterion 37.2.2.1.1 8(2)(d)** The health establishment must ensure that health care personnel are protected from acquiring infections through the use of personal protective equipment and prophylactic immunisations.

**37.2.2.1.1.1** Waste management personnel have access to and use appropriate protective clothing and equipment.

**Assessment type:** Observation - **Risk rating:** Essential measure

Verify whether waste management personnel are wearing personal protective equipment for the tasks they are performing, including wearing it correctly. Score 1 if the items are available and worn and 0 if they are not available or not worn. Score not applicable where, at the time of the inspection, personnel are not in a situation in which they are required to wear protective clothing.

Score	Comment

Unit 1 Personal Protective Equipment available

Aspects	Score	Comment
1. Heavy duty domestic rubber gloves		
2. Overalls or uniform		
3. Full-length heavy-duty aprons (this will be dependent on tasks performed)		
4. Respirator or appropriate mask (COVID 19 pandemic enhanced PPE requirements).		
5. Closed-toe shoes or water-resistant boots		

Unit 2 Healthcare worker 1: Worn

Aspects	Score	Comment
1. Heavy duty domestic rubber gloves		
2. Overalls or uniform		
3. Full-length heavy-duty aprons (this will be dependent on tasks performed)		

4. Respirator or appropriate mask (COVID 19 pandemic enhanced PPE requirements).		
5. Closed-toe shoes or water-resistant boots		

Unit 3 Healthcare worker 2: Worn

Aspects	Score	Comment
1. Heavy duty domestic rubber gloves		
2. Overalls or uniform		
3. Full-length heavy-duty aprons (this will be dependent on tasks performed)		
4. Respirator or appropriate mask (COVID 19 pandemic enhanced PPE requirements).		
5. Closed-toe shoes or water-resistant boots		

**Sub Domain 37.2.3 9** Waste management

**Standard 37.2.3.1 9(1)** The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.

**Criterion 37.2.3.1.1 9(2)(a)** The health establishment must have appropriate waste containers at the point of waste generation.

**37.2.3.1.1.1** A policy or standard operating procedure or procedure or guideline or SLA for obtaining additional health care risk waste containers is available.

**Assessment type:** Document - **Risk rating:** Essential measure

The aspects listed below are included and explained in the policy or standard operating procedure or procedure or guideline. Score 1 if the aspect is included and explained, score 0 if it is not included or included but not explained. The document must as minimum comply with the following requirements: Title of the document, Name of the health establishment or hospital group, signed and dated by the relevant authority responsible for approving the document, designation of the approver, date of implementation or approval, date of next review. Documents must be reviewed regularly up to the maximum of every 5 years. Document could be from the corporate head office. The document can be manual or electronic. The information may be detailed in a single document or in several documents.

Score	Comment	
Aspects	Score	Comment
1. Circumstances under which additional containers may be requested		
2. Process for requesting additional containers. Explanatory note: This may be the completion of a request form, phoning the central storage area, where to go in the hospital to collect them, or any other process		
3. Details on who to inform if it is not possible to obtain additional containers		
4. Contingency plans in the event that no additional containers can be obtained		

**37.2.3.1.1.2** Replacement containers for disposal of all types of waste are available in the storage area.

**Assessment type:** Observation - **Risk rating:** Vital measure

Verify whether the waste containers listed below are available. Health care risk waste containers must have the appropriate international hazard symbol and be marked as prescribed in the SANS 10248-1:

Management of Health Care Waste, Part 1: Management of healthcare risk waste from a health facility. Score 1 if the waste container is available and 0 if not available.

Score	Comment	
Aspects	Score	Comment
1. Human anatomical waste (red bucket with tight fitting lid)		
2. Infectious non-anatomical waste (red)		
3. Sharps (yellow)		
4. Chemical waste including pharmaceutical, cytotoxic or genotoxic pharmaceutical waste (dark green)		
5. General waste (black, beige, white or transparent packaging may be used)		

**Criterion 37.2.3.1.2 9(2)(b) The health establishment must implement procedures for the collection, handling, storage and disposal of waste.**

**37.2.3.1.2.1** The policy or standard operating procedure or procedure or guideline for handling, storage and safe disposal of waste is available.

**Assessment type:** Document - **Risk rating:** Essential measure

The aspects listed below are included and explained in the policy or standard operating procedure or procedure or guideline. Score 1 if the aspect is included and explained, score 0 if it is not included or included but not explained. The document must as minimum comply with the following requirements: Title of the document, Name of the health establishment or hospital group, signed and dated by the relevant authority responsible for approving the document, designation of the approver, date of implementation or approval, date of next review. Documents must be reviewed regularly up to the maximum of every 5 years. Document could be from the corporate head office. The document can be manual or electronic. The information may be detailed in a single document or in several documents.

Score	Comment	
Aspects	Score	Comment
1. Containerisation		
2. Intermediate storage		
3. Internal transportation		
4. Central storage		
5. Collection		
6. Disposal		
7. Treatment		

**37.2.3.1.2.2** The health care waste management plan complies with legal requirements and national guidelines.

**Assessment type:** Document - **Risk rating:** Essential measure

Verify whether the aspects listed below are included and explained in the waste management plan. Score 1 if the aspect is included and explained and 0 if not included or not explained

Score	Comment

Aspects	Score	Comment
1. Health establishment information related to workload		
2. Contact details of person in charge of waste management (health care waste officer)		
3. Classification of waste streams		
4. Assessment of quantity of waste that will be generated		
5. Categories of waste that will be generated		
6. Description of waste management systems/services provided on generation, storage, collection, transportation, treatment and disposal of such waste		
7. Contract with service provider for collection and final disposal to licensed waste disposal facility		
8. Description of separation of recyclable and non-recyclable waste at point of waste generation		
9. Waste minimisation measures such as reduction, reuse and recovery		
10. Pollution prevention measures to minimise impact or potential impact on environment		
11. Health risk minimisation measures to protect public and any workers		
12. Remedial measures to be implemented		
13. Those responsible for generating contaminated waste are trained at the time of employment and training is refreshed periodically; training must include infection prevention and control and occupational health  References: •Practical Manual for Implementation of the National Infection Prevention and Control Strategic Framework. March 2020 •National Environmental Health Norms and Standards for premises and acceptable monitoring standards for environmental health practitioners 2015		

**37.2.3.1.2.3** A waste collection schedule for all service areas is available.

**Assessment type:** Document - **Risk rating:** Vital measure

Regular waste collection in the health establishment is an important aspect of infection prevention and control. The waste collection schedule must indicate the date and time for collection of waste in various sections of the health establishment.

Not applicable: Never

Score	Comment

**37.2.3.1.2.4** Waste is collected daily from clinical areas, clinical support areas and non-clinical areas in accordance with the schedule.

**Assessment type:** Document - **Risk rating:** Vital measure

Waste must be collected from intermediate storage areas daily to prevent overflow and to minimise infection control risks. A record kept by the waste management unit must indicate that waste is collected daily in the health establishment. This may be captured in a register or other documented record. Evidence may be manual or electronic.

Not applicable: Never.

Reference: Practical Manual for Implementation of the National Infection Prevention and Control Strategic Framework March 2020.

Score	Comment

**37.2.3.1.2.5** The health establishment has closed or lockable or sealable containers or trolleys for transportation of waste.

**Assessment type:** Observation - **Risk rating:** Vital measure

Verify whether the health establishment has closed or lockable or sealable containers or trolleys for transportation of waste.

Not applicable: Never.

Reference: Practical Manual for Implementation of the

National Infection Prevention and Control Strategic Framework. March 2020 (pg.81)

Score	Comment

**37.2.3.1.2.6** The health care risk waste central storage area must meet the requirements listed below as a minimum.

**Assessment type:** Observation - **Risk rating:** Vital measure

Inspect the central storage area, which is the area where waste is stored while awaiting collection by the waste removal service provider, to verify it complies with the aspects listed below. Score 1 if the aspect is compliant and 0 if not compliant. The central storage areas for health care risk waste must comply with SANS 10248:2004, edition 2 and the National Norms and Standards for Environmental Health, 2015.

Score	Comment	
Aspects	Score	Comment
1. Adequate space is available to store waste containers		
2. Area is enclosed and protected from natural elements such as rain, wind and sun		
3. Area is vermin proof, i.e. enclosed to prevent insects and rodents, etc. from entering storage area		
4. Area has a smooth, slip resistant and non-porous floor with a good drainage system connected to municipal/council sewerage		
5. Area has a display board with name and contact details of person responsible for waste management		
6. Area is marked with international biohazard symbol		
7. Area is well ventilated		
8. Area is well lit		
9. Area is locked and not accessible to unauthorised personnel, as indicated through "No unauthorised entry" signs		



10. Area is equipped with spill kit, i.e. container with items required to manage spillages, e.g. disinfectants and absorbent material. Other health establishments will use Chemical spill kit.		
11. Area has refrigeration facilities for waste storage at low temperatures(or it is indicated where the waste refrigerator is kept)		
12. Refrigerator maintained at –2 degrees Celsius		
13. All waste in refrigeration facility is appropriately containerised		
14. Register available for waste stored in refrigeration facility.		
15. Area has access to fire extinguisher  References: • Practical Manual for Implementation of the National Infection Prevention and Control Strategic Framework. March 2020. • National Environmental Health Norms and Standards for premises and acceptable monitoring standards for environmental health practitioners 2015.		

**37.2.3.1.2.7** A waste spill kit with contents listed below is available.

**Assessment type:** Observation - **Risk rating:** Essential measure

Verify whether the items listed below are available in the spill kit. Score 1 if the item listed below is available and 0 if not available.

Score	Comment	
Aspects	Score	Comment
1. Disposable gloves		
2. Disposable apron		
3. Paper towel		
4. Red disposable bag with tie lock		
5. Chlorine release tablets		
6. Scoop and scraper		

**37.2.3.1.2.8** The outside general waste storage area is well maintained and poses no health risk.

**Assessment type:** Observation - **Risk rating:** Essential measure

The area must be access-controlled. Waste must be kept inside the containers. Skip bins can be located at the back of the main buildings or in an area that is not easily accessible by the public. A well-built storage area with lockable mesh wire is also acceptable.

**Not applicable:** Never

Score	Comment

**37.2.3.1.2.9** Health care risk waste containers are labelled before transportation for disposal.

**Assessment type:** Observation - **Risk rating:** Essential measure

Healthcare risk waste containers must be labelled with colour codes and the international biohazard symbol for health care risk waste as prescribed in SANS 10248-1-Management of Health Care Waste, Part 1: Management of healthcare risk waste from a healthcare facility. (National Environmental Health Norms and Standards for Premises and Acceptable Monitoring Standards for Environmental Health Practitioners 2015). Verify whether containers ready for collection by service providers have been labelled as listed below. Score 1 if the container is labelled and 0 if not labelled

Score	Comment	
Aspects	Score	Comment
1. Name of appointed service provider is identified on health care risk waste container/s		
2. Waste containers are marked with international biohazard symbol		
3. Waste containers are colour-coded and labelled appropriately		

**37.2.3.1.2.10** Health care risk waste for disposal is documented.

**Assessment type:** Document - **Risk rating:** Essential measure

Request records from the previous three months and verify whether waste destined for disposal is documented as listed below. Score 1 if documented and 0 if not documented.

Score	Comment	
Aspects	Score	Comment
1. All waste for disposal is registered		
2. All waste for disposal is weighed		
3. All waste for disposal is signed over to authorised service provider		

**37.2.3.1.2.11** A current service level agreement for removal and safe disposal of waste is available.

**Assessment type:** Document - **Risk rating:** Essential measure

The service level agreement must be valid (not expired) and signed by the service provider and the responsible accounting officers and witnessed. It must include but not limited to the removal and safe disposal of waste, toxic chemicals, radioactive waste and expired medicines by an accredited service provider.

**Not applicable:** Never

Score	Comment

**37.2.3.1.2.12** The service level agreement is monitored for compliance.

**Assessment type:** Document - **Risk rating:** Vital measure

Evidence includes, but is not limited to, signed monitoring checklists, minutes of meetings, and reports.

**Not applicable:** Never

Score	Comment

**37.2.3.1.2.13** Remedial action is taken to rectify the breaches identified.

**Assessment type:** Document - **Risk rating:** Vital measure

A document reflecting actions taken to rectify identified breaches in the terms of the service level agreement is available.

Not applicable: Where breaches were not identified

Score	Comment

**Domain 37.4 GOVERNANCE AND HUMAN RESOURCES**

**Sub Domain 37.4.1 20** Occupational health and safety

**Standard 37.4.1.1 20(1)** The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.

**Criterion 37.4.1.1.1 20(2)(b)** Awareness of safety and security issues must be promoted

**37.4.1.1.1.1** The healthcare personnel are familiar with the emergency evacuation procedure.

**Assessment type:** Staff interview - **Risk rating:** Essential measure

Interview three health care personnel to establish whether they are able to explain the evacuation procedure as illustrated in the evacuation plan. Score 1 if they explain the procedure as illustrated in the evacuation plan and 0 if not. Where no evacuation plan is available, this measure must be scored 0.

Score	Comment	
Aspects	Score	Comment
1. Healthcare personnel 1		
2. Healthcare personnel 2		
3. Healthcare personnel 3		

**Criterion 37.4.1.1.2 20** Measures must be in place to minimise the incidence of critical occupationally acquired injuries and diseases.

**37.4.1.1.2.1** Occupational health and safety incidents are reported to the responsible person.

**Assessment type:** Document - **Risk rating:** Vital measure

All occupational health and safety incidents involving waste personnel must be reported. A register or similar document for recording occupational health and safety incidents must be available at the waste management unit. Where no incidents have occurred, zero reporting must be done.

Not applicable: Never

Score	Comment

**37.4.1.1.2.2** Health care workers are able to explain which occupational health and safety incidents must be reported immediately.

**Assessment type:** Staff interview - **Risk rating:** Essential measure

Interview three health care workers to determine whether they are aware of occupational health and safety incidents that must be reported immediately. Score 1 if the health care provider answers the questions below correctly and 0 if not.

Score	Comment

Unit 1 Health care worker 1

Aspects	Score	Comment
1. Exposure to blood and body fluids either due to a sharp's injury or spillage		
2. Exposure to chemicals, radiation and other noxious substance		
3. Back injury or physical injury during transportation of waste		

Unit 2 Health care worker 2

Aspects	Score	Comment
1. Exposure to blood and body fluids either due to a sharp's injury or spillage		
2. Exposure to chemicals, radiation and other noxious substance		
3. Back injury or physical injury during transportation of waste		

Unit 3 Health care worker 3

Aspects	Score	Comment
1. Exposure to blood and body fluids either due to a sharp's injury or spillage		
2. Exposure to chemicals, radiation and other noxious substance		
3. Back injury or physical injury during transportation of waste		

### Official Sign-Off

The National Health Act, 2003 (Act No. 61 of 2003) provides for quality requirements and standards in respect of health services provided by health establishments to the public. The main objective is to promote and protect the health and safety of the users of health services and contribute to improved outcomes and improved population health.

To achieve this mandate standardised inspection tools aligned to Norms and Standards Regulations applicable to different categories of health establishments promulgated by the Minister of Health in 2018 have been developed for Private Acute Hospitals.

### Acknowledgments

Many people have contributed to the update of the Private Acute Hospital Inspection Tools version 1.2.1. The Office of Health Standards Compliance wishes to extend the most heartfelt acknowledgment and gratitude to the following:

- Health Standards Development and Training unit team (Ms. Izelle Loots, Mr. Jabu Nkambule, Ms. Busisiwe Mashinini, Ms. Derelene Hans, and Ms. Andiswa Mafilika) for the update of the Private Acute Hospital inspection tools.
- The internal OHSC teams (Compliance Inspectorate, for their contribution during the update of the Private Acute Hospital inspection tools).

**It is hereby certified that the Regulatory Private Acute Hospital Inspection tools version 1.2.1 was updated by the Office of Health Standards Compliance.**



**SIGNATURE:**

**MS. WINNIE MOLEKO**

**EXECUTIVE MANAGER: HEALTH STANDARDS, DEVELOPMENT ANALYSIS AND SUPPORT**

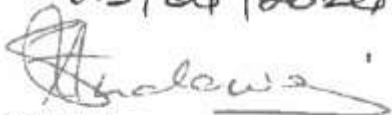
**DATE: 1804/2024**

**SIGNATURE:**

**DR MATHABO MATHEBULA**

**CHIEF OPERATIONS OFFICER: OHSC**

**DATE: 23/04/2024**

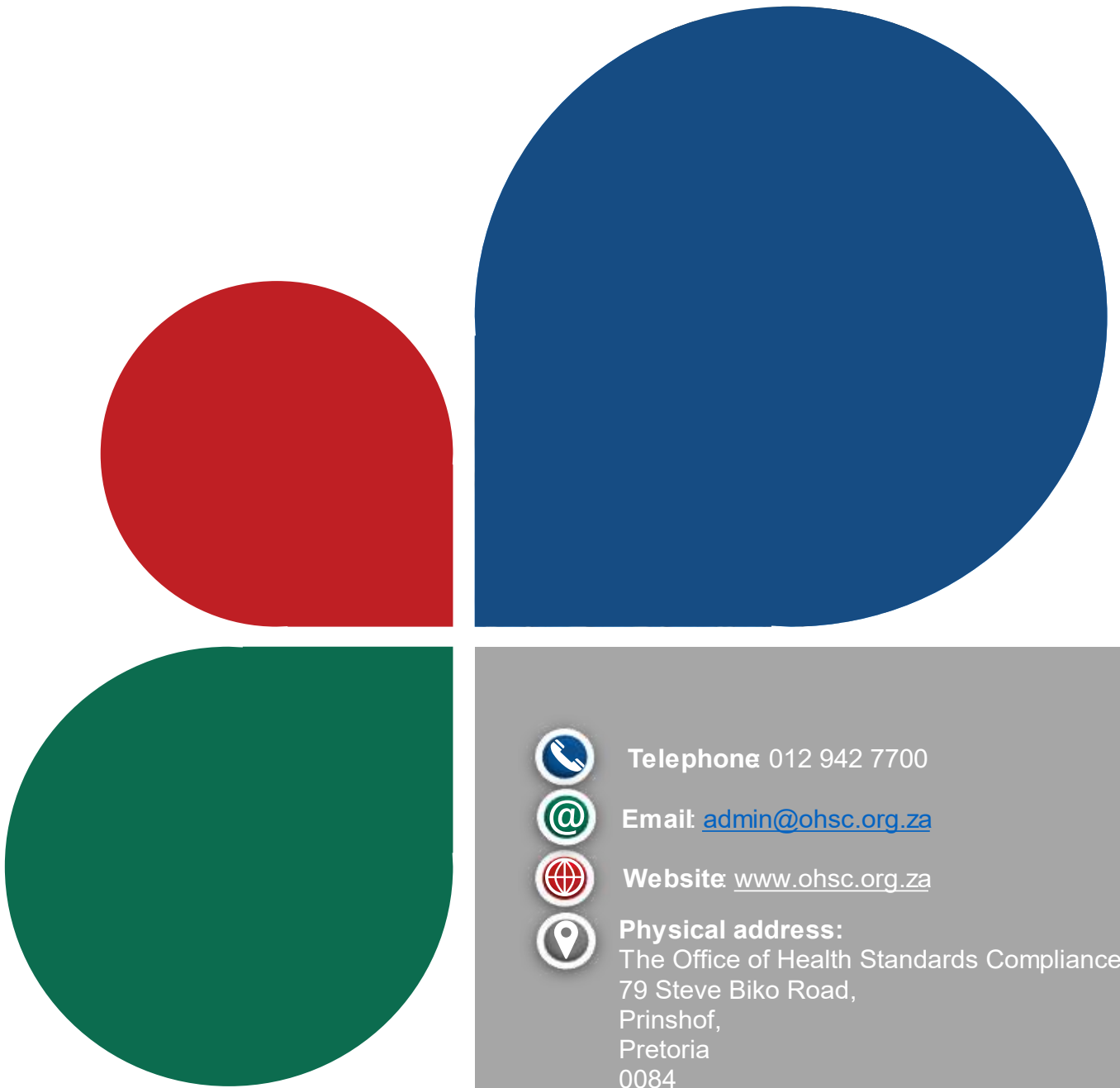


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