HOSPITAL WASTE AS A SOURCE OF INFECTION

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WHAT IS MEDICAL WASTES?

- All wastes generated within a medical set up and includes:
- general practitioners surgeries.
- nursing homes.
- dental practices.
- laboratory and research establishments.
- as a result of midwifery and other medical care in homes.

WHAT IS INFECTION?

- Invasion & multiplication of a pathogenic microorganism
- In a body part or tissue
- May result in tissue injury
- May lead to disease (cellular or toxic mechanism)

BROAD CLASSIFICATION OF WASTES

•solid

•Liquid

SOLID AND LIQUID WASTE



THE GLOBAL PROBLEM

- 35 million HCW globally
- 2 million experience percutaneous exposure
- 37.6% HBV
- 39.0% HCV
- 4.4% HIV/AIDS
- 50% of people with HBV infection are unaware that they have the virus

EXPOSURE TO HC WASTES

• WHO?

- WHERE? Treatment rooms, Theatres, waste collection
- WHEN? during or after procedure
- HOW? Recapping, Decontamination, contact

OSHA ACCIDENT RATES FROM 63 HOSPITALS (WHO?)

- OVERAL 27%
- Nurses 49.7%
- Physicians 12.6%
- Nursing assistants 5.3%
- House keepers 5.1%
 Hollow bore needles were the main cause in exposure at 68.5%

MEDICAL WASTE GENERATORS

- general practitioners surgeries.
- nursing homes.
- dental practices.
- laboratory and research establishments.
- as a result of midwifery and other medical care in homes.

Hazardous hospital waste.

- forms 10-25% of the waste generated in hospitals.
- may contain infectious agents.
- may be genotoxic/cytotoxic
- may contain toxic and hazardous chemicals/pharmaceuticals.
- may be radioactive.
- may contain sharps.

INFECTIOUS COMPONENTS AND

SHARPS.

- May transmit HIV/Aids, Hepatitis B and C, and other infectious diseases
- to patients, healthcare workers, the general public and may contaminate the environment.
- Institutions generating medical waste have a "duty of care"
- For their workers,
- for public health,
- To the environment

Proper health-care waste management has to be practiced to prevent infections.

Management to include:

- waste minimization.
- segregation.
- collection.
- treatment.
- (sanitary) disposal

MEDICAL WASTE SEGREGATION





SEGREGATION CONT.



MEDICAL WASTE COLLECTION & TRASPORTATION





MEDICAL WASTE TREATMENT



GENERAL APPROCHES TO WASTE REDUCTION

- Source reduction
- Material elimination
- Recycling
- Product substitution
- Technological/process change
- Use of good operating practices (GOPs)
- Preferential purchasing

Personal Precautions

Use PPE which can include:

- Gloves
- Gowns/Aprons
- Mask full face masks?
- Eye Protection
- Shoes/ shoe covers
- Wash hands thoroughly after handling all waste
- Vaccinate healthcare staff and those at risk against hepatitis B, C, etc.

Waste Management Strategies: Waste Minimization

- Purchase supplies with less packaging
- Purchase supplies that are less hazardous
- Order in smaller quantities
- Use the oldest first (FIFO)
- Use all the contents
- Check expiry date at the time of delivery (MSDS)
- Recycle or reuse items not directly used for medical care

Infectious Waste Segregation program

Segregation may divide waste into:

- Sharps
- Infectious non-sharps (clinical, highly infectious)
- Genotoxic
- Non-hazardous

Segregation should Take place:

- At the time of generation
- Carried out by the person generating the waste

KEY ELEMENTS OF CONTROLLING INFECTIONS

- Effective segregation
- Proper storage
- Good collection systems
- (Treatment)
- Transportation
- Disposal

Recommended color coding for infectious waste and sharps by WHO:

| Type of Waste | Container Colour and Label | Type of Container |
|-------------------------------|--|---|
| Highly infectious | Yellow, marked "HIGHLY INFECTIOUS" | Strong, leak-proof plastic bag or double bag |
| Infectious or pathological | Yellow | Double plastic bags |
| Sharps | Yellow, labeled "SHARPS" | Puncture-proof container |

WASTE COLOR CODING



Segregate Waste



Waste Collection

- Make sure waste is properly bagged or contained and closed
- Do not open, shake, squeeze, compact or crush the bags
- Bags should be carried by their necks and away from the body. Do not lift or hold the bag by the bottom or sides.
- Place bags carefully into proper receptacles or on the ground.

Treatment of medical wastes

- Chemical disinfection
- Encapsulation of needles
- Autoclaving, microwaving (Inertization) of waste

Sharps

- If exposed, treat as infectious.
 - Disinfect.
 - Place in double plastic bags or other puncture proof container.
 - Seal the bags or container.
 - Incinerate or dispose of in sanitary landfill.

Medical Waste Disposal

Solid infectious waste should be:

- Incinerated in standard incinerators –Pyrolytic (if can't be avoided)
- Buried or disposed of in a sanitary landfill.
 Liquid infectious waste should be disposed of in sewer systems after treatment and neutralization.

Other Management Supports for the Waste Minimization Strategies

- maintain record of daily weights of infectious waste and sharps generated.
- establish generation rates. (waste per patient or per bed/day)
- Put in place infectious waste/sharps, quantity reduction strategies.
- monitor and investigate possible mix up of infectious and general waste.

Capacity Building

- Establish and instill ownership responsibility on management of healthcare waste among all healthcare staff in hospitals.
- incorporate in training curricula of all health professionals, a course in healthcare waste management and Occupational Health and Safety.
- provide maximum support for continuing education to all healthcare staff by holding regular training in workshops/seminars.

Injuries and Infections Surveillance.

- Maintain a record of injuries due to sharps waste.
- Record action taken including Post Exposure Prophylaxis (PEP) administered.
- maintain records on infections resulting from health-care waste.

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THANK YOU

