INFECTION MANAGEMENT AND ENVIRONMENT PLAN

GUIDELINES FOR HEALTHCARE WORKERS
FOR WASTE MANAGEMENT AND INFECTION CONTROL IN SUB-CENTRES

Ministry of Health & Family Welfare
Government of India
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Preface

Biomedical waste refers to all wastes generated from healthcare and health research facilities and associated laboratories. While most of this is communal waste, a small percentage can be deemed infectious and/or hazardous. These include infected sharps and wastes with infectious, hazardous, radioactive, or genotoxic characteristics, which if inadequately treated and managed can have adverse impact on the environment and on public health through air, land and water pollution. Therefore institutionalizing effective waste management systems in all healthcare facilities is a key prerequisite to improving efficiency and effectiveness of healthcare.

The regulatory framework for environmental management in the health sector in India is provided by the Bio-Medical Rules (prepared in 1998; amended in 2000 and 2003), which apply to all persons/institutions generating and/or handling healthcare waste in any form. The Rules define bio-medical waste as “any waste which is generated during diagnosis, treatment or immunization of human beings or animals, or in research activities or in the production or testing of biologicals and including categories mentioned in schedule-I of the rules”. The Rules, besides identifying the various waste categories, also recommend treatment and disposal methods and the standards to be laid down for the same.

The Ministry of Health & Family Welfare commissioned the development of a National Policy document to address the issues relating to infection control and waste management and define a framework for implementation of an Infection Management and Environment Plan (IMEP) in healthcare facilities. This policy document was commissioned under the Reproductive and Child Health Programme Phase - II, with technical and financial support from DFID and the World Bank.
The final IMEP document comprises of 2 volumes:

- A Policy Framework document which gives a broad overview and contains generic guidance to central and state level institutions on the type of systems and processes to be established for infection control and biomedical waste management.

- A set of Operational Guidelines which are designed as instruction manuals for healthcare workers at primary level healthcare facilities, i.e. Community Health Centres, Primary Health Centres and Sub Centres. These guidelines are in the form of simple pictorial presentations of the various steps needed to manage infectious waste in a hygienic, safe and environmentally sound manner.

The IMEP Guidelines will be implemented and monitored under the auspices of the National Rural Health Mission (NRHM) and will go a long way to internalise state-of-the-art, best practices in managing health and environment risks in the healthcare institutions of our country.

Date: 1st April, 2007

(Naresh Dayal)
Secretary (Health and Family Welfare)
Ministry of Health and Family Welfare
Government of India
Acknowledgement

The Infection Management and Environment Plan document is an important component of the support to primary level healthcare being provided under the auspices of the National Rural Health Mission (NRHM) and Reproductive and Child Health Programme Phase - II. The Policy Framework document and the Operational Guidelines are intended to facilitate and enhance implementation of the Bio-Medical Waste Management Rules of the Government of India.

The vision and constant encouragement provided by Shri P.K. Hota, former Secretary, Health and Family Welfare enabled us to bring out these guidelines. I express my sincere thanks to Shri Naresh Dayal, Secretary, Health & Family Welfare under whose leadership these guidelines have been finalized.

Special thanks are also due to Ms. Ruma Tavorath, Environment Specialist, The World Bank, for her technical contribution and continued guidance to bring the document to its current shape. We are particularly thankful to Dr. Sean Doolan, Environment Adviser, DFIDI who conceptualized this document and to Mr. Stephen Young, Senior Infrastructure and Urban Development Adviser, DFIDI for the continued support. Ms. Ellora Guhathakurta, Programme officer, DFIDI deserves special mention for her meticulous and sustained follow-up and coordination throughout the administrative process.

I recognize the excellent contributions of Mr. S. Vaideeswaran, Consultant, The World Bank and Dr. Megha Rathi, Consultant, DFIDI in successfully translating the concepts of the Policy Framework and Operational Guidelines into reality. Sincere appreciation is due to Shri S.S. Brar, Joint Secretary (RCH) and Shri A.P. Singh, Director (DC) for their leadership, encouragement and guidance.

I acknowledge the contributions of Dr. V.K. Manchanda, erstwhile Deputy Commissioner (MCH), Dr. Narika Namshum, Deputy Commissioner (Child Health and Training),
Dr. I.P. Kaur, Deputy Commissioner (Maternal Health) and Dr. Himanshu Bhushan, Assistant Commissioner (Maternal Health).

I would like to make a special mention of Dr. Manisha Malhotra, Assistant Commissioner, Maternal Health Division, for her unstinting support and unwavering commitment to finalizing, disseminating and enhancing the importance of this activity within the NRHM agenda.

The cooperation and technical inputs provided to this activity by the members of the “Working Group” deserves special mention. So does the contribution of the secretarial staff from the various organizations who have facilitated us in this important activity.

Date: 1st April, 2007

(S. Jalaja)
Additional Secretary
Mission Director, NRHM
Ministry of Health & Family Welfare
Government of India
Waste Management in Sub-centres

A. WASTE MANAGEMENT

1. Steps of waste management
   1.1 Segregation
   1.2 Collection and Storage
   1.3 Transportation
   1.4 Treatment and Disposal

2. Management of different waste streams
   2.1 Sharps
      2.1.1 Sharps and its kind
      2.1.2 Different kinds of needles and syringes
      2.1.3 Broken glasses
      2.1.4 Metal sharps
2.2 Anatomical waste
2.3 Plastic waste
2.4 Liquid waste

B. INFECTION CONTROL
1. Hand washing
2. Personal Protective Equipments
3. Use of Disinfectants
4. Sterilization of reusable equipments
5. Cleaning floors
C. ANNEXURE

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Waste Management in Sub-centres

A Sub-centre caters to a population of around 5000 in plain areas and for every 3000 in hilly/tribal/desert areas. The Sub-centre undertakes various activities like immunization, antenatal and postnatal care, family planning procedures, institutional deliveries and providing treatment for minor ailments including fever, Diarrhea, ARI, worm infestation and First Aid. These activities generate different kinds of waste that need to be managed as per the Bio-medical Waste (Management and Handling) Rules, 1998. As the rules make it mandatory for all health care facilities to have a sound health care waste management system. The present guidelines are intended to help the health care workers manage their waste and safeguard themselves and the community from the ill-effects of contaminated waste at the Sub-centre level.

A Sub-centre generates different kinds and quantity of waste based on the activities undertaken by it. The following table explains in brief the different areas and types of waste generated in a Sub-centre.
<table>
<thead>
<tr>
<th>S.No.</th>
<th>Areas of Waste generation</th>
<th>Activities performed</th>
<th>Types of Waste generated*</th>
<th>Consumables used for Managing Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Labour Room</td>
<td>Child birth (Deliveries)</td>
<td>Placenta, blood and body fluids, soiled waste, cotton, swabs, syringes and needles, blades, masks and gloves</td>
<td>Coloured plastic bags, bins, puncture proof container, chemical disinfectant and hub cutter.</td>
</tr>
<tr>
<td>2.</td>
<td>Clinic</td>
<td>Out-patient services, routine examination of patients, family planning services, curative and immunization injections</td>
<td>Syringes and needles, slides and lancets, ampoules, vials, blood and body fluids, broken glasses and gloves, swabs and liquid waste.</td>
<td>- do-</td>
</tr>
<tr>
<td>3.</td>
<td>Outreach sessions</td>
<td>Antenatal and postnatal care (Immunization), routine patient care</td>
<td>Syringes and needles, cotton swabs, lancets and slides.</td>
<td>Plastic bags and puncture proof container</td>
</tr>
</tbody>
</table>

*General or non-biomedical waste is generated at all the points of waste generation in the health care facility.
Health care waste is a risk to all, it affects us in different ways.
1. Steps For Waste Management

Step 1: Segregation

Step 2: Collection and Storage

Step 3: Transportation

Step 4: Treatment and Disposal
1.1 Segregation

Do’s

1. Always segregate waste into infectious and non-infectious waste at source of generation in the Sub-centre or during outreach sessions

2. Segregate infectious waste into:
   a. Sharps like needles, blades, lancets, broken ampoules, vials, slides in puncture proof container
   b. Non-Sharps (soiled waste) like syringes, dressings, gloves, mask, these are to be disposed in red plastic bins/bags
   c. Anatomical waste like placenta in yellow plastic bins/bags

3. Non-infectious (General) waste like waste similar to household waste including packaging material, cartons, fruit and vegetable peels, syringe and needle wrappers, medicine covers in green/black plastic bins or bags

Don’ts

Never mix infectious and non-infectious waste at source of generation, during waste collection, waste storage, waste transportation or during final disposal of waste
Segregation

Always segregate waste at the source of generation.
1.2 Collection and Storage

**Do’s**
1. Always collect the waste in covered bins
2. Fill the bins upto the 3/4th level
3. Clean the bins regularly with soap and water

**Don’ts**
1. Never overfill the bins
2. Never mix infectious and non-infectious waste in the same bin
3. Never store waste beyond 48 hrs
Collection and Storage

**Bad - Mixing of waste**

**Good - Store waste in secure containers/bags**
1.3 Transportation

Do’s
1. Always carry/transport the waste in closed containers from the source of generation to final disposal. Like while carrying waste from the outreach session to the Sub-centres and from the Sub-centres to the Primary Health Centre (PHC), carry the waste in a closed container
2. Use dedicated waste collection bins for transporting waste

Don’ts
1. Never transport the waste in open containers or bags, it may spill and cause spread of infections
2. Never transport waste with sterile equipments.
Transportation

**Bad** - Don’t carry waste in open bags, and never carry it through crowded areas

**Good** - Always carry the waste in secure sealed containers/bags
1.4 Treatment and Disposal

**Do’s**

1. Always remember to disinfect and mutilate the waste before its final disposal

2. Remember the following while treating the waste streams
   a. Anatomical waste to be deep buried at the Sub-centre
   b. Syringes to be cut (with hub cutters) and chemically disinfected at source of generation before final disposal into sharps pit located at the PHC
   c. Infected plastics to be chemically disinfected or autoclaved, shredded and recycled and sent for final disposal into municipal dumps
d. General waste to be sent to municipal dumps for final disposal

**Don’ts**

Never throw infectious waste into general waste without any pre-treatment and mutilation
Ensure disinfection and mutilation of waste before final disposal.
2. Management of Different Waste Streams

2.1 Sharps

2.1.1 Sharps and its Kind

Sharps are such objects that are capable of causing injuries by piercing the skin. Sharps include metal sharps like needles, lancets and blades and glass sharps like broken ampoules, vials and slides.
2.1.2 Different Kinds of Needles and Syringes

In the following pages the waste management of
a) Disposable syringes,  b) Auto-disable syringes and  c) Glass syringes has been illustrated for an outreach session.

Collect sharps in puncture proof containers in the outreach session.

Carry the sharps from the outreach session in a puncture proof container to the sub-centre/PHC for disinfection and mutilation.
a) Disposable Syringes

**Do’s**

1. Always wear protective gears like gloves while handling needles and syringes
2. Always collect the needles and syringes in puncture proof containers
3. Carry the puncture proof container to the sub-centre or the PHC for mutilating/cutting the tip of the syringe and the needle before disinfecting them with a needle and hub cutter
4. Disinfect the mutilated needles and the syringes with 1% bleaching powder solution for at least an hour
5. Detach the barrel and the plunger before disinfecting the syringe
6. Collect the mutilated and disinfected needles in puncture proof containers for final disposal in sharps pit located in the PHC
7. Final disposal of disinfected and mutilated syringes in general waste stream in PHC

**Don’ts**

1. Never mix sharps with other waste streams
2. Never throw needles and syringes without mutilation and disinfection into the waste bin
3. Never discard the sharps in non puncture proof containers like polybags
4. Never recap or bend the syringes
5. Never burn the syringes
6. Never dispose the syringes in open areas
Disposable Syringes

Outreach session

Sub-centre/PHC

Mutilation of needles and syringes

Detach the Barrel and plunger

Syringes

CUT NEEDLE

Disinfection of mutilated needles and syringes

Disinfectant

General waste stream

SHARPS PIT IN PHC

STAFF

Puncture proof container

HUB CUTTER

Detach the Barrel and plunger

Detach the Barrel and plunger

SYRINGES

SYRINGES

Disinfectant

General waste stream
b) Auto-disable Syringes

**Do’s**

1. Always wear protective gears like gloves while handling needles and syringes
2. Always collect the auto-disable syringes after use in puncture proof containers for mutilation and disinfection at the Sub-centre or the PHC
3. Always mutilate/cut the tip of the syringe and the needle with a needle and hub cutter before disinfecting them
4. Disinfect the mutilated needles and the syringes with 1% bleaching powder solution for a minimum of 1 hour
5. After disinfection and mutilation of needles collect them in puncture proof containers for final disposal in sharps pit located in PHC
6. Final disposal of disinfected and mutilated syringes in general waste stream/recyling

**Don’ts**

1. Never mix sharps with other waste streams
2. Never burn the syringes
3. Never dispose the auto-disable syringe in open areas accessible to scavengers

NEVER BURN SYRINGES
Auto-disable Syringes

Outreach session

Sub-centre/PHC

Mutilation of needles and syringes

Disinfection of mutilated needles and syringes

General waste stream
c) Glass Syringes

**Do’s**

1. After using the glass syringes remove the needles at source of generation and cut the needles in the Sub-centre or the PHC with a needle cutter
2. Collect the glass syringes in a box
3. Remove the barrel and plunger of the glass syringe and sterilize them in a sterilizer or a cooker for at least 20 minutes
4. Remove the sterilized syringes with sterile forceps and store them in sterile containers for reuse

**Don’ts**

1. Never reuse the glass syringes without proper sterilization. Ensure proper sterilization of the syringes
2. Never reuse the needles. Always single use the needles
Glass Syringes

Boiled for 20 minutes

Sterile syringes in sterile containers for reuse
2.1.3 Broken Glasses

Do’s
1. Always safely cut and discard the ampoules and vials in puncture proof container
2. Finally dispose the broken glasses in sharps pit located in PHC

Don’ts
1. Never cut the ampoules in such a way that they can hurt others
2. Never break glass sharps manually
Broken Glasses
2.1.4 Metal Sharps

**Do's**

1. Discard the metal sharps like blades, lancets and scalples in puncture proof containers
2. Disinfect the metal sharps with disinfectant solution before final disposal into sharps pit in the PHC

**Don’ts**

Never discard the metal sharps in non-puncture proof containers
Metal Sharps
2.2 Anatomical Waste

Do’s
1. Always segregate infectious waste and anatomical parts like placenta from other waste streams at the source of generation
2. Collect placenta in closed bags/covered bins at the source of generation
3. Carry the placenta in covered bins/bags to final disposal site
4. Dispose the placenta along with disinfectant in secure deep burial pit

Don’ts
1. Never mix the waste at source of generation or later during collection and transportation
2. Never dispose the anatomical waste in un-secure open areas or in water bodies
Anatomical Waste
2.3 Plastic Waste

Do’s
1. Always cut/puncture the plastic waste such as intra-venous tubes, bottles, syringes, latex gloves and mask by scissors before disinfection
2. Disinfect the plastics in covered containers with 1% bleaching powder solution at least for one hour
3. Dispose the disinfected and mutilated plastics in municipal dumps or send for recycling

Don’ts
1. Never dispose the used plastics without any pretreatment like disinfection and mutilation for final disposal
2. Never reuse the disposable gloves and masks
Plastic Waste

Removing mask and gloves

General waste stream

Mutilation
2.4 Liquid Waste

Liquid waste is any blood, body fluid, pus, any discharge from wounds or liquid chemicals.

Do’s
1. Clean the liquid waste spill by adding equal or more quantity of bleaching powder solution and leave the area for 30 minutes
2. Wipe the area with a swab/ cloth
3. Discard the swab/ cloth after cleaning the area into red bin meant for plastics and other waste
4. If possible dispose the liquid waste of the drains

Don’ts
1. Never clean liquid waste spills without adding disinfectant to the spills
2. Never reuse the cloth used for cleaning the spills for any other purpose without proper disinfection.

Infection control
Liquid Waste

LIQUID WASTE

DISINFECTANT

RED PLASTIC CONTAINER
INFECTIOUS BIN

CLEANING THE AREA WITH A CLOTH
INFECTION CONTROL
1. **Hand Washing**

1. Hand washing is one of the most important infection control precaution to be followed by all health care workers.

2. Always wash your hands before and after any procedure, examining two patients, handling waste, eating and drinking, collecting lab samples and handling blood and body fluids.

3. Routine hand washing can be done by using soap and water.
2. **Personal Protective Equipments**

1. Always wear personal protective gears while handling waste.

2. Wearing head gears, eye covers (glasses), mask, apron, gloves, and boots; these constitute the barrier for transmission of infections.

3. Taking immunization against Hepatitis B and Tetanus are important universal precautions.
3. **Use of Disinfectants**

1. Store bleaching powder in dry, dark and cool places

2. The bleaching powder container should always be kept closed

3. While preparing 1% bleaching powder solution add 1 table spoon of bleaching powder in 1 litre water

4. Stir the solution well

5. After the solution is ready, pour the solution in the waste bin meant for disinfection of used plastics and sharps

6. Always remember to prepare new bleaching powder solution every day. Only use freshly prepared bleaching powder solution each day
Use of Disinfectants

PREPARATION OF BLEACHING POWDER SOLUTION

BLEACH

BLEACHING POWDER

MIX 1 TABLE SPOON BLEACHING POWDER IN 1 Litr WATER

WATER

STIR WELL

MIXING

1% BLEACHING POWDER SOLUTION

PREPARE DISINFECTANT SOLUTION EACH DAY

RED PLASTIC CONTAINER

POUR THE DISINFECTANT INTO THE BIN WITH SYRINGES
4. Sterilization of Reusable Equipments

1. Always sterilize reusable instruments before reusing them
2. Wash and clean the instruments before sending them for sterilization/boiling for 20 minutes
3. After the instruments are sterilized handle them with sterile gloves
4. Store the sterile instruments in special areas meant for storing them
Sterilization of Reusable Equipments

Used instruments

Sterilization of used instruments

BOILED FOR 20 MINUTES

STERILE INSTRUMENTS

CLINIC
5. **Cleaning Floors**

1. Wear Personal protective gears like gloves and apron while cleaning the floors
2. Clean the floors regularly
3. Use hot water and soap for routine cleaning of the floors
4. Add disinfectants to water for cleaning labour room
5. **Mop/ cloth needs to be disinfected after every use**
### Schedule 1
**Bio-Medical Waste (Management and Handling) Rules, 1998**

<table>
<thead>
<tr>
<th>Option</th>
<th>Waste Category</th>
<th>Treatment &amp; Disposal</th>
</tr>
</thead>
</table>
| Category No. 1    | **Human Anatomical Waste**  
(human tissues, organs, body parts)                                           | incineration@/deep burial*    |
| Category No. 2    | **Animal Waste**  
(animal tissues, organs, body parts carcasses, bleeding parts, fluid, blood and experimental animals used in research, waste generated by veterinary hospitals colleges, discharge from hospitals, animal houses) | incineration@/deep burial*    |
| Category No 3     | **Microbiology & Biotechnology Waste**  
(wastes from laboratory cultures, stocks or specimens of micro-organisms live or attenuated vaccines, human and animal cell culture used in research and infectious agents from research and industrial laboratories, wastes from production of biologicals, toxins, dishes and devices used for transfer of cultures) | local autoclaving/ micro-waving/ incineration@ |
| Category No 4     | **Waste sharps**  
(needles, syringes, scalpels, blades, glass, etc. that may cause puncture and cuts. This includes both used and unused sharps) | disinfection (chemical treatment@@/autoclaving/ micro-waving) and mutilation/shredding ## |
<table>
<thead>
<tr>
<th>Option</th>
<th>Waste Category</th>
<th>Treatment &amp; Disposal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category No 5</td>
<td><strong>Discarded Medicines and Cytotoxic drugs</strong>&lt;br&gt;(wastes comprising of outdated, contaminated and discarded medicines)</td>
<td>incineration@/destruction and drugs disposal in secured landfills</td>
</tr>
<tr>
<td>Category No 6</td>
<td><strong>Solid Waste</strong>&lt;br&gt;(Items contaminated with blood, and body fluids including cotton, dressings, soiled plaster casts, lines, beddings, other material contaminated with blood)</td>
<td>incineration@ autoclaving/microwaving</td>
</tr>
<tr>
<td>Category No. 7</td>
<td><strong>Solid Waste</strong>&lt;br&gt;(wastes generated from disposable items other than the waste sharps such as tubings, catheters, intravenous sets etc.)</td>
<td>disinfection by chemical treatment@ autoclaving/ microwaving and mutilation/shredding##</td>
</tr>
<tr>
<td>Category No. 8</td>
<td><strong>Liquid Waste</strong>&lt;br&gt;(waste generated from laboratory and washing, cleaning, house-keeping and disinfecting activities)</td>
<td>disinfection by chemical treatment@ and discharge into drains</td>
</tr>
<tr>
<td>Category No. 9</td>
<td><strong>Incineration Ash</strong>&lt;br&gt;(ash from incineration of any bio-medical waste)</td>
<td>disposal in municipal landfill</td>
</tr>
<tr>
<td>Category No. 10</td>
<td><strong>Chemical Waste</strong>&lt;br&gt;(chemicals used in production of biologicals, chemicals used in disinfection, as insecticides, etc.)</td>
<td>chemical treatment@@ and discharge into drains for liquids and secured landfill for solids</td>
</tr>
</tbody>
</table>

@@ Chemicals treatment using at least 1% hypochlorite solution or any other equivalent chemical reagent. It must be ensured that chemical treatment ensures disinfection.
## Multilation/shredding must be such so as to prevent unauthorised reuse.
@ There will be no chemical pretreatment before incineration. Chlorinated plastics shall not be incinerated.
* Deep burial shall be an option available only in towns with population less than five lakhs and in rural areas.
## Schedule 2

<table>
<thead>
<tr>
<th>Colour Coding</th>
<th>Type of Container - I Waste Category</th>
<th>Treatment options as per Schedule I</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yellow</td>
<td>Plastic bag Cat. 1, Cat. 2, and Cat. 3, Cat. 6.</td>
<td>Incineration/deep burial</td>
</tr>
<tr>
<td>Red</td>
<td>Disinfected container/plastic bag Cat. 3, Cat. 6, Cat. 7.</td>
<td>Autoclaving/Microwaving/ Chemical Treatment</td>
</tr>
<tr>
<td>Blue/White translucent</td>
<td>Plastic bag/puncture proof Cat. 4, Cat. 7. Container</td>
<td>Autoclaving/Microwaving/ Chemical Treatment and destruction/shredding</td>
</tr>
<tr>
<td>Black</td>
<td>Plastic bag Cat. 5 and Cat. 9 and Cat. 10. (solid)</td>
<td>Disposal in secured landfill</td>
</tr>
</tbody>
</table>

### Notes:

1. Colour 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.

2. Waste collection bags for waste types needing incineration shall not be made of chlorinated plastics.

3. Categories 8 and 10 (liquid) do not require containers/bags.

4. Category 3 if disinfected locally need not be put in containers/bags.
Standards for Deep Burial Pit

1. A pit or trench should be dug about 2 meters deep. It should be half filled with waste, then covered with lime within 50 cm of the surface, before filling the rest of the pit with soil.

2. It must be ensured that animals do not have any access to burial sites. Covers of galvanised iron/wire meshes may be used.

3. On each occasion, when wastes are added to the pit, a layer of 10 cm of soil shall be added to cover the wastes.

4. Burial must be performed under close and dedicated supervision.

5. The deep burial site should be relatively impermeable and no shallow well should be close to the site.

6. The pits should be distant from habitation, and sited so as to ensure that no contamination occurs of any surface water or ground water. The area should not be prone to flooding or erosion.

7. The location of the deep burial site will be authorised by the prescribed authority.

8. The institution shall maintain a record of all pits for deep burial.