

Biomedical Waste Management Questionnaire

Name of the Institution/Organization: *The children's Hospital*
Officer Incharge: *Dr. D. Das*
Address: *Behkseh, Shillong*
Meghalaya - 793006
Contact no: *0364-2535061* e-mail id: *childrenhospital.shill@gmail.com*
2535062

1. Has own treatment and disposal mechanism? Yes/No. Yes
If Yes, please specify:.....
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2. Includes hazardous waste in the form of solid and liquid? Yes/No. If Yes, please specify:
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3. Is there any leakage of waste during the collection and transportation from source level to the target (if using offsite disposal). Yes/No. No
4. Existence of Trained personnel's to handle the waste disposal? Yes/No. Yes
5. Aware about any training course for Biomedical Waste management? Yes/No. Yes
6. Up to the mark transport and disposal facilities of solid and liquid waste? Yes/No. Yes
7. Is there a proper record about the quantity of liquid waste generated and their discharging measures? Yes/No. Yes
8. It liquid waste directly discharged in sewer system? Yes/No. No
9. Are there any attempts to minimize the quantity of waste generation in your institution/organisation? Yes/No. If Yes, please specify :
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10. Any mechanism to decrease the toxicity of the waste generated? Yes/No. If Yes, please specify : *ETP - Effluent Treatment Plant*
STP - Sewage Treatment Plant
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11. Any provision by the management to have any innovations, equipments in the future to treat the waste generation at the source level? Yes/No. If Yes, please specify
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12. Facility of accumulation and segregation particularly of solid waste through colored (Red, Black Yellow) and labeled containers. Yes/No. If Yes, please specify
 Red - Plastic IV bottles, IV sets, tubings etc. catheters, syringes, urine bags
 Black - General waste
 Yellow - Human anatomical waste, soiled waste, expired discarded medicines, chemical waste, Bio-technology and other clinical laboratory waste.
13. Awareness and following of the Rules and Regulations regarding bio-medical waste? Yes/No. If No, please specify reason :

14. Generate both degradable and non-degradable bio-medical waste. Yes/No. If Yes, please specify.
 Degradable - Food material, paper
 Non-degradable - Plastic, IV bottles, etc.
15. How bio-medical waste are collected and stored in your institution? Yes/No. If Yes, please specify
 Bio-medical waste are segregated according to colour coded, in the different department. From there ward girls/boys, take these waste to the waste storage room. From there they are taken by Bio-medical waste transportation.
16. Do you provide treatment procedure to workers related to collecting and handling of waste? Yes/No. If Yes, please specify
 Treatment procedure used in the hospital - Sodium Hypochloride solution, carbor, Bleaching powder.
17. Provide personal protective equipments such as gloves, apron, mask etc. to their workers. Yes/No. If Yes, please specify equipments provided :
 Gloves, mask
18. Use of offsite bio-medical waste treatment and disposal plant? Yes/No. If Yes, please specify

19. Carry out monthly medical checkup which includes blood count, HIV test, and skin related tests. Yes/No. If Yes, please specify the type of test

20. Any prescribed environmental assessment mechanism as well as auditing? Yes/No. If Yes, please specify:

