

Biomedical Waste Management Questionnaire

Name of the Institution/Organization: NAZARETH HOSPITAL
Officer Incharge: DR. KAREN R. RANEE
Address: CLINICAL LABORATORY, NAZARETH HOSPITAL, LAITUNKHRAH,
SHILLONG, MEGHALAYA 793003.
Contact no: 9612117687 e-mail id: karenreenaraneer@gmail.com.

1. Has own treatment and disposal mechanism? Yes/ No.
If Yes, please specify:.....
.....
.....
2. Includes hazardous waste in the form of solid and liquid? Yes/ No. If Yes, please specify: Human anatomical waste, waste contaminated by blood and body fluids, laboratory waste, chemical waste - housekeeping, sterilisation and disinfectant liquids, laundry waste, etc.
3. Is there any leakage of waste during the collection and transportation from source level to the target (if using offsite disposal). Yes/ No.
4. Existence of Trained personnel's to handle the waste disposal? Yes/ No.
5. Aware about any training course for Biomedical Waste management? Yes/ No.
6. Up to the mark transport and disposal facilities of solid and liquid waste? Yes/ No.
7. Is there a proper record about the quantity of liquid waste generated and their discharging measures? Yes/ No.
8. It liquid waste directly discharged in sewer system? Yes/ No.
9. Are there any attempts to minimize the quantity of waste generation in your institution/organisation? Yes/ No. If Yes, please specify :
As reusing of items is not advised, items needed for patient care are procured and used as needed.
10. Any mechanism to decrease the toxicity of the waste generated? Yes/ No. If Yes, please specify :
Effluent Treatment Plant (ETP) for liquid waste.
Hypochlorite or Bleach sterilisation of sharps, autoclaving of laboratory waste.
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
.....
.....
.....

12. Facility of accumulation and segregation particularly of solid waste through colored (Red, Black Yellow) and labeled containers. Yes/No. If Yes, please specify

Coloured, labelled containers lined with plastic bags of the same colour are provided at source.

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 waste such as human anatomical waste, paper, cotton etc & non-biodegradable waste such as plastic, rubber, latex, glass and metal items used for patient care.

15. How bio-medical waste are collected and stored in your institution? Yes/No. If Yes, please specify

A Common Storage Area (CSA) is used to store BMW collected twice daily from all areas of the hospital.

16. Do you provide treatment procedure to workers related to collecting and handling of waste? Yes/No. If Yes, please specify

SOPs and training to hospital staff with regards to BMW is given at frequent intervals.

17. Provide personal protective equipments such as gloves, apron, mask etc. to their workers. Yes/No. If Yes, please specify equipments provided :

Rubber gloves, aprons, boots, masks.

18. Use of offsite bio-medical waste treatment and disposal plant? Yes/No. If Yes, please specify

State Municipal BMW treatment and disposal plant at Mawlang.
Fresh Air Waste Management Services Pvt Ltd, Gunaahedi.

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

An annual employee check-up program is in place along with emergency assessment and treatment in case of needlestick injury (PEP).

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

Almost yearly assessment of our BMW management and handling by the State Pollution Control Board.