**Follow-up Study on Adoption of National Health Care Waste Management Guidelines at Health Care Intuition at Kathmandu**

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**Background**

Health-care waste (HCW) also called, as clinical waste is a reservoir of potentially harmful microorganisms, which can infect hospital patients, health-care workers and the general public. It comprises of 10 - 25 percent of total Health Care Waste generated. Nepal Health Research Council (NHRC) with support of World Health Organization (WHO) has developed a “National Health Care Waste Management Guideline” in 2002, and circulated it in different Health Care Institutions. With the objective to monitor and evaluate Health care waste management practices, to recommend specific needs/modifications, and follow-up report on adoption of National Health Care Waste Management Guidelines at health care institution this study was conducted on five different health care institutions at Kathmandu.

**Methods**

The study respondents comprised of the health care waste management personnel (waste handlers, sweepers, and waste transporters), housekeeping in-charge, matron, attending nurse at wards, medical director, and other experts who have been involved in the health care waste management in selected hospitals. It also focused on the different organization that take part on health care waste management such as Kathmandu Municipality City (KMC), Nepal Health Research Council (NHRC), Ministry of Local Development (MLD), Solid Waste Management and Resource Mobilization Centre (SWMRMC), World Health Organization (WHO), Ministry of Health and Population (MoHP), Department of Health Services (DHS).

**Results**

On monitoring and evaluation, Patan hospital and Tribhuwan University Teaching Hospital (TUTH) set a good example on waste minimization, Segregation, Labeling, Color Coding, Storage, Treatments and Disposal Practices among surveyed hospitals. Though each hospital has assigned colour-coding system for different types of waste, it has not been strictly practiced and lacks uniformity. Training in form of practical rather than verbal has led to decrease in overall rate of infection in all the cases. Illiteracy of the patients as well as visitors was found to be a profound factor, which has created difficulty in generating awareness among the visitors. 6 Improper disposal of health care waste has lead to increase in higher health risk to public. Municipality responsible for management of the health care waste is treating all type of health care waste as municipal waste and finally disposes it by land filling. Hospital also is equally responsible for mixing of infectious with general waste in municipal containers in few of the surveyed hospital. Legislation concerning wastewater treatment and land filling was also lacking. At present, Nepal has no rigorous laws or regulation, which is enforced in the field of health care waste. It was discovered that improved Heath Care Waste Management Systems have only recently been introduced in a small number of health care institution and private hospitals since the circulation of the guidelines.

**Conclusions**

The study indicates that there is a need to improve the handling and disposal methods of hospital waste for almost all the available medical facilities along with final treatment. Public awareness through mass media, proper hygiene education to the scavengers, mandatory staff education in waste segregation, and legislation to regulate hospital waste management systems will change the traditional habits of different groups of people involved in this sector. Development of specific standards would bring out clarity and encourage private sector to engage in Heath Care Waste Management Systems services. Address on the shortcomings obtained from monitoring committee regarding health care waste was a key factor lacking which can be easily solved.

**Keywords:** follow up study; guidelines; health care institutions; health care waste management; health care workers.