



Training component of the project “Environmentally Sound Management of Medical Wastes in India” Endeavour of GEF, UNIDO, MoEFCC and State Governments of Gujarat, Karnataka, Maharashtra, Odisha and Punjab

Tool for SOP Monitoring

| | | | | | |
|---|----------------|--------------------|------------|-------------|--------------|
| State : | Date : | Start Time: | | | |
| End time: | | | | | |
| Name of the Hospital: | | | | | |
| Type of the Health care facility: Large / Medium / Small | | | | | |
| Name of the Respondents: | | | | | |
| Whether respondent trained under the project? YES / NO | | | | | |
| Name of the interviewer : | | | | | |
| As per last month records, document: | | | | | |
| Weight of General category waste: | | | | | |
| Weight of Yellow category waste: | | | | | |
| Weight of Red category waste: | | | | | |
| Weight of blue category waste: | | | | | |
| Weight of white category waste: | | | | | |
| As per annual report total quantum of waste generated from the years (January to December) | | | | | |
| Year | General | Yellow | Red | Blue | White |
| 2014 | | | | | |
| 2015 | | | | | |
| 2016 | | | | | |
| 2017 | | | | | |
| 2018 | | | | | |
| If required take photographs of the report | | | | | |

I. Details of Number of Health care Personnel trained in the last 12 months

| Sl. No. | Personnel | Doctors | Nurses | Technicians | Waste handlers | Others | Administrators / managers | Total |
|---------|--|---------|--------|-------------|----------------|--------|---------------------------|-------|
| 1. | Currently working | | | | | | | |
| 2. | Trained under the project after facility training | | | | | | | |
| 3. | Trained by any other organization other than under the project | | | | | | | |

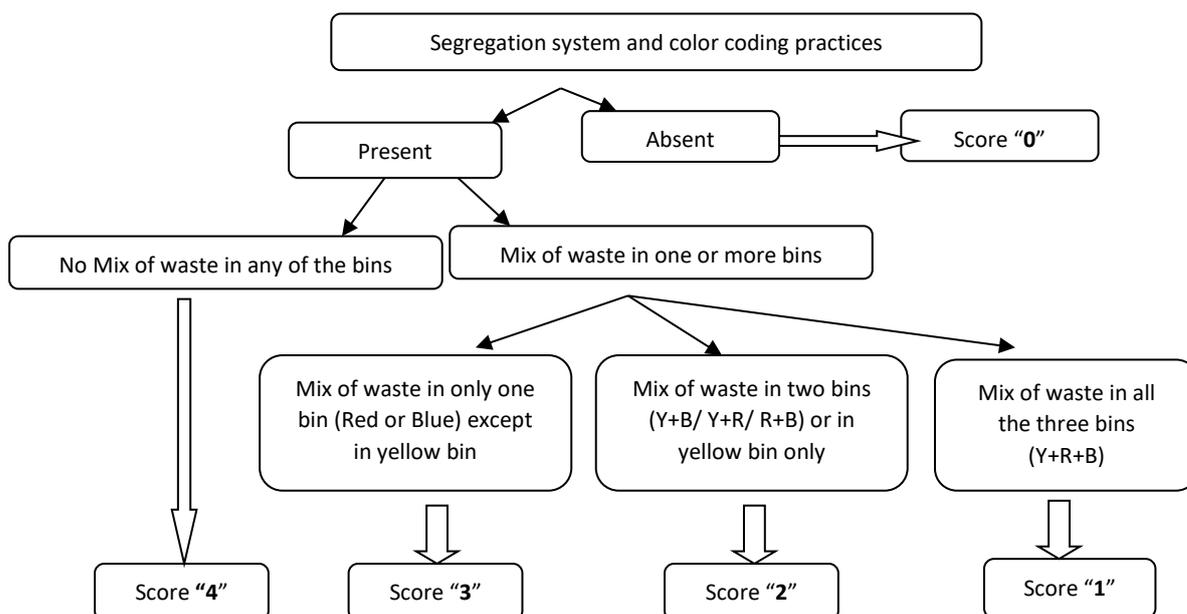
| | | |
|----|---|--|
| 4. | Total number of trainings conducted in last one year | |
| 5. | Number of trainings conducted exclusively for waste handlers in last one year | |

II. General details

| Sl no | Details | Options | Response |
|------------------------|---|--------------------|----------|
| General details | | | |
| 6. | Is a written SOP available in the healthcare facility? | Yes = 1, No = 0 | |
| 7. | Number of points of generation/ locations of biomedical waste in the hospital | Number | |

III. Check for segregation score at the locations visited and fill the details in the next table

Flow Chart for segregation score



IIIA. Segregation and containment, SOP details

| Location | OPD (A) | Lab (B) | OT (C) | Casualty (D) | Labour room (E) | Ward (Surg/OBG)(F) |
|--|---------|---------|--------|--------------|-----------------|--------------------|
| 8. Segregation score at location | | | | | | |
| 9. Spill observed outside the bin (Yes-1, No-0) | | | | | | |
| 10. Is sharps contained in puncture proof container? (Yes =1 No = 0) | | | | | | |
| 11. Was the sharp container overfilled during your visit? (YES =1 No=0) | | | | | | |
| 12. Was SOP displayed? (Yes =1 No = 0) | | | | | | |
| Interview one of the health care personnel at the location visited | | | | | | |
| 13. Name of respondent at location | | | | | | |
| 14. Designation | | | | | | |
| 15. Has he/ she undergone BMW training? (Yes =1 No = 0) | | | | | | |
| 16. Is he/ she aware of SOP? (Yes =1 No = 0) | | | | | | |
| 17. Is he/ she aware of correct segregation practices? (Yes =1 No =0) | | | | | | |

| Location | Minor OT (G) | ICU (H) | Blood bank (I) | Injection / Immunization room (J) | Dialysis (K) | Any other location (L) |
|--|--------------|---------|----------------|-----------------------------------|--------------|------------------------|
| 8. Segregation score at location | | | | | | |
| 9. Spill observed outside the bin (Yes-1, No-0) | | | | | | |
| 10. Is sharps contained in puncture proof container? (Yes =1 No = 0) | | | | | | |
| 11. Was the sharp container overfilled during your visit? (YES =1 No=0) | | | | | | |
| 12. Was SOP displayed? (Yes =1 No = 0) | | | | | | |
| Interview one of the health care personnel at the location visited | | | | | | |
| 13. Name of respondent at location | | | | | | |
| 14. Designation | | | | | | |
| 15. Has he/ she undergone BMW training? (Yes =1 No = 0) | | | | | | |
| 16. Is he/ she aware of SOP? (Yes =1 No = 0) | | | | | | |
| 17. Is he/ she aware of correct segregation practices? (Yes =1 No=0) | | | | | | |

18. Total locations visited= _____

19. Total segregation scores from all the locations visited = _____

III B. Collection and transportation

| Sl no | Details | Options | Response |
|-------|---|---|----------|
| 20. | Frequency of collection of waste within the health care facility | Once a day= 1 Twice a day=2 Thrice a day= 3 On alternate days =4 Any other frequency specify= 5 | |
| 21. | Is there a tag used for tying the plastic liners /bags ? (physically verify)* | Yes = 1, No = 0 | |
| 22. | Are there any plastic bags that are more than 3/4 th filled? | Yes = 1, No = 0 | |
| 23. | Is a pre-defined route followed for biomedical waste transportation? | Yes = 1, No = 0 | |
| 24. | Is bar-coding done at the Health care facility level? | Yes = 1, No = 0 | |
| 25. | Is the collected Biomedical waste weighed? | Yes = 1, No = 0 | |
| 26. | Remarks : | | |

III C. Storage

| Sl no | Details | Options | Response |
|-------|---|---------------------------------|----------|
| 27. | Has designated temporary waste storage room at the healthcare facility | Yes = 1, No = 0 | |
| 28. | Is adequate in terms of space (perception of the monitoring team) | Adequate =1 , Inadequate = 2 | |
| 29. | Display of bio-hazard symbol | Yes = 1, No = 0 | |
| 30. | Accessible for easy transportation of waste to common bio-medical waste treatment vehicle | Yes = 1, No = 0 | |
| 31. | Secured properly with lock and key | Yes = 1, No = 0 | |
| 32. | Away from patient care area | Yes = 1, No = 0 | |
| 33. | Has four big partitions with colour coding & biohazard symbol | Yes = 1, No = 0 | |
| 34. | Is protected from direct rain and sunlight | Yes = 1, No = 0 | |
| 35. | Has appropriate lighting and ventilation | Yes = 1, No = 0 | |
| 36. | Is inaccessible to stray animals or unauthorized person | Yes = 1, No = 0 | |
| 37. | Has adequate water supply to clean the area | Yes = 1, No = 0 | |

| | | | |
|-----|--|------------------------|--|
| 38. | Has adequate drainage facility for washing and cleaning purposes | Yes = 1, No = 0 | |
| 39. | Has provision for cleaning of the equipment's, protective clothing, waste bins | Yes = 1, No = 0 | |
| 40. | Weighing scale present to weigh the waste | Yes = 1, No = 0 | |
| 41. | The outlet of the floor washing is connected to ETP | Yes = 1, No = 0 | |
| | Remarks: | | |

III D. Worker's safety

| Sl no | Details | Options | Response |
|-------|---|---|----------|
| 42. | Are workers supplied with necessary PPE? | Adequate =1 Inadequate = 2 | |
| 43. | During the visit, were the waste handlers using PPE while handling waste? | All PPE= 1, Partially= 2 Not using= 3 | |
| 44. | Record of immunization maintained | Yes = 1, No = 0 | |
| 45. | Number of HCP immunized with Hepatitis B completely | Number immunized | |
| 46. | Number of HCP immunized with Tetanus toxoid | Number immunized | |
| 47. | Written Policy for Post exposure prophylaxis present | Yes = 1, No = 0, | |
| 48. | Maintenance of health records | Yes = 1, No = 0, | |
| | Remarks: | | |

III E. Record maintenance

| Sl no | Details | Options | Response |
|-------|---|------------------------|----------|
| 49. | Is a waste management register maintained at the healthcare facility? | Yes = 1, No = 0 | |
| 50. | Are records in waste management register updated till date? | Yes = 1, No = 0 | |
| 51. | Is an injury register maintained at the healthcare facility? | Yes = 1, No = 0 | |
| 52. | If yes, are records in injury register updated till date? | Yes = 1, No = 0 | |
| 53. | Is a spill register maintained at the healthcare facility? | Yes = 1, No = 0 | |

III F. Other observations

| Sl no | Details | Options | Response |
|-------|---|---|----------|
| 54. | Are spill kits maintained in the healthcare facility? | Yes = 1, No = 0, | |
| 55. | Are mercury spill kits present at key locations in the healthcare facility? | Yes = 1, No = 0, Not applicable = 99 | |
| 56. | If > 30 bedded, does Biomedical waste management Committee exist? If < 30 bedded, is nodal officer identified? | Yes = 1, No = 0 | |
| 57. | If BMW committee exists, is there minutes of meeting? | Yes = 1, No = 0, Not applicable = 99 | |
| 58. | Liquid waste treatment facility present in the HCF, | Yes = 1, No = 0 | |
| 59. | If yes, Specify the practice followed for liquid waste | | |

IV. Overall observation of Bins and Trolleys

| Sl.No. | Bins | Options | Response |
|--------|---|-----------------|----------|
| 60. | Use of colour coded bins supplied under project | Yes = 1, No = 0 | |
| 61. | If no, reasons for not using | | |
| 62. | Colour of the plastic liners matches with that of the bins | Yes = 1, No = 0 | |
| 63. | Presence of biohazard symbol on the plastic liners | Yes = 1, No = 0 | |
| 64. | Presence of biohazard symbol on the bins | Yes = 1, No = 0 | |
| 65. | Are the waste bins neat & clean? | Yes = 1, No = 0 | |
| | Trolleys | | |
| 66. | Is separate trolley supplied under project used for transportation of biomedical waste within the health care facility? | Yes = 1, No = 0 | |
| 67. | Trolley used for transportation of biomedical waste displays the biohazard symbol | Yes = 1, No = 0 | |
| 68. | Are the trolleys are neat and clean? | Yes = 1, No = 0 | |
| | Remarks : | | |

69. Any good practices observed with description and picture

(Segregation, Liquid waste management, Collection, Transportation, Storage, Safety, Spill kits, SOPs, Records, Committees, Trainings, Any others). Describe the practices along with photographs.

Document in last sheet with photos

Annexure -1: Feedback of the Bins and Trolleys supplied from the Project

(feedback from Nodal officer/ any administrative head)

| Sl.No | Details | Options | Response |
|-----------------|--|---|----------|
| Bins | | | |
| 1. | Number of bins received | Adequate = 1 Inadequate = 2 | |
| 2. | Size of the bins are | Adequate=1, Too Large = 2, Too Small=3 | |
| 3. | Are the waste handlers aware of the correct usage of the foot operated bins | Yes = 1, No = 0 | |
| 4. | In your opinion, rate the ease of using the colour coded bins- On a scale of 1-5, | 1 - very difficult to 5 - very easy | |
| 5. | Are the bins cleaned regularly? | Yes = 1, No = 0 | |
| 6. | Frequency of cleaning the bins specify. Document even if it is none | | |
| 7. | Ease of cleaning the bins, On a scale of 1-5, | 1 - very difficult to 5 - very easy | |
| 8. | In your opinion, rate the visual appeal of the bins on a scale of 1-5 | 1 – worst looking to 5 – best looking | |
| Trolleys | | | |
| 9. | Depth of the trolley is | Too deep=1 Appropriate=2 | |
| 10. | Manoeuvrability of the trolley within the health care facility is | Convenient = 1 Inconvenient =2 | |
| 11. | Are the trolleys cleaned regularly? | Yes = 1, No = 0 | |
| 12. | Frequency of cleaning the bins specify. Document even if it is none | | |
| 13. | Ease of cleaning the trolley, On a scale of 1-5, | 1 being very difficult and 5 being very easy | |
| 14. | Are the trolleys disinfected on a regular basis? If yes, frequency of disinfection. | Yes = 1, No = 0 | |
| 15. | Ease of using the trolleys, On a scale of 1-5, | 1 being very difficult and 5 being very easy | |

Annexure -2: Feedback of Training Materials supplied

A. Training materials and SOP calendar

| Training Materials- please rate on a scale of (1- 5) 1 least and 5 maximum | | |
|---|--|-----------------------|
| A. | SOP Calendar | Response (1-5) |
| 1. | Ease of display of SOP Calendar | |
| 2. | Adequacy of the content in the SOP Calendar | |
| 3. | Relevance of the content in the SOP Calendar | |
| 4. | Visual appeal of the calendar | |
| 5. | Ease of reading the document | |
| 6. | Usefulness of the SOP calendar | |
| B. | Waste Handlers Manual | |
| 7. | Completeness of the information in the book | |
| 8. | Usefulness of waste handlers manual | |
| C. | Handbook for Doctors | |
| 9. | Completeness of the information in the book | |
| 10. | Usefulness of Information handbook for Doctors, Nurses | |
| D. | Information Handbook for Administrators | |
| 11. | Completeness of the information in the book | |
| 12. | Usefulness of Information handbook for Administrators | |
| E. | Trainers Guide | |
| 13. | Completeness of the information in the guide | |
| 14. | Usefulness of the trainers guide | |

B. IEC materials

| IEC Materials Please rate the IEC material on a scale of (1-5) 1 – least , 5 – Maximum | | | | | | |
|--|--------------------------------|-------------|--------------------------------|------------------------|-------------------------|-----|
| | Poster | Segregation | Transportation within hospital | Temporary storage area | Transportation to CBWTF | PPE |
| 1. | Visual appeal of IEC material | | | | | |
| 2. | Adequacy of the content | | | | | |
| 3. | Ease of display of the chart | | | | | |
| 4. | Usefulness of the IEC material | | | | | |

Positive points

Points to improve

TEMPLATE FOR DOCUMENTING BEST PRACTICES AS CASE SCENARIOS IN EVERY STATE

| SI No. | Best practice with description | Issue addressed by the best practice (collection, segregation, storage, transportation, disposal) | Name of Health care facility Contact person: Contact number: | Date & Time of visit | Team members who visited | Probable problem(s) solved by the best practice | Supportive attachments in form of pictures, charts, figures, tables, statistics, any other | Remarks by HONOs |
|--------|--------------------------------|---|--|----------------------|--------------------------|---|--|------------------|
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |

Template is suggestive only. One can incorporate any other relevant input(s) & / or design(s) along with the items already mentioned in the template.

Best Practices:

Best Practices:

Add more sheets if required