



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							

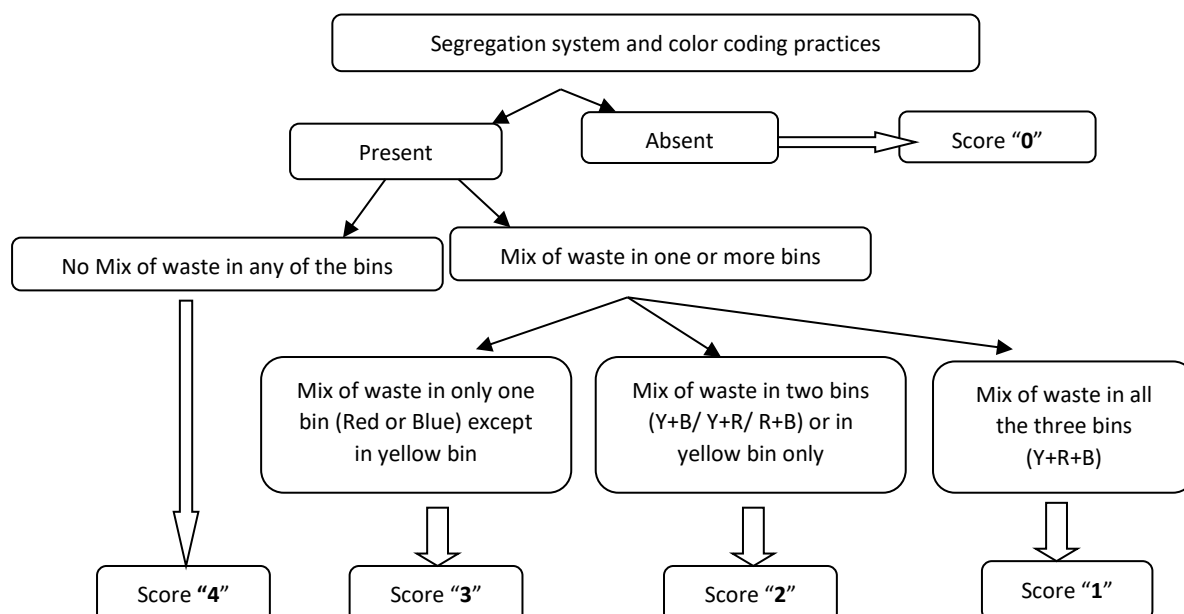
4.	Total number of trainings conducted in last one year	
5.	Number of trainings conducted exclusively for waste handlers in last one year	

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

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