



Monitoring Programme for the Health Care Waste Management Pilot Projects at Leratong Hospital and Itireleng Clinic

Including Monitoring Forms for institutions, Buhle Waste and DisposeTech

February 2003

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Sustainable Health Care Waste Management in Gauteng

Monitoring and Evaluation framework for extracting experience and learning lessons from the pilot projects

Inspection Schedule for Component 1

This inspection schedule outlines the timetable of inspections to be carried out during the pilot project test period and must be read in conjunction with the Monitoring and Evaluation Framework. This schedule gives the research tool, frequency, responsibility and the document flow for all inspections to be carried out for component 1 : System and Equipment Performance.

Inspection Period

The inspections will cover a period of 20 weeks of the test period from the date when the systems are activated and waste is transported to the treatment plant by the service providers.

The inspections will be continuous with defined evaluation time frames. These are summarised below:

Period / Date	Activity
3 rd February – 3 rd March	Intensive monitoring of both systems
3 rd – 6 th March	Evaluation of systems (5 th week)
18 th March	Feedback to DoH on findings of 5 th week
3 rd March – 14 th April	Less frequent monitoring, external inspections and input from DoH. Focus on the review of costs
14 th – 17 th April	Evaluation of systems (10 weeks)
24 th April	Feedback to DoH on findings of 10 weeks
8 th May	Feedback to DoH to inform the tender specifications
21 st April – 30 th June	Monitoring continues with spot checks, external inspections and input from DoH
9 th – 13 th June	Final evaluation and conclusions
25 th June	Presentation to DoH

Monitoring Process:

The monitoring will be conducted at two levels:

- Level 1 – Unit Managers, HOD's Assistant WMO and
- Level 2 – Senior management WMO, consultants and other external persons.

Level 1:

During the first four weeks, the hospital/clinic staff, WMO and consultants and service providers will carry out intensive monitoring, with an evaluation period during the 5th week. Thereafter the monitoring will be at less frequent intervals.

Level 2

The WMO, Occupational Health and Safety Officer, consultants and other external persons identified will carry out unannounced inspections of selected areas. The samples taken will be selected randomly and will include an equal number of areas for both systems, the transporters and the treatment sites.

Inspection detail and responsibilities - Component 1: System and Equipment Performance

Level 1

Wards and Units

No.	Research Tool	Frequency	Responsibility	Document Flow
P1 and P2	Performance inspection checklist (wards)	1 st week - daily 2 – 5 weeks – weekly Thereafter - monthly	Unit Managers	To Assistant WMO (wards)
E1 and E2	Equipment checklist (wards)	1 – 5 weeks – fortnightly Thereafter – monthly	Unit Managers	To Assistant WMO (wards)
	Inspection Report	1 – 5 weeks – fortnightly Thereafter – monthly	Unit Managers	To WMO
B1 and W1	Internal collection record (B1 or W1)	Daily at collection of waste from units	Transport General Assistants Checked and signed by Unit Managers	Transport General Assistant and Assistant WMO
D1	Consumption Tally form	Fortnightly when ordering equipment	Unit Managers	Placed on file for review during inspections
D2	Non-coded order forms	When ordering additional reusable equipment	Unit Managers	Inventory Department
D3	Inventory of reusable equipment	When receiving additional reusable equipment	Unit Managers	On file for review during inspections
VA2	VA2 Ordering form	Fortnightly when ordering consumable items	Unit Managers	Stores Dept and on file for review
I1	Unsafe incident report form	When an unsafe incident is reported	Unit Managers	OH & S Committee and H & S Representatives
I2	Accident Report Form	When injury accident occurs	Unit Managers	OH & S Committee and H & S Representatives
S1	Anatomical Waste Collection Record	When taking anatomical waste to the mortuary	Unit Managers of Casualty and Labour Wards	Transport General Assistant Mortuary HOD
T1	Record of training completed	When completing training sessions	Unit Managers	Infection Control and Training Department

Internal Transportation

No.	Research Tool	Frequency	Responsibility	Document Flow
P3	Performance checklist – Internal Transport	1-5 weeks - fortnightly Thereafter monthly	Assistant Waste Management Officer	WMO
E3	Equipment checklist – Internal Transport	1-5 weeks – fortnightly Thereafter monthly	Assistant Waste Management Officer	WMO
	Inspection Reports	Monthly	Assistant Waste Management Officer	WMO

External Transportation

No.	Research Tool	Frequency	Responsibility	Document Flow
P4	Performance checklist – External Transport	1-5 weeks - fortnightly Thereafter monthly	Representative from Buhle Consultants	WMO
	Inspection Reports	Monthly	Representative from Buhle	WMO

Treatment Plant

No.	Research Tool	Frequency	Responsibility	Document Flow
P5	Performance checklist – Treatment Facility	1-5 weeks fortnightly Thereafter monthly	Representative from EnviroServ Consultants	WMO/Consultants
	Inspection Reports	Monthly	Representative from EnviroServ	WMO/Consultants

Weighing and Recording of Waste:

No.	Research Tool	Frequency	Responsibility	Document Flow
B1	Internal collection record – reusable boxes	Daily - when collecting waste from the units	Transport General Assistant	Unit Managers and Cleaning Dept. Assistant WMO
W1	Internal collection record – wheelie bins	Daily - when collecting waste from the units	Transport General Assistant	Unit Managers and Cleaning Dept. Assistant WMO
B2	Despatch Record – reusable boxes	Daily - when weighing the waste	Transport General Assistant	Cleaning Dept. Assistant WMO, Buhle and EnviroServe Finance Dept.
W2	Despatch Record – wheelie bins	Daily - when weighing the waste	Transport General Assistant	Cleaning Dept. Assistant WMO, Buhle and EnviroServe Finance Dept
S	Specicans for anatomical waste	Daily or as required - when waste is collected by Buhle	Transport General Assistant: signed by Buhle Waste	Cleaning Dept. Assistant WMO, Buhle and EnviroServe
R	Equipment Returned Record	Daily - when clean boxes and bins are returned	Transport General Assistant: signed by Buhle Waste	Cleaning Dept. Assistant WMO, Buhle and EnviroServe
G	Glass vials weighting record	Weekly – before collection by Service Provider	Transport General Assistant: signed by Service Provider	Cleaning Dept. Assistant WMO and service provider

Cleaning of reusable boxes and wheelie bins
 Still to be added -

	Swab Tests			
P6	Performance Inspection Check list			

Inspection detail and responsibilities - Component 1: System and Equipment Performance

Level 2

Occupational Health and Safety Committee, Waste Management Officer, Consultants

No.	Research Tool	Sample selection	Frequency	No of areas	Responsibility
P1 P2 E1 E2	Performance and equipment inspection checklists (wards)	2 randomly selected samples from each system that includes night shift	Fortnightly	8 areas monthly by each responsibility	OH & S Committee Waste Management Officer Consultants
P3 E3	Performance and equipment inspection checklists – Internal transport	Selected shifts as determined by the responsible person	Monthly	3 shifts and 6 persons doing the transportation	OH & S Committee Waste Management Officer Consultants
I1 I2	Analysis of incident reporting	All incidents reported	Monthly	All areas	OH & S Committee Consultants
P4	Performance checklist – external transport	2 randomly selected days	Monthly		Consultants WMO
P5	Performance checklist – Treatment Facility	2 randomly selected days	Monthly	Whole Area	Consultants WMO

External Persons/Inspectors

In order to obtain objective results, it is recommended that external inspectors/persons be requested to conduct inspections of the pilot test. The suggested research tools are indicated should the identified person not have an inspection checklist of their own.

Identified Possible External Inspectors	Area/ Facility	Suggested Research Tool	Suggested area / sample selection	Frequency
Dr. Rama Mr. V. Khoza Mr. A Marumo Ms. M Steyn Regional representation EHO's Dacel Representatives Representatives from other provincial institutions Treatment Engineers	Wards, Internal Transportation, External Transportation Treatment facility	Performance and equipment inspection checklists P1, P2, P3, P4, P5, E1, E2, E3 Inspection Report submitted from each identified person	2 randomly selected wards from each system Transportation routines Weighing Loading of vehicle Receiving and treatment of waste at treatment	Monthly

Leratong Hospital

Waste Management

Performance Inspection Check List

Stackable Box System

Department:

Date:

Supervisor/WMO: **Frequency:** **Weekly**

Item	Always	Some-times	Never	Comments
Sharps Containers				
Are the sharps containers correctly used?				
Are the sharps containers properly placed into a bracket?				
Are the sharps containers correctly assembled?				
Are the lids properly sealed when full?				
Are the glass vials and bottles correctly segregated?				
Are sharps containers clean?				
NT Box in holder				
Is the liner correctly placed?				
Is the correct size liner used?				
Is the box correctly placed in the bracket?				
Is the waste correctly segregated?				
Anatomical Waste				
Are the placentas placed into the correct speci cans?				
Are the specicans correctly sealed				
Are the specicans clean?				
Is the anatomical waste signed for when collected?				
Are the amputations correctly bagged and handled?				

Item	Always	Some-times	Never	Comments
110 l box				
Are the containers correctly placed?				
Are the correct size liners used inside?				
Are the liners correctly placed inside the containers?				
Is the waste correctly segregated into the containers?				
Are the containers clean?				
Are the containers overfilled?				
Are the containers properly sealed?				
Other containers: 30 l and 50 l box, kick about trolleys, pedal bins				
Are the containers correctly placed?				
Are the correct size liners used inside?				
Are the liners correctly placed inside the containers?				
Is the waste correctly segregated into the containers?				
Are the containers clean?				
Are the containers overfilled?				
Are the containers properly sealed?				
Intermediate Storage Areas (110 l box)				
Are the boxes correctly placed?				
Is the storage area kept clean?				
Collecting and Transporting				
Are the smaller liners securely closed before disposal?				
Are the liners properly closed before closing the box?				
Are the liners overfilled?				
Is the waste collected at the correct time?				

Item	Always	Some-times	Never	Comments
Are the trolleys correctly loaded?				
Is the general waste correctly collected and transported?				
Are the boxes and bins correctly carried when full?				
Is the expired medication taken to the pharmacy?				
Is the anatomical waste correctly transported to the Mortuary?				
Is the correct number of boxes returned?				
Provision of Equipment				
Are the correct numbers of liners ordered?				
Is correct number of sharps ordered?				
Is the ordering procedure properly carried out – signatures, authorisation etc?				
Is the equipment ordered at the correct time?				
Are the correct numbers of liners and sharps received?				
Issue and Use of Protective Equipment				
Is protective equipment available?				
Are gloves worn when handling waste?				
Is the issue of protective clothing documented?				
Is the correct protective clothing worn?				
Emergency procedures & reporting				
Has there been a spill of body fluid, mercury, gluteraldehyde, formalin sharps or infectious waste?				
Was it correctly reported as an unsafe incident?				

Item	Always	Some-times	Never	Comments
Were the procedures for safe cleaning of the spills carried out?				
Has a needlestick injury occurred?				
Were the procedures for reporting of needle stick injuries carried out correctly?				
Action taken on issues raised:				

Form No. P2

Leratong Hospital

Waste Management

Performance Inspection Check List

Wheelie Bin – Liner System

Department:
.....

Date:

Supervisor/WMO: Frequency: Weekly

Item	Always	Some-times	Never	Comments
Sharps Containers				
Are the sharps containers correctly used?				
Are the sharps containers properly placed into a bracket?				
Are the sharps containers correctly assembled?				
Are the lids properly sealed when full?				
Are the glass vials and bottles correctly segregated?				
Are the sharps containers clean?				
NT Basket				
Is the liner correctly placed?				
Is the correct size liner used?				
Is the basket correctly placed?				
Is the waste correctly segregated?				
Anatomical Waste				
Are the placentas placed into the correct speci cans?				
Are the specicans correctly sealed				
Are the specicans clean?				
Is the anatomical waste signed for when collected?				

Are the amputations correctly bagged and handled?				
Other Containers: 30 l wall basket, kickabout trolleys, pedal bins,				
Are the containers correctly placed?				
Are the correct size liners used inside?				
Are the liners correctly placed inside the containers?				
Is the waste correctly segregated into the liners?				
Are the containers clean?				
Are the liners overfilled?				
Are the liners properly sealed?				
Intermediate Storage Areas				
Are the stands and liners correctly used?				
Are the small liners properly closed before disposal into larger bag?				
Are the liners correctly closed?				
Are the stands clean?				
Is the storage area kept clean?				
Collecting and Transporting				
Are the liners overfilled?				
Are the liners properly closed before placing inside the wheelie bin?				
Is the waste collected at the correct time?				
Are the wheelie bins correctly used?				
Is the general waste correctly collected and transported?				
Are the liners correctly carried when full?				
Is the expired medication taken to the pharmacy?				
Is the anatomical waste correctly transported to the Mortuary?				

Provision of Equipment				
Are the correct numbers of liners ordered?				
Is correct number of sharps ordered?				
Is the ordering procedure properly carried out – signatures, authorisation etc?				
Is the equipment ordered at the correct time?				
Are the correct numbers of liners and sharps received?				
Issue and Use of Protective Equipment				
Is protective equipment available?				
Are gloves worn when handling waste?				
Is the issue of protective clothing documented?				
Is the correct protective clothing worn?				
Emergency Procedures and reporting				
Has there been a spill of body fluid, mercury, gluteraldehyde, formalin, sharps or infectious waste?				
Was it correctly reported as an unsafe incident?				
Were the procedures for safe cleaning of the spills carried out?				
Has a needlestick injury occurred?				
Were the procedures for reporting of needle stick injuries carried out correctly?				
Action taken on issues raised:				

Form No. E1

Leratong Hospital
Waste Management
Equipment Check List
Stackable Box System

Department.....

Date:

WMO/OH&S Representative: Frequency - weekly

Item	<1 day	>1 day	>week	Comments
Assessment of sizes				
How quickly is the sharps container filled?				
How quickly are the glass vial containers filled?				
How quickly are the pedal bins filled?				
How quickly is the small wall mounted holder filled?				
How quickly is the 50 litre box filled?				
How quickly is the 100 litre box filled?				
How quickly are the anatomical speci-cans filled?				
Sharps	Always	Some-times	Never	
Do any sharps protrude out of the container?				
Are there items that do not fit into the sharps containers?				
Does the sharps container lid close properly and safely?				
Are the sharps containers split or damaged when delivered?				
Does the top of the container fit properly?				
Are the sharps containers easy to use?				
Do the sharps containers fit into the bracket safely?				
Is the bracket easy and safe to use?				
Speci-cans for anatomical waste				
Do the lids seal properly?				
Are the buckets the right size?				
Are the speci-cans damaged, split or cracked				

Wall mounted 30 litre Addis Box	Always	Some- times	Never	
Are the boxes easy to access?				
Are the boxes safely mounted?				
Are the boxes easy to clean?				
Are the boxes damaged, split or cracked?				
All sizes of Liners:				
Do the liners fit properly into the correct size of box?				
Do the liners leak or split?				
Do the liners rip or tear at the seams?				
Are the liner sizes correct for the type of waste and container?				
Liner Closing device				
Are the elastic bands readily available?				
Are the elastic bands easy to use?				
Do the liners stay securely closed?				
Are the rubber bands the right size?				
100 litre box				
Is the box the correct size?				
Are the boxes damaged, split or cracked?				
Do the lids fit properly?				
Do the boxes stack safely?				
50 litre box				
Is the box the correct size?				
Are the boxes damaged, split or cracked?				
Do the lids fit properly?				
Do the boxes stack safely?				

Action Taken on issues raised:

Form No. E2

**Leratong Hospital
Waste Management**

Equipment Check List

Wheelie Bin – Liner System

Department.....

Date:

WMO/ OH& S Representative: Frequency - weekly

Item	<1 day	>1 day	>week	Comments
Assessment of sizes				
How quickly is the sharps container filled?				
How quickly are the glass vial containers filled?				
How quickly are the pedal bins filled?				
How quickly is the small wall mounted holder filled?				
How quickly is the NT basket filled?				
How quickly is the large stand filled?				
How quickly are the anatomical speci-cans filled?				
Sharps	Always	Some-times	Never	
Do any sharps protrude out of the container?				
Are there items that do not fit into the sharps containers?				
Does the sharps container lid close properly and safely?				
Are the sharps containers split or damaged when delivered?				
Does the top of the container fit properly?				
Are the sharps containers easy to use?				
Do the sharps containers fit into the bracket safely?				
Is the bracket easy and safe to use?				
Speci-cans for anatomical waste				
Do the lids seal properly?				
Are the buckets the right size?				
Are the speci-cans damaged, split or cracked				

Wall mounted 30 litre basket	Always	Some- times	Never	
Are the baskets easy to access?				
Are the baskets securely and safely mounted?				
Are the baskets mounted at the correct height?				
Are there any sharp edges on the baskets?				
Are the baskets damaged?				
Nursing Trolley Basket				
Are the baskets easy to access?				
Are the baskets securely and safely mounted?				
Are there any sharp edges on the baskets?				
Are the baskets damaged?				
All sizes of Liners:				
Do the liners fit properly into the correct size of stand or basket?				
Do the liners leak or split?				
Do the liners rip or tear at the seams?				
Are the liners easy to take out of the stand or basket?				
Are the liner sizes correct for the type of waste and container?				
Liner Closing device				
Are the elastic bands readily available?				
Are the elastic bands easy to use?				
Do the liners stay securely closed?				
Are the rubber bands the right size?				
Large 100 litre stand				
Is the stand the correct size?				
Are the stands damaged?				
Are the stands stable?				
Are the stands correctly placed?				
Action Taken on issues raised:				

Form No. E3

Leratong Hospital

Waste Management

Equipment Check List - Internal Transportation

Ease of Use and functionality

Responsibility:.....

Date:

WMO / Occupational Health and Safety Rep.

Frequency – weekly

Using the 770 Wheelie Bins	Poor	Av.	Good	V Good	Comments
How easily do the wheelie bins turn and move?					
What is the condition of the bins inspected?					
How well does the lid operate?					
How easy is to secure the bin lid?					
How easy is it to push up the ramp?					
How easy is it to read the trolley number?					
How easy is it to load the wheelie bins?					
How easy is to load the transport vehicle?					
Additional comments:					
Using the Nestable Box Trolleys	Poor	Av.	Good	V Good	Comments
How easy is it to assemble the trolley?					
How easy is it to turn the trolley?					
How easy is it to push the trolley up the ramp?					
How well do the boxes fit?					
How easy is to secure is the trolley?					
How easy is it to read the trolley number?					
How easy is it to read the box numbers?					
How easy is to load the trolley?					
How easy is to load the transport vehicle?					
Additional comments:					

Cleaning Routines on Trolleys	Poor	Av.	Good	V.Good	
How well are the trolleys and wheelie bins cleaned when they are returned?					
How easy is it to obtain the trolley or wheelie bin when needed?					
How well are the trolleys and wheelie bins maintained?					
How easy is it to get the clean stackable boxes when required?					
Additional comments:					

Using the Scale	Poor	Av.	Good	V.Good	
How easy is it to wheel the bins onto the scale?					
How easy is it to wheel the trolley onto the scale?					
How easy is it to read the weight?					
What is the general condition of the scale?					
Additional comments:					

Weighing and Recording Routines	Poor	Av.	Good	V.Good	
How easy is it to record and calculate the weight?					
How accurately are the weights recorded and calculated?					
Additional comments:					

Transporting the anatomical waste					
How easy is it to collect the anatomical waste from Mortuary?					
What is the condition of the speci-can?					
How well are the larger pieces of anatomical waste packaged?					
How well is the documentation for anatomical waste filled in?					
Additional comments:					
General Comments on the 770 Wheelie Bins:					
Areas for improvement:					
General Comments on the Stackable Box System:					
Areas for improvement:					

Form No. P3

Leratong Hospital

Waste Management

Performance Check List - Internal Transportation

Stackable box and wheelie bin systems

Responsibility:.....

Date:

WMO / Occupational Health and Safety Rep.

Frequency – weekly

Item	Always	Some-times	Never	Comments
Sharps Containers				
Are the sharps containers placed inside the box or wheelie bin?				
Are the sharps containers acceptably clean?				
Are the lids of the sharps containers properly sealed?				
Anatomical Waste				
Are the speci cans correctly sealed				
Are specicans taken to the mortuary to await collection by the service provider?				
Are the specicans acceptably clean?				
Is the anatomical waste signed for when collected by the service provider?				
Collecting and Transporting				
Are all inner liners securely closed (In stackable boxes the inner liner inside the box)				
Are the boxes overfilled?				
Are the boxes heavy?				
Are the boxes acceptably clean?				
Are the cage trolleys acceptably clean				

Item	Always	Sometimes	Never	Comments
Are the cage trolleys correctly used				
Are the boxes stacked correctly inside the cage trolley				
Is the correct number of boxes returned to the units?				
Are the wheelie bins clean?				
Are the liners overfilled?				
Are the liners heavy?				
Do the liners split or tear?				
Are the liners securely closed?				
Is the waste collected at the correct time?				
Central Storage Area				
Is the Storage Area acceptably clean?				
Is there sufficient space for storage of both full and empty boxes and wheelie bins?				
Is the area vermin free?				
Collection, Weighing and Recording				
Is weighing and record-keeping correct?				
Are all the signatures obtained and copies given to the service provider?				
Is collection by Service Provider on time?				
Is the area secured and locked?				
Are installations working intact (Lights, scale, locks, etc.)				
Are the access ways unobstructed and with good pavement?				
Is the anatomical waste signed for when collected by the service provider?				

Item	Always	Sometimes	Never	Comments
Loading				
Is the loading of the large truck carried out safely?				
Is access onto the truck safe?				
Issue and Use of Protective Equipment				
Is protective equipment available?				
Are gloves worn when handling waste?				
Is the issue of protective clothing documented?				
Is the correct protective clothing worn?				
Emergency Procedures and reporting				
Has there been a spill of sharps containers, boxes or split bags?				
Was it correctly reported as an unsafe incident?				
Were the procedures for safe cleaning of the spills carried out?				
Has a needlestick injury occurred?				
Were the procedures for reporting of needle stick injuries carried out correctly?				
Action taken on issues raised:				

Form P4

Buhle Waste cc (Leratong/Itireleng)

HCW External Transportation

Performance Inspection Check List

Unit Supervisors

Stackable Box System/Wheelie Bin System

Department:
.....

Date:

Supervisor/WMO: Frequency: Weekly

Item	Always	Some-times	Never	Comments
Loading of Vehicle				
Is the extent of manual handling and lifting minimised acceptably?				
Are ramps and the lifting tail gate being used as intended?				
Are staff trained and aware of what they are doing?				
Does collection take place at the correct/usual/agreed time?				
Is loading too time consuming?				
Is staff lifting and handling containers correctly?				
Securing of vehicles				
Are the doors locked when in transit?				
Are relevant spill kits and emergency procedures available?				
Off-loading of cleaned containers from vehicle				
Is the extent of manual handling and lifting minimised acceptably?				

Item	Always	Some-times	Never	Comments
Are ramps and the lifting tail gate being used as intended?				
Are staff trained and aware of what they are doing?				
Is off-loading too time consuming?				
Is staff lifting and handling containers correctly?				
When vehicle is in Transit to Treatment Plant				
Is the vehicle following agreed routes?				
Does the driver have a cell phone or other means of communicating?				
Off-loading at Treatment Plant				
Is there waiting time at plant before off-loading is possible?				
Is there sufficient space for placing off-loaded containers?				
Is there adequate directions for where to off-load and where to place containers?				
Loading cleaned/sanitised containers				
Are the cleaned containers available for immediate loading onto the vehicle?				
Are the cleaned containers acceptably clean and dry?				
Is there sufficient space on the vehicle for the cleaned containers?				
Can distribution of cleaned containers be done in the same transport as collection of full containers?				

Form No. P5

DisposeTech (Enviroserv)

HCW Treatment Facility

Performance Inspection Check List Stackable Box System/Wheelie Bin System

Inspector:: Date

Frequency: **Monthly**

Item	Always	Some-times	Never	Comments
Receiving of Containers				
Is the extent of manual handling and lifting minimised acceptably?				
Is lifting tail gate being used as intended?				
Is the record keeping system working as intended (container numbers, mass of containers, etc.)				
Is the quality of the containers acceptable (are containers intact)?				
Are staff trained and aware of what they are doing?				
Placing of containers before feeding				
Is there sufficient space available for storage?				
Are containers with Anatomical Waste treated first?				
Feeding of waste to the incinerator				
Is the particular incinerator always available?				
Is the bin lifter working properly?				
Are cage trolleys used as intended?				
Is the loading too time consuming?				

Item	Always	Some-times	Never	Comments
Is staff lifting and handling containers correctly?				
Internal transport of containers and cleaning and sanitizing				
Is the internal routing consistent and efficient?				
Are containers cleaned same day?				
Are containers cleaned acceptably?				
Is there sufficient space for storing cleaned containers before dispatch?				
Loading of cleaned containers for dispatch				
Has containers been damaged?				
Are containers dry and clean?				
Are sufficient containers available for loading?				
Is the record system being used correctly?				

Form : General Report

Leratong Hospital

Health Care Waste Management Project

Inspection Report

Unit Supervisors and Waste Management Officers

Department:
.....

Date:

Supervisor/WMO

Frequency: **Fortnightly**

Waste Segregation
Equipment: Nursing Trolley Basket or Box
Equipment – Sharps Containers

Equipment: Other containers and Bag Holders
Liners:
Storage Areas
Closing mechanisms
Transportation Equipment

Form No. D2

Leratong Hospital

Health Care Waste Management Project

Non-Coded Order Form for Reusable Equipment

Section/Unit:	
Unit of Issue:	Single items as described
Date of Order:	
Order Number	

Supervisor/Unit HOD	
Inventory Number	
Date of Issue:	

Item No.	Description of Equipment	Quantity Ordered	Amount Issued	Value

Motivation:.....

Signature of User

Date:

Signature of Authoriser

Date:

Signature of Stores Official

Date of Issue

CATASTROPHIC, MAJOR AND SERIOUS ACCIDENT REPORT FORM

(Annexure 2)

Occupational Health and Safety Act, 1993

(Act No. 85 of 1993)

REGULATION 8 OF THE GENERAL ADMINISTRATIVE REGULATIONS.

A RECORDING OF ACCIDENT

1.	Name of Employer:			
2.	Name of affected Person:			
3.	Date of Accident:		4. Time of Accident:	

Make a cross in the appropriate square

5. Part of Body Affected:	Head/Neck	Eye	Trunk	Finger	Hand
	Arm	Foot	Leg	Internal	Multiple
6. Effect on person*	Sprains/ strains	Contusions/Wounds	Fractures	Burns	Amputation
	Electric Shock	Asphyxiation	Un-consciousness	Poisoning	Occupational Disease
7. Expected period of disablement	0-13 days	2-4 weeks	>4-16 weeks	>16 – 52 weeks	>52 weeks or permanent disablement
					Killed

8. Description of Occupational Disease **	
9. Machine / process involved / type of work performed / exposure	

** In case of hazardous chemical substance indicate substance exposed to

10	Was the accident reported to the Compensation Commissioner?	Yes	No
----	-------------------------------------------------------------	-----	----

B INVESTIGATION OF THE ABOVE Accident BY A PERSON DESIGNATED THERETO

- | | |
|----------------------------------------------|---------------------------|
| 1. Name of Investigator:: | 2. Date of Investigation: |
| _____ | _____ |
| _____ | |
| 2. Designation of Investigator: | _____ |
| _____ | |
| 4. Short description of Incident | _____ |
| _____ | |
| 5. Suspected Cause of Incident | _____ |
| _____ | |
| 6. Recommended steps to prevent a recurrence | _____ |
| _____ | |

Signature of Investigator:		Date:	
----------------------------	--	-------	--

C ACTION TAKEN BY EMPLOYER TO PREVENT THE RECURRENCE OF A SIMILAR ACCIDENT

Signature of Investigator:		Date:	
----------------------------	--	-------	--

D REMARKS BY HEALTH AND SAFETY COMMITTEE

Signature of Chairman of Health and Safety Committee		Date:	
------------------------------------------------------	--	-------	--

Leratong Hospital

Health Care Waste Management Project

Agreed Collection and Transportation Timetable

No. of Transporters: 6
Shifts: Fortnightly changed on a Thursday
Allocation of duty: 2 day duty and 2 on night duty
Hours of Work 7h00 – 15h30 (7 day week):

Names of General Assistants doing Transporting duties:

Leonox Mqakanya
 Obed Radibetla

Daniel Phefo
 Ignatius Mangadi

Patrik Kubheka
 Thuso Muso

	23 rd January – 5 th February		6 th – 19 th February		20 th February – 5 th March		6 th March – 20 th March	
	Weeks 1 & 2		Week 3-4		Week 5-6		Week 7-8	
System Time	Stackable Boxes	Cardboard Box	Stackable Box	Cardboard Box	Stackable Box	Wheelie Bin	Stackable Box	Wheelie Bin
7h00-9h00								
10h00-12h00	General Waste Collection							
13h00-15h00								

Two System Division of Hospital

Stackable Boxes System	Wheelie Bin System
Ward 1, 2, 3, 5, 6, 7, Wards 10, 11, 12, 16 Adult ICU Casualty & Foyer Out Patient Pharmacy Physiotherapy Kit Room Poly Clinic	Wards 15,17, 19, 20,21,22,23,24,25 Wards 4 Operating Theatre CSSD – Theatre CSSD Ward Paeds ICU Renal X-Ray Occupational Therapy Mortuary

HEALTH-CARE RISK WASTE COLLECTION RECORD

SHEET No. **W1/**

FROM: **Wards and Units**

SYSTEM: **WHEELIE BINS**

DATE: **/ / 2003**

NAME OF TRANSPORTER _____

h
(from Central Store)

WHEELIE-BIN SERIAL NUMBER: WB

Ward No./Unit <input style="width: 100%;" type="text"/>	No. of liners <input style="width: 50%;" type="text"/>	No. of sharps <input style="width: 50%;" type="text"/>	Accepted by: _____ <i>Signature of Supervisor or Unit Head</i>	Time: _____
Ward No./Unit <input style="width: 100%;" type="text"/>	No. of liners <input style="width: 50%;" type="text"/>	No. of sharps <input style="width: 50%;" type="text"/>	Accepted by: _____ <i>Signature of Supervisor or Unit Head</i>	Time: _____
Ward No./Unit <input style="width: 100%;" type="text"/>	No. of liners <input style="width: 50%;" type="text"/>	No. of sharps <input style="width: 50%;" type="text"/>	Accepted by: _____ <i>Signature of Supervisor or Unit Head</i>	Time: _____
Ward No./Unit <input style="width: 100%;" type="text"/>	No. of liners <input style="width: 50%;" type="text"/>	No. of sharps <input style="width: 50%;" type="text"/>	Accepted by: _____ <i>Signature of Supervisor or Unit Head</i>	Time: _____
Ward No./Unit <input style="width: 100%;" type="text"/>	No. of liners <input style="width: 50%;" type="text"/>	No. of sharps <input style="width: 50%;" type="text"/>	Accepted by: _____ <i>Signature of Supervisor or Unit Head</i>	Time: _____

Completed Time
h
(Back at Central Store)

HEALTH-CARE RISK WASTE INTERNAL COLLECTION RECORD

SHEET No. **B1/**

FROM: **WARDS AND UNITS**

SYSTEM: **RE-USABLE BOXES**

DATE: **/ / 2003**

NAME OF TRANSPORTER _____

Start Time
h
(from Central Store)

CAGE TROLLEY SERIAL NUMBER: CT

Ward No./Unit	<input style="width: 50px;" type="text"/>		
100-litre boxes collected : Serial numbers: L	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	Total <input style="width: 30px;" type="text"/>
50-litre boxes collected : Serial numbers: S	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	Total <input style="width: 30px;" type="text"/>
100-litre boxes returned : Serial numbers: L	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	Total <input style="width: 30px;" type="text"/>
50-litre boxes returned : Serial numbers: S	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	Total <input style="width: 30px;" type="text"/>
Collected by: _____	<i>Signature of Transporter</i>	_____	<i>Time:</i>
Accepted by: _____	<i>Signature of Supervisor or Unit Head</i>	_____	<i>Time:</i>

Ward No./Unit	<input style="width: 50px;" type="text"/>		
100-litre boxes collected : Serial numbers: L	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	Total <input style="width: 30px;" type="text"/>
50-litre boxes collected : Serial numbers: S	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	Total <input style="width: 30px;" type="text"/>
100-litre boxes returned : Serial numbers: L	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	Total <input style="width: 30px;" type="text"/>
50-litre boxes returned : Serial numbers: S	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	Total <input style="width: 30px;" type="text"/>
Collected by: _____	<i>Signature of Transporter</i>	_____	<i>Time:</i>
Accepted by: _____	<i>Signature of Supervisor or Unit Head</i>	_____	<i>Time:</i>

Ward No./Unit	<input style="width: 50px;" type="text"/>		
100-litre boxes collected : Serial numbers: L	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	Total <input style="width: 30px;" type="text"/>
50-litre boxes collected : Serial numbers: S	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	Total <input style="width: 30px;" type="text"/>
100-litre boxes returned : Serial numbers: L	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	Total <input style="width: 30px;" type="text"/>
50-litre boxes returned : Serial numbers: S	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	Total <input style="width: 30px;" type="text"/>
Collected by: _____	<i>Signature of Transporter</i>	_____	<i>Time:</i>
Accepted by: _____	<i>Signature of Supervisor or Unit Head</i>	_____	<i>Time:</i>

Completed Time
h

HEALTH-CARE RISK WASTE DESPATCH RECORD

SHEET No. **W2**

FROM:

LERATONG HOSPITAL

SYSTEM:

WHEELIE BINS

DATE:

/ / 2003

WHEELIE-BIN SERIAL NUMBER: WB SEAL SERIAL NUMBER:

MASS OF FULL WHEELIE-BIN (as weighed on scale) = kg (A)

MASS OF EMPTY WHEELIE-BIN = **44.0** kg (B)

WASTE MASS IN WHEELIE BIN = (A) - (B) = kg (P)

WHEELIE-BIN SERIAL NUMBER: WB SEAL SERIAL NUMBER:

MASS OF FULL WHEELIE-BIN (as weighed on scale) = kg (C)

MASS OF EMPTY WHEELIE-BIN = **44.0** kg (D)

WASTE MASS IN WHEELIE BIN = (C) - (D) = kg (Q)

WHEELIE-BIN SERIAL NUMBER: WB SEAL SERIAL NUMBER:

MASS OF FULL WHEELIE-BIN (as weighed on scale) = kg (E)

MASS OF EMPTY WHEELIE-BIN = **44.0** kg (F)

WASTE MASS IN WHEELIE BIN = (E) - (F) = kg (R)

WHEELIE-BIN SERIAL NUMBER: WB SEAL SERIAL NUMBER:

MASS OF FULL WHEELIE-BIN (as weighed on scale) = kg (G)

MASS OF EMPTY WHEELIE-BIN = **44.0** kg (H)

WASTE MASS IN WHEELIE BIN = (G) - (H) = kg (S)

WHEELIE-BIN SERIAL NUMBER: WB SEAL SERIAL NUMBER:

MASS OF FULL WHEELIE-BIN (as weighed on scale) = kg (I)

MASS OF EMPTY WHEELIE-BIN = **44.0** kg (J)

WASTE MASS IN WHEELIE BIN = (I) - (J) = kg (T)

TOTAL WASTE MASS THIS SHEET = (P) + (Q) + (R) + (S) + (T) = kg

PREPARED

BY: _____
NAME DATE TIME

SIGNATURE on behalf of Leratong Hospital

RECEIVED

BY: _____
NAME DATE TIME

SIGNATURE on behalf of Buhle Waste

RECEIVED

BY: _____
NAME DATE TIME

SIGNATURE on behalf of Enviroserv

HEALTH-CARE RISK WASTE DESPATCH RECORD

SHEET No. **B2**

FROM: **LERATONG HOSPITAL**

SYSTEM: **RE-USABLE BOXES**

DATE: / / 2003

CAGE TROLLEY SERIAL NUMBER: CT SEAL SERIAL NUMBER:

MASS OF CAGE TROLLEY + BOXES (as weighed on scale) = kg (A)

MASS OF EMPTY CAGE TROLLEY = 99.0 kg

MASS OF EMPTY 100-Litre BOXES + LIDS: boxes X 6.5 kg = kg (B)

MASS OF EMPTY 50-Litre BOXES + LIDS: boxes X 3.5 kg = kg

TOTAL WASTE MASS IN THIS TROLLEY = (A) - (B) = kg (W)

CAGE TROLLEY SERIAL NUMBER: CT SEAL SERIAL NUMBER:

MASS OF CAGE TROLLEY + BOXES (as weighed on scale) = kg (C)

MASS OF EMPTY CAGE TROLLEY = 99.0 kg

MASS OF EMPTY 100-Litre BOXES + LIDS: boxes X 6.5 kg = kg (D)

MASS OF EMPTY 50-Litre BOXES + LIDS: boxes X 3.5 kg = kg

TOTAL WASTE MASS IN THIS TROLLEY = (C) - (D) = kg (X)

CAGE TROLLEY SERIAL NUMBER: CT SEAL SERIAL NUMBER:

MASS OF CAGE TROLLEY + BOXES (as weighed on scale) = kg (E)

MASS OF EMPTY CAGE TROLLEY = 99.0 kg

MASS OF EMPTY 100-Litre BOXES + LIDS: boxes X 6.5 kg = kg (F)

MASS OF EMPTY 50-Litre BOXES + LIDS: boxes X 3.5 kg = kg

TOTAL WASTE MASS IN THIS TROLLEY = (E) - (F) = kg (Y)

CAGE TROLLEY SERIAL NUMBER: CT SEAL SERIAL NUMBER:

MASS OF CAGE TROLLEY + BOXES (as weighed on scale) = kg (G)

MASS OF EMPTY CAGE TROLLEY = 99.0 kg

MASS OF EMPTY 100-Litre BOXES + LIDS: boxes X 6.5 kg = kg (H)

MASS OF EMPTY 50-Litre BOXES + LIDS: boxes X 3.5 kg = kg

TOTAL WASTE MASS IN THIS TROLLEY = (G) - (H) = kg (Z)

TOTAL WASTE MASS THIS SHEET = (W) + (X) + (Y) + (Z) = kg

PREPARED BY: _____ DATE _____ TIME _____ SIGNATURE _____ on behalf of Leratong Hospital

RECEIVED BY: _____ DATE _____ TIME _____ SIGNATURE _____ on behalf of Buhle Waste

RECEIVED BY: _____ DATE _____ TIME _____ SIGNATURE _____ on behalf of Enviroserv

EQUIPMENT RETURNED RECORD

SHEET No. **R**

RETURNED TO:

LERATONG and ITIRELENG

DATE:

/ / 2003

										Totals
CAGE TROLLEYS RETURNED:										
SERIAL NUMBERS: CT										
RE-USABLE BOXES RETURNED:										
100-litre boxes: Serial numbers: L										
100-litre lids returned:	(total only)									
50-litre boxes: Serial numbers: S										
50-litre lids returned:	(total only)									
WHEELIE-BINS RETURNED:										
SERIAL NUMBERS: WB										

PREPARED

BY: _____ on behalf of Enviroserv
NAME DATE TIME SIGNATURE

RECEIVED

BY: _____ on behalf of Buhle Waste
NAME DATE TIME SIGNATURE

RECEIVED

BY: _____ on behalf of Leratong Hospital
NAME DATE TIME SIGNATURE

HEALTH-CARE RISK WASTE COLLECTION OF SPECICANS

SHEET No.

S1/

FROM:

WARDS

TO:

MORTUARY

DATE:

/ / 2003

TIME OF COLLECTION:

h

Ward No.

NO OF 15 LITRE SPECICANS DELIVERED FROM WARD

OTHER ITEMS OF ANATOMICAL WASTE

PREPARED BY:

NAME

SIGNATURE

DATE

on behalf of Leratong Hospital

ACCEPTED BY:

NAME

SIGNATURE

DATE

on behalf of Mortuary

HEALTH-CARE RISK WASTE DESPATCH SPECICANS

SHEET No.

S2/

FROM:

LERATONG and ITIRELENG

TO:

TRANSPORTER

DATE:

/ / 2003

TIME OF COLLECTION:

h

Driver: _____

Other : _____

CT

WB

NO OF 10 LITRE SPECICANS FROM MORTUARY	<input type="text"/>			
MASS OF SPECICANS (as weighed on scale)	<input type="text"/>	} kg (G) kg (G)+(H) kg (H)	}	
NO OF OTHER ITEMS FROM MOTURARY	<input type="text"/>			
MASS OF OTHER ITEMS (as weighed on scale)	<input type="text"/>			
MASS OF EMPTY CAGE TROLLEY (if used)	<input type="text"/>			kg (I)
TOTAL MASS OF ANATOMICAL WASTE REMOVED =(G) + (H) - (I) =				<input style="border: 2px solid black; border-radius: 50%; width: 50px; height: 20px;" type="text"/>

PREPARED BY: _____ *NAME* _____ *SIGNATURE* _____ *DATE* *on behalf of Leratong Hospital*

ACCEPTED BY: _____ *NAME* _____ *SIGNATURE* _____ *DATE* *on behalf of Buhle Waste*

RECEIVED BY: _____ *NAME* _____ *SIGNATURE* _____ *DATE* *on behalf of EnviroServ*

HEALTH-CARE RISK WASTE DESPATCH RECORD

SHEET No. **B2**

FROM:

LERATONG HOSPITAL

SYSTEM:

RE-USABLE BOXES

DATE:

/ / 2003

CAGE TROLLEY SERIAL NUMBER: CT

100-litre boxes: Serial numbers: **L**

--	--	--	--	--	--	--	--

50-litre boxes: Serial numbers: **S**

--	--	--	--	--	--	--	--

MASS OF CAGE TROLLEY + BOXES (as weighed on scale) = kg (A)

MASS OF EMPTY CAGE TROLLEY = 99.0

MASS OF EMPTY 100-Litre BOXES + LIDS: boxes X 6.5 kg = kg (B)

MASS OF EMPTY 50-Litre BOXES + LIDS: boxes X 3.5 kg = kg

TOTAL WASTE MASS IN THIS TROLLEY = (A) - (B) = kg (X)

CAGE TROLLEY SERIAL NUMBER: CT

100-litre boxes: Serial numbers: **L**

--	--	--	--	--	--	--	--

50-litre boxes: Serial numbers: **S**

--	--	--	--	--	--	--	--

MASS OF CAGE TROLLEY + BOXES (as weighed on scale) = kg (C)

MASS OF EMPTY CAGE TROLLEY = 99.0

MASS OF EMPTY 100-Litre BOXES + LIDS: boxes X 6.5 kg = kg (D)

MASS OF EMPTY 50-Litre BOXES + LIDS: boxes X 3.5 kg = kg

TOTAL WASTE MASS IN THIS TROLLEY = (C) - (D) = kg (X)

CAGE TROLLEY SERIAL NUMBER: CT

100-litre boxes: Serial numbers: **L**

--	--	--	--	--	--	--	--

50-litre boxes: Serial numbers: **S**

--	--	--	--	--	--	--	--

MASS OF CAGE TROLLEY + BOXES (as weighed on scale) = kg (E)

MASS OF EMPTY CAGE TROLLEY = 99.0

MASS OF EMPTY 100-Litre BOXES + LIDS: boxes X 6.5 kg = kg (F)

MASS OF EMPTY 50-Litre BOXES + LIDS: boxes X 3.5 kg = kg

TOTAL WASTE MASS IN THIS TROLLEY = (E) - (F) = kg (Z)

TOTAL WASTE MASS THIS SHEET = (X) + (Y) + (Z) = kg

PREPARED

BY: _____ *on behalf of Leratong Hospital*
NAME DATE TIME SIGNATURE

RECEIVED

BY: _____ *on behalf of Buhle Waste*
NAME DATE TIME SIGNATURE

RECEIVED

BY: _____ *on behalf of Enviroserv*
NAME DATE TIME SIGNATURE

PILOT PROJECT - LERATONG HOSPITAL & ITIRELENG CLINIC

Truck Reg.:

TRANSPORT LOG SHEET: BUHLE WASTE

Crew size: Driver +

SEQUENCE (1, 2, 3, 4, 5, 6)	ACTIVITY	DATE	TIME	QUANTITIES					Reference Document(s)	Waybill Number(s)	Recorder's name	COMMENTS (delays or problems experienced; part-loads due to truck being full, etc.)
				Cage Trolleys	Wheeled Bins	Cardboard Boxes	Specimens					
	Arrive at Enviroserv											
○	Unload HCRW containers							W/2	B/2			
	Load clean equipment							R	R			
	Leave Enviroserv											
	Arrive at Itireleng Clinic											
○	Unload clean equipment							R	R			
	Load HCRW containers							W/2	B/2			
	Leave Itireleng Clinic											
	Arrive at Leratong Hosp.											
○	Unload clean equipment							R	R			
	Load HCRW containers							W/2	B/2			
	Leave Leratong Hospital											
	Arrive at Enviroserv											
○	Unload HCRW containers							W/2	B/2			
	Load clean equipment							R	R			
	Leave Enviroserv											
	Arrive at Itireleng Clinic											
○	Unload clean equipment							R	R			
	Load HCRW containers							W/2	B/2			
	Leave Itireleng Clinic											
	Arrive at Leratong Hosp.											
○	Unload clean equipment							R	R			
	Load HCRW containers							W/2	B/2			
	Leave Leratong Hospital											

HEALTH-CARE RISK WASTE DESPATCH RECORD

SHEET No. (Clinic) **B2**

FROM: **ITIRELENG CLINIC**

SYSTEM: **RE-USABLE BOXES**

DATE: / / 2003

CAGE TROLLEY SERIAL NUMBER: CT

100-litre boxes: Serial numbers: **L**

No.									Total
Kgs									kgs (a)

50-litre boxes: Serial numbers: **S**

No.									Total
Kgs									kgs. (b)
No.									Total
Kgs									kgs. (c)

TOTAL MASS OF BOXES IN CAGE TROLLEY (as weighed on scale) (a) + (b) + (c) = **kg (A)**

MASS OF EMPTY 100-Litre BOXES + LIDS: boxes X 6.5 kg = kg (B)

MASS OF EMPTY 50-Litre BOXES + LIDS: boxes X 3.5 kg = kg (B)

TOTAL WASTE MASS IN THIS TROLLEY = (A) - (B) = **kg (X)**

CAGE TROLLEY SERIAL NUMBER: CT

100-litre boxes: Serial numbers: **L**

No.									Total
Kgs									kgs (a)

50-litre boxes: Serial numbers: **S**

No.									Total
Kgs									kgs. (b)
No.									Total
Kgs									kgs. (c)

TOTAL MASS OF BOXES IN CAGE TROLLEY (as weighed on scale) (a) + (b) + (c) = **kg (A)**

MASS OF EMPTY 100-Litre BOXES + LIDS: boxes X 6.5 kg = kg (B)

MASS OF EMPTY 50-Litre BOXES + LIDS: boxes X 3.5 kg = kg (B)

TOTAL WASTE MASS IN THIS TROLLEY = (A) - (B) = **kg (Y)**

TOTAL WASTE MASS THIS SHEET = (X) + (Y) = **kg**

PREPARED BY: _____ **DATE** _____ **TIME** _____ **SIGNATURE** _____ on behalf of Leratong Hospital

RECEIVED BY: _____ **DATE** _____ **TIME** _____ **SIGNATURE** _____ on behalf of Buhle Waste

RECEIVED BY: _____ **DATE** _____ **TIME** _____ **SIGNATURE** _____ on behalf of Enviroserv

