

DEPARTMENT: Engineering and General Services Division		POLICY NUMBER: DPOTMH-APP-FMGT-P001-(01)	
TITLE/DESCRIPTION: CATEGORIES OF HEALTHCARE WASTE			
EFFECTIVE DATE: May 30, 2025	REVISION DUE: May 29, 2028	REPLACES NUMBER: DPOTMH-F-80-P01	NO. OF PAGES: 1 of 29
APPLIES TO: All Employees involved in the segregation, collection, hauling and disposal of of medical waste at Dr. Pablo O. Torre Memorial Hospital (DPOTMH)		POLICY TYPE: Administrative	

PURPOSE: To provide a guidelines in the classification and proper segregation, collection, hauling and disposal of hospital waste of the Medical & Non-medical department and special areas such as: Surgical Complex, Chemotherapy, Hemodialysis Units, Critical Care Units, ASC, Clinical Lab and all other areas of Center of Excellence.
DEFINITIONS: N/A
RESPONSIBILITY: General Services Department Personnel, IPCU Staff, Housekeeping Personnel, Waste Management Committee, HRD, Staff Nurses, Glass Waste Disposal Team, Pharmacist, Logistics Division Personnel
POLICY: <ol style="list-style-type: none"> DPOTMH shall abide by the waste management guidelines set by the Department of Health, DENR, DENR-EMB and World Health Organization. Proper segregation of wastes shall be the responsibility of the person or area generating the waste. The color of the waste receptacles shall determine the type of garbage to be discarded. Upon removal of the plastic liner within the waste receptacle, the plastic liner shall be properly labeled by a color-coded band/color coded tie. The color of the waste containers shall be as follows: <ol style="list-style-type: none"> BLACK, BLUE, GREEN – General Waste YELLOW - Infectious Waste RED puncture proof container – Sharps WHITE 1 - Vials WHITE 2 - IV Plastic Bottles WHITE 3 - IV Glass Bottles WHITE 4 - Barrels and Syringe BROWN - Chemo Drugs

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5. Other hazardous wastes like chemotherapy wastes shall not be discarded in the above stated receptacles. Housekeeping is responsible for pick-up and disposal of other hazardous and infectious wastes.
6. All General Waste shall be properly segregated at the Materials Recovery Facility (MRF) of the hospital.
7. Sharps should all be collected together, regardless of whether or not they are contaminated. Containers should be puncture proof (usually made of metal or high-density plastic) and fitted with covers. It should be rigid and impermeable to contain not only the sharps but also any residual liquids from syringes. To discourage abuse, containers should be tamper proof (difficult to open or break) and needles and syringes shall be rendered unusable.
8. Bags and containers for infectious waste should be marked with the international infectious substance symbol.
9. Staff shall never attempt to correct errors of segregation by removing items from a bag or container after disposal or by placing one bag inside another bag of another color. If general and hazardous waste are accidentally mixed, the Housekeeping Aide use a tong to correct the waste segregation. Both waste bin will be disinfected with an approved disinfectant.

CATEGORIES OF HEALTH CARE WASTE

1. **General Waste** - Comparable to domestic waste, this type of waste does not pose special handling problem or hazard to human health or to the environment. It comes mostly from the administrative and housekeeping functions of healthcare establishments and may also include waste generated during maintenance of healthcare premises.

- 1.1 **Biodegradable Waste** are generally materials from an organic origin that when disposed will decompose by natural process. This means it will breakdown and decay into simpler forms.

- 1.1.1 Paper (e.g. paper bags, newspaper, official receipts)
- 1.1.2 Cardboard boxes



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- 1.1.3 Food scraps
- 1.1.4 Barbecue sticks
- 1.1.5 Paper plates
- 1.1.6 Fruits and vegetables
- 1.1.7 Biodegradable plastic

1.2 **Non-biodegradable Wastes** are materials that once discarded cannot be broken down into its origins. These are waste materials that can still be recycled into suitable beneficial use.

- 1.2.1 Plastic water bottles
- 1.2.2 Glass food/beverage bottles
- 1.2.3 Aluminum soda cans
- 1.2.4 Styrofoam and styropors packaging
- 1.2.5 Plastic bags/wrappers
- 1.2.6 Plastic cups/ plastic utensils
- 1.2.7 Tetrapacks
- 1.2.8 Plastic Sachet (e.g. coffee, creamer, tea, sugar, shampoo, conditioner, soap, dishwashing liquid, candy wrappers)

2. **Infectious Waste** - Infectious waste is suspected to contain pathogens (bacteria, viruses, parasites, or fungi) in sufficient concentration or quantity to cause disease in susceptible hosts.

- 2.1 Waste from laboratory and Molecular Laboratory (cultures and stocks of infectious agents from laboratory work; pathological, including some anatomical highly infectious waste, small pieces of tissue, infected animal carcasses, blood and other body fluids)
- 2.2 Waste from patients (e.g. dressings, bandages, sticking plaster, gloves, disposable medical items, underpads, diapers, sanitary napkins, face masks, etc).
- 2.3 Waste from surgery (e.g. tissues, and materials or equipment that has been in contact with blood or other body fluids).
- 2.4 Waste from infected patients in isolation wards (e.g. excreta, dressings from infected or surgical wounds, clothes heavily soiled with human blood or other body fluids).
- 2.5 Waste that has been in contact with infected patients undergoing hemodialysis (e.g. dialysis equipment such as tubing and filters, disposable towels, gowns, aprons, gloves, and laboratory coats).



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2.6 Any other instruments or materials that have been in contact with infected persons or patients' blood and body fluids.

3. **Pathologic Waste** - Pathologic waste consists of tissues, organs, body parts, human fetuses and animal carcasses, blood, and body fluids. Within this category, recognizable human or animal body parts are also called anatomical waste. This category is considered as a subcategory of infectious waste, even though it may also include healthy body parts.
4. **Sharps** - Sharps are items that could cause cuts or puncture wounds, including needles, hypodermic needles, scalpel and other blades, knives, infusion sets, saws, broken glass and nails. Whether or not they are infected, such items are usually considered as highly hazardous health-care waste.
5. **Glass Waste** - Vials, slides and bottles shall be treated as a separate category for the purposes of waste management.
6. **Pharmaceutical Waste** - Pharmaceutical waste includes empty pharma/medicine containers, expired, unused, split, and contaminated pharmaceutical products, drugs, vaccines, and sera that are no longer required and need to be disposed of appropriately. The category also includes discarded items used in the handling of pharmaceuticals, such as bottles or boxes with residues, gloves, masks, connecting tubing, and drug vials.
7. **Genotoxic Waste** - Genotoxic waste is highly hazardous and may have mutagenic, teratogenic, or carcinogenic properties. It raises serious safety problems, both inside hospitals and after disposal, and should be given special attention. Genotoxic waste may include certain cytostatic drugs (see below), vomit, urine, or feces from patients treated with cytostatic drugs, chemicals, and radioactive material. Cytotoxic (or antineoplastic) drugs, the principal substances in this category, have the ability to kill or stop the growth of certain living cells and are used in chemotherapy of cancer.

They play an important role in the therapy of various neoplastic conditions but are also pending wider application as immunosuppressive agents in organ transplantation and in treating various diseases with an immunological basis. Cytotoxic drugs are most often used in specialized

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departments such as oncology and radiotherapy units, whose main role is cancer treatment; however, their use in other hospital departments is increasing and they may also be used outside the hospital setting.

Harmful cytostatic drugs can be categorized as follows:

- alkylating agents:** cause alkylation of DNA nucleotides, which leads to cross-linking and miscoding of the genetic stock;
- antimetabolites:** inhibit the biosynthesis of nucleic acids in the cell;
- mitotic inhibitors:** prevent cell replication.

Cytotoxic wastes are generated from several sources and can include the following:

- contaminated materials from drug preparation and administration, such as syringes, needles, gauges, vials, packaging;
 - outdated drugs, excess (leftover) solutions, drugs returned from the wards;
 - urine, feces, and vomit from patients, which may contain potential hazardous amounts of the administered cytostatic drugs or of their metabolites and which should be considered genotoxic for at least 48 hours and sometimes up to 1 week after drug administration.
- Chemical Waste** - Chemical waste consists of discarded solid, liquid, and gaseous chemicals, for example from diagnostic and experimental work and from cleaning, housekeeping, and disinfecting procedures. Chemical waste from health care may be hazardous or nonhazardous; in the context of protecting health, it is considered to be hazardous if it has at least one of the following properties:
 - toxic;
 - corrosive (e.g. acids of pH < 2 and bases of pH > 12);
 - flammable;
 - reactive (explosive, water-reactive, shock-sensitive);
 - genotoxic (e.g. cytostatic drugs).

The types of hazardous chemicals used most commonly in maintenance of health-care centers and hospitals and the most likely to be found in waste are discussed in the following paragraphs.



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Formaldehyde

Formaldehyde is a significant source of chemical waste in hospitals. It is used to clean and disinfect equipment (e.g. haemodialysis or surgical equipment), to preserve specimens, to disinfect liquid infectious waste, and in pathology, autopsy, dialysis, embalming, and nursing units.

Photographic chemicals

Photographic fixing and developing solutions are used in X-ray departments. The fixer usually contains 5-10% hydroquinone, 1-5% potassium hydroxide, and less than 1% silver. The developer contains approximately 45% glutaraldehyde. Acetic acid is used in both stop baths and fixer solutions.

Solvents

Wastes containing solvents are generated in various departments of a hospital, including pathology and histology laboratories and engineering departments. Solvents used in hospitals include halogenated compounds, such as methylene chloride, chloroform, trichloroethylene, and refrigerants, and non-halogenated compounds such as xylene, methanol, acetone, isopropanol, toluene, ethyl acetate, and acetonitrile.

Organic chemicals

Waste organic chemicals generated in health-care facilities include: disinfecting and cleaning solutions such as:

- phenol-based chemicals used for scrubbing floors;
- perchlorethylene used in workshops and laundries;
- oils such as vacuum-pump oils, used engine oil from vehicles (particularly if there is a vehicle service station on the hospital premises);
- insecticides, rodenticides.

Inorganic chemicals

Waste inorganic chemicals consist mainly of acids and alkalis (e.g. sulfuric, hydrochloric, nitric, and chromic acids, sodium hydroxide and ammonia solutions). They also include oxidants, such as potassium permanganate (KMnO₄) and potassium dichromate (K₂Cr₂O₇), and reducing agents, such as sodium bisulfite (NaHSO₃) and sodium sulfite (Na₂SO₃).



9. **Waste with Heavy Metal Content** - Wastes with a high heavy-metal content represent a



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subcategory of hazardous chemical waste, and are usually highly toxic. Mercury wastes are typically generated by spillage from broken clinical equipment but their volume is decreasing with the substitution of solid-state electronic sensing instruments (thermometers, blood-pressure gauges, etc.). Whenever possible, spilled drops of mercury should be recovered. Residues from dentistry have high mercury content. Cadmium waste comes mainly from discarded batteries. Certain reinforced wood panels containing lead are still used in radiation proofing of X-ray and diagnostic departments. A number of drugs contain arsenic, but these are treated here as pharmaceutical waste.

10. **Pressurized Containers** - Many types of gas are used in health care, and are often stored in pressurized cylinders, cartridges, and aerosol cans. Many of these, once empty or of no further use (although they may still contain residues), are reusable, but certain types -notably aerosol cans- must be disposed of. Whether inert or potentially harmful, gases in pressurized containers should always be handled with care; containers may explode if incinerated or accidentally punctured.
11. **Radioactive Waste** - Radioactive waste includes solid, liquid, and gaseous materials contaminated with radionuclides. It is produced as a result of procedures such as in-vitro analysis of body tissue and fluid, in-vivo organ imaging and tumor localization, and various investigative and therapeutic practices.





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PROCEDURE (SOP):

MEDICAL WASTE COLLECTION AND TRANSPORTATION

- Wastes shall be collected daily (or as frequently as required) and transported to the designated central storage site.
 - Time of collection regardless of category of waste shall be at the start of every shift.
 - No bags or containers shall be removed unless they are labeled with their point of production (specific ward or department) and contents.
 - The bags or containers shall be replaced immediately with new ones of the same type.
 - Nursing areas personnel shall ensure that waste bags are tightly closed or sealed when they are about three quarters full.
 - Transportation of wastes within the hospital shall utilize wheeled trolleys, containers or carts that are dedicated solely for the purpose.
 - The on-site collection vehicles shall be cleaned and disinfected daily with an appropriate disinfectant as approved by the Infection Prevention and Control Unit (IPCU).
 - Personnel involved in the collection and transportation of medical wastes shall be equipped with appropriate personal protective equipment including heavy-duty gloves, coveralls, thick-soled boots and leg protectors.
 - Infectious Waste are placed on a plastic, puncture-proof drum with cover/lid for sealing or containment.
 - Sharps, vials/bottles and sharps are placed on a plastic, puncture-proof drum from sharps containers collected with cover/lid for sealing or containment.
 - Containers are then sealed and accumulated for hauling to private dumpsite.
1. Housekeeping aide wears personal protective gadgets such as face mask, gloves, yellow color leatherette apron, and scrub gown, if needed.
 2. Housekeeping aide checks waste bins for waste discrepancy and/or improper waste segregation and records it accordingly.
 3. Housekeeping aide collects the waste, transport it to the staging area, weighs and records it. Waste is then placed at two-wheeled trolleys.
 4. Garbage collector proceeds to the designated area where two-wheeled trolleys with lid are stationed, removes garbage floor by floor and transports to ground floor using the designated

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- elevator free of passenger. Makes sure that the cart is well covered when traveling.
- Garbage collector uses service elevator and/or service ramp when going out.
 - Garbage collector transports the two-wheeled trolleys to the central waste storage area.
 - Housekeeping aide removes the content and weighs again all the garbage collected, records in the logbook/form and endorses it to the Supervisor on-Duty every week.
 - Garbage collector leaves the two-wheeled trolleys at the ground floor and goes back to the area until all garbage in every floor is collected.
 - Garbage collector washes and cleans the two-wheeled trolleys with soap and water. Disinfects, rinses then dries and transports back to each floor using the designated elevator free of passenger.
 - Housekeeping aide gets mop and cleans the dirt or mess caused by the trolley during traveling.
 - Housekeeping Aide in the station removes all puncture-proof containers for sharps and syringes with $\frac{3}{4}$ content and replaces with a new one.
 - Garbage collector transports all puncture-proof containers using two-wheeled trolleys to temporary garbage container for hauling to the offsite waste staging area for shredding. Always uses the service elevator when going out and it should be free from passenger.
 - Garbage collector inspects the two-wheeled trolleys for any damage and reports in writing to Housekeeping Supervisor/Leadman on duty for Job Order to outsourced company.
 - Housekeeping aide reports immediately to the Supervisor on-duty any needle stick injury or sharps injury for immediate and proper treatment.





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WASTE SEGREGATION

- Waste produced at DPOTMH as a result of the usual activities of running a healthcare facility shall be initially segregated at the source.
- Waste generated in the hospital shall be initially segregated as:
 - General Waste
 - Biodegradable (Madunot)
 - Non-biodegradable (Indi Madunot)
 - Infectious Waste, including pathologic waste
 - Sharps
 - Glass Waste
 - Other Hazardous waste – composed of:
 - Pharmaceutical waste (expired drugs)
 - Genotoxic waste (chemotherapy waste)
 - Chemical waste (reagents and formaldehyde)
 - Waste with heavy metal contents (mercury thermometers and batteries)
 - Pressurized containers and canisters
 - Radioactive waste
- Proper segregation of waste shall be the responsibility of the person or area generating the waste.
- Waste receptacles shall be provided by the hospital for the different classification of waste in the different areas of the hospital.
- The color of the waste receptacles shall determine the type of garbage to be discarded. Upon removal of the plastic liner within the waste receptacle, the plastic liner shall be properly labeled by a color-coded band or color-coded tie.
- The color of the waste containers shall be as follows:
 - **BLACK, BLUE, GREEN** – General Waste
 - **YELLOW** - Infectious Waste
 - **RED puncture-proof container** – Sharps
 - **WHITE 1** – Vials
 - **WHITE 2** – IV Plastic Bottles
 - **WHITE 3** – IV Glass Bottles
 - **WHITE 4** – Barrels and Syringes



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○ **BROWN – Chemo Waste**

- Other hazardous wastes shall not be discarded in the above stated receptacles. Housekeeping is responsible for pick-up and disposal of other hazardous and infectious waste.
 - In the event that any infectious waste is found inside the General Waste, Biodegradable Waste or Non-biodegradable Waste bins, the liners of these bins should be properly labeled and discarded as Infectious Waste.
1. Proper waste disposal is the responsibility of the person or area generating the waste.
 2. Each specific area in the hospital identifies the types of waste generated for initial segregation. The following are specific types of waste for segregation as generated by area.
 - 2.1 Medical wards: mainly infectious waste such as dressings, bandages, diapers, sticking plaster, gloves, disposable medical items, cotton balls, cotton applicators, alcohol swabs, patient's identification wristlet, used hypodermic needles and intravenous sets, body fluids and excreta, contaminated packaging. General wastes from the medical wards include paper, packaging, food scraps and the like.
 - 2.2 Operating rooms and surgical wards: mainly infectious anatomical waste such as tissues, organs, fetuses, and body parts; other infectious waste such as gauze exposed to blood and body fluids, used gloves, masks and caps; sharps; and general waste such as packaging.
 - 2.3 Pharmaceutical and chemical stores: small quantities of pharmaceutical and chemical wastes, mainly packaging (containing only residues if stores are well managed), and general waste.
 - 2.4 Laboratories: mostly infectious waste-cultures and stocks of infectious agents from laboratory work; pathological, including some anatomical highly infectious waste, small pieces of tissue, infected animal carcasses, blood and other body fluids; sharps and some general waste.
 - 2.5 Support units, including administrative offices, billing offices, lobbies, hallways: general waste only.
 3. Education on waste and waste segregation is the responsibility of the Waste Management Committee Infection Control Department and the Human Resources Department when it comes to in-service training of hospital employees.
 4. Education of patient admitted to the hospital is the responsibility of the Staff Nurse of the Nursing Service Department upon admission and orientation of the patient to room through

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instructions to patients and significant others and the reiteration of labels on waste receptacles. For reinforcement, hand-outs and brochures are also distributed by the Staff Nurses.

- Each area within the hospital is provided with the appropriate waste receptacles with lining and proper cover.
- Each waste receptacle is situated in an area that is accessible to the waste generating personnel and patients. Locations for placement of receptacles are identified by the Housekeeping Staff.
- Housekeeping maintains a schedule of waste collection and is properly documented and filed.

HAULING AND DISPOSAL OF WASTE

- DPOTMH Waste Management Team, in collaboration with the Infection Prevention and Control Unit (IPCU) shall consider avoidance of the spread of the microorganisms, bacteria causing diseases and foul odor caused by garbage through regular and proper waste collection, hauling, disposal and waste segregation as the top priority regarding waste management.
- LGU collects general waste and transported to the city dumpsite.
 - Logistics keeps recycleble materials (e.g. cartons and boxes) for recycling or selling.
 - Housekeeping aide assigned as dump truck helper wears Personal Protective Equipment (PPE).
 - Housekeeping aide checks the dump truck side doors if all are properly locked before loading the garbage.
 - Dump truck driver checks the dump truck as to availability of fuel, functionality of the truck before loading the garbage and traveling.
 - Dump truck driver secures trip ticket to the private dump site.
 - Dump truck driver parks the dump truck beside Central Waste Storage Area.
 - Dump truck helper loads the sealed garbage bins/drums containing hazardous waste at the Dump truck.
 - Dump truck helper checks and sees to it that all containers are properly stored and lids are sealed inside the dump truck.
 - Dump truck driver and housekeeping aide place the plastic cover of the dump truck and make sure that every side of the cover is tied up before leaving the area.
 - Dump truck helper cleans the temporary garbage container and the area where dump truck is previously stationed with running water using hose. Sweeps and removes dropped wastes and sprays odor killing solution and antiseptic disinfectant.



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12. Dump truck helper sees to it that the area is free from litters and dirt when leaving.
13. Dump truck travels to the dumping site.
14. Dump truck helper removes the plastic cover by rolling and exposing only the containers.
15. MRF caretaker prepares the hazardous waste staging area at the Villamar Dumpsite.
16. Accredited third party waste hauler places waste containers at the staging area prepared for hauling.
17. MRF caretaker dumps pathologic wastes in the designated pit and covered with industrial lime and sand.
18. Dump truck helper checks if all pit covers are securely in-placed before leaving the site.
19. Dump truck helper checks and removes remaining garbage in the dump truck before leaving the area.
20. MRF caretaker shreds all sharps, vials, bottles and barrels for a more compact storage and then be hauled by accredited third party waste hauler.
21. Housekeeping aide washes the truck's back carriage with soap and water, sprays odor killing solution and antiseptic disinfectant.
22. Dump truck driver and helper travels back to the hospital. Parks the dump truck at the MRF compound of the hospital.

DISPOSAL OF GLASS (AMPULES, VIALS, BOTTLES) AND PLASTIC WASTES

- All empty vials and ampules collected by the Pharmacy Department shall be scheduled for crushing and disposal by the Logistics Division and Waste Management Committee at least quarterly if warranted.
- The Pharmacy Division Officer shall coordinate the schedule of all persons involved in the process.
- The glass waste disposal team shall consist of one member, each representing from the following departments:
 - Safety Engineering
 - Housekeeping
 - Materials Management
 - Security
 - Infection Control
 - Laboratory (optional)





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- Crushing of glass waste shall be done at the offsite waste disposal lot in Villamar.
 - Final disposal of crushed glass waste shall be done by the third party hauler and will be then handed over to the third party treatment facility. Final disposal of crushed glass waste shall be done by the third party hauler and will be then handed over to the third party treatment facility.
1. Housekeeping aide weighs and collects the segregated vials, sharps and barrels from the Hospital Staging Area to the Central Waste Storage area of the Hospital and is placed in a separate container.
 2. Driver and Dump truck helper delivers the vials, sharps and barrels at the Villamar lot every two days (daily if needed).
 3. The MRF caretaker receives, weighs and records the waste delivered and will then be crushed using a shredding machine.
 4. The MRF caretaker crushes the glass and plastic waste and then be stored and staged on site for preparation on hauling.
 - 4.1 The MRF caretaker for crushing of glass waste wears proper personal protective equipment (body shield, goggles, gloves, and face mask with eye shield)
 5. Accredited third party transporter deposits crushed glass waste in a hard puncture-proof container and is accumulated for scheduled hauling.
 6. Accredited third party transporter delivers the shredded waste to a third party accredited waste treatment facility.
 7. Accredited treatment facility treats waste at the treatment facility.





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METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Engineering and General Services Division		POLICY NUMBER: DPOTMH-APP-FMGT-P001-(01)	
TITLE/DESCRIPTION: CATEGORIES OF HEALTHCARE WASTE			
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APPLIES TO: All Employees involved in the segregation, collection, hauling and disposal of of medical waste at Dr. Pablo O. Torre Memorial Hospital (DPOTMH)		POLICY TYPE: Administrative	

WORK INSTRUCTION:

MEDICAL WASTE COLLECTION AND TRANSPORTATION

KEY TASKS	PERSON RESPONSIBLE
1. Wears Personal Protective Equipment (PPE) such as face mask, gloves, yellow color leatherette apron, and scrub gown, if needed.	Housekeeping Aide
2. Checks waste bins for waste discrepancy and/or improper waste segregation and records it accordingly.	
3. Collects the waste, transport it to the staging area, weighs and records it. Waste is then placed at two-wheeled trolleys.	
4. Removes the content and weighs all the garbage collected, records in the logbook/form and endorses it to the Supervisor on-duty every week.	
5. Reports immediately to the Supervisor on duty any needle stick injury or sharps injury for immediate and proper treatment.	
6. Gets mop and cleans the dirt or mess caused by the trolley during traveling.	
7. Proceeds to the designated area where two-wheeled trolleys with lid are stationed, removes garbage floor by floor and transports to ground floor using the designated elevator free of passenger.	Garbage Collector
8. Uses service elevator and/or service ramp when going out.	
9. Transports the two-wheeled trolleys to the central waste	





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storage area.	
10. Leaves the two-wheeled trolleys at the ground floor and goes back to the area until all garbage in every floor is collected.	
11. Washes and cleans the two-wheeled trolleys with soap and water. Disinfects, rinses then dries and transports back to each floor using the designated elevator free of passenger.	
12. Inspects the two-wheeled trolleys for any damage and reports in writing to Housekeeping Supervisor/Leadman on duty for Job Order to outsourced company.	



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WASTE SEGREGATION	
KEY TASKS	PERSON RESPONSIBLE
1. Identifies the types of waste generated for initial segregation.	All Employees
2. Conducts in-service training of hospital employees on waste and waste segregation.	Waste Management Committee, IPCU and HRD
3. Orients patient and significant others through instructions the reiteration of labels on waste receptacles.	Staff Nurse
4. Maintains a schedule of waste collection and is properly documented and filed.	Housekeeping Aide
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HAULING AND DISPOSAL OF WASTE	
KEY TASKS	PERSON RESPONSIBLE
1. Wears Personal Protective Equipment (PPE).	Dumprtruck Helper
2. Checks the dump truck side doors if all are properly locked before loading the garbage.	
3. Loads the garbage and observes proper segregation (based on plastic bag color) when loading into the dump truck.	
4. Checks and sees to it that all waste are properly stored inside the dump truck.	
5. Cleans the temporary garbage container and the area where dump truck is previously stationed with running water using hose. Sweeps and removes dropped wastes and sprays odor killing solution and antiseptic disinfectant.	
6. Sees to it that the area is free from litters and dirt when leaving.	
7. Removes the plastic cover by rolling and exposing only the containers.	
8. Checks if all pit covers are securely in-placed before leaving the site.	
9. Checks and removes remaining garbage in the dump truck before leaving the area.	
10. Washes the truck's back carriage with soap and water, sprays odor killing solution and antiseptic disinfectant.	
11. Checks the dump truck as to availability of fuel, functionality of the truck before loading the garbage	




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and traveling.	Dumptruck Driver
12. Secures trip ticket to the private dump site.	
13. Parks the dump truck beside temporary garbage transfer station.	
14. Places the plastic cover of the dump truck and make sure that every side of the cover is tied up before leaving the area.	Dumptruck Helper/Driver
15. Travels to the dumping site.	
16. Travels back to the hospital. Parks the dump truck at the MRF compound of the hospital.	
17. Collects general waste and transported to the city dumpsite.	LGU
18. Keeps recycleble materials (e.g. cartons and boxes) for recycling of selling.	Logistics
19. Prepares the hazardous waste staging area for unloading of infectious waste.	MRF Caretaker
20. Dumps pathologic wastes in the designated pit and covered with industrial lime and sand.	
21. Shreds all sharps, vials, bottles and barrels for a more compact storage and then be hauled by accredited third party waste hauler.	
22. Places waste containers at the staging area prepared for hauling.	Accredited third party waste hauler
	




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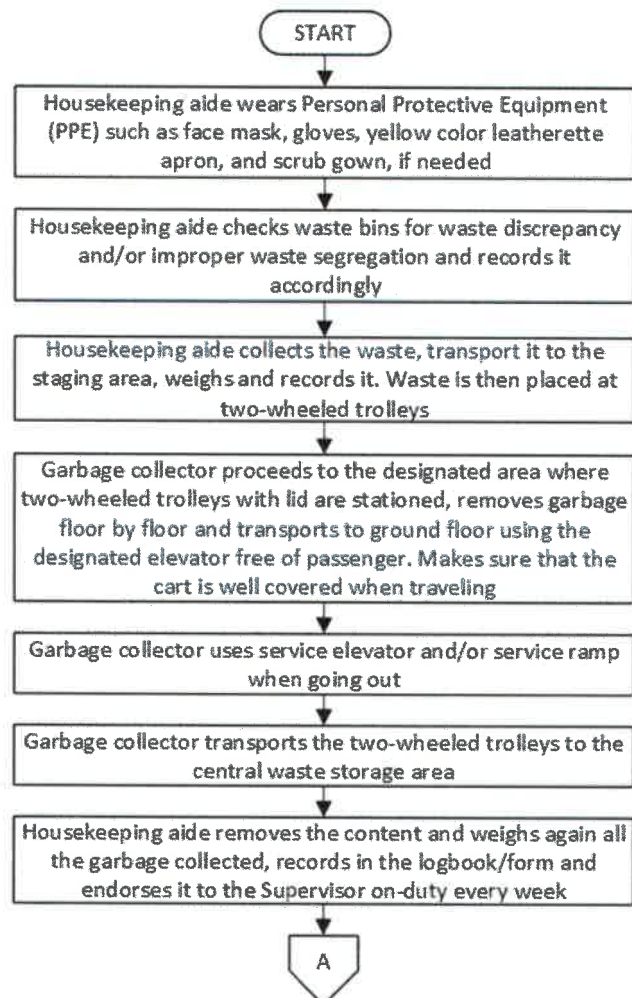
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DISPOSAL OF GLASS (AMPULES, VIALS, BOTTLES) AND PLASTIC WASTES	
KEY TASKS	PERSON RESPONSIBLE
1. Weighs and collects the segregated vials, sharps and barrels from the Hospital Staging Area to the Central Waste Storage area of the Hospital and is placed in a separate container.	Housekeeping
2. Delivers the vials, sharps and barrels at the Villamar lot every two days (daily if needed).	Driver and Dump truck Helper
3. Weighs the delivered waste and records it, and then crushes using a shredding machine.	MRF Caretaker
4. Shreds the glass and plastic waste and then be stored and staged on site for preparation on hauling.	
5. Deposits crushed glass waste in a hard puncture-proof container and is accumulated for scheduled hauling by accredited third party transporter.	
6. Transports or delivers the shredded waste to a third party accredited waste treatment facility.	Accredited Transporter
7. Treats waste at the treatment facility.	Accredited Treatment Facility
	

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WORK FLOW:

MEDICAL WASTE COLLECTION AND TRANSPORTATION



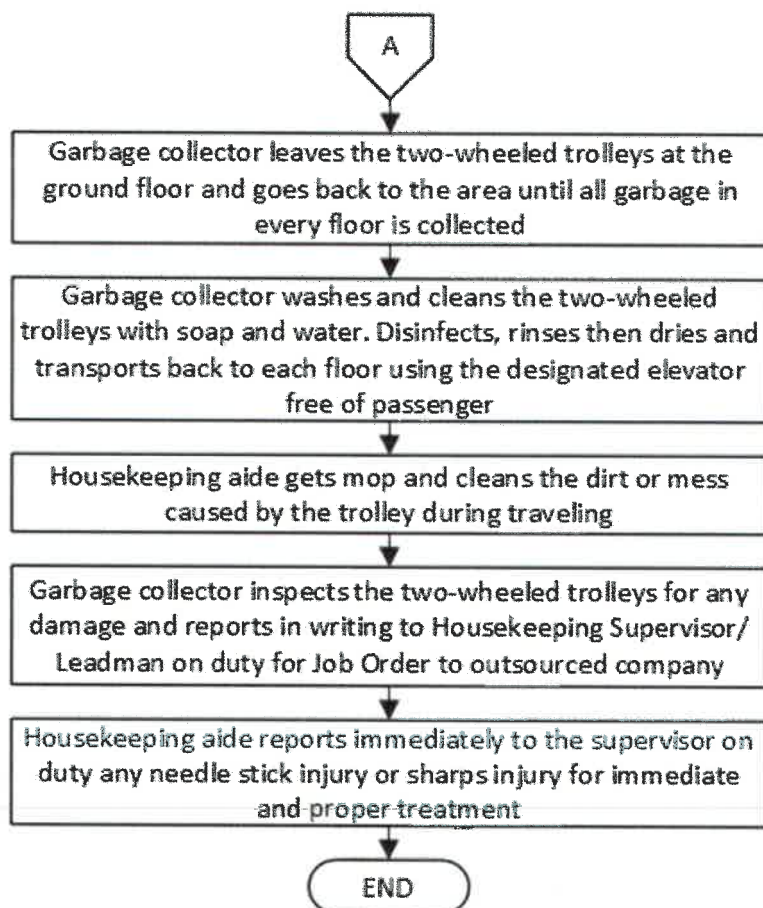


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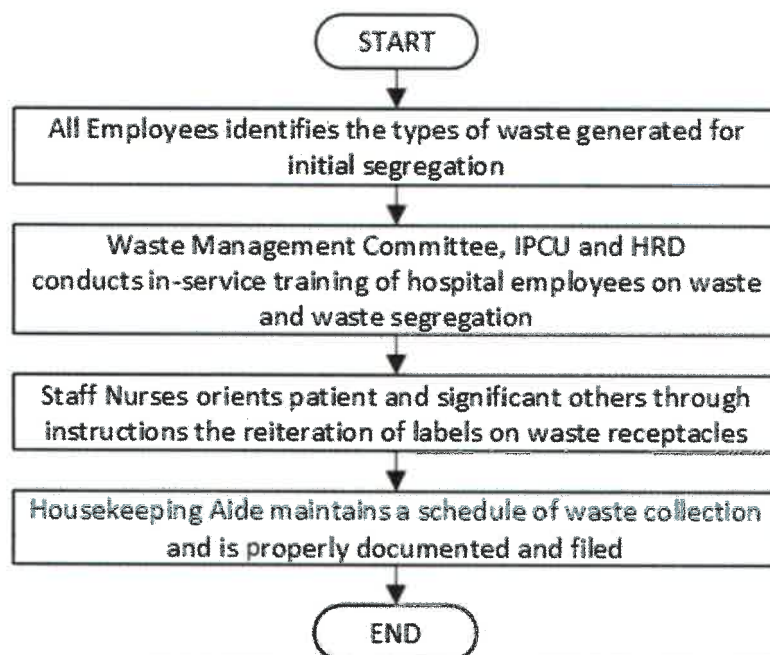
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WASTE SEGREGATION





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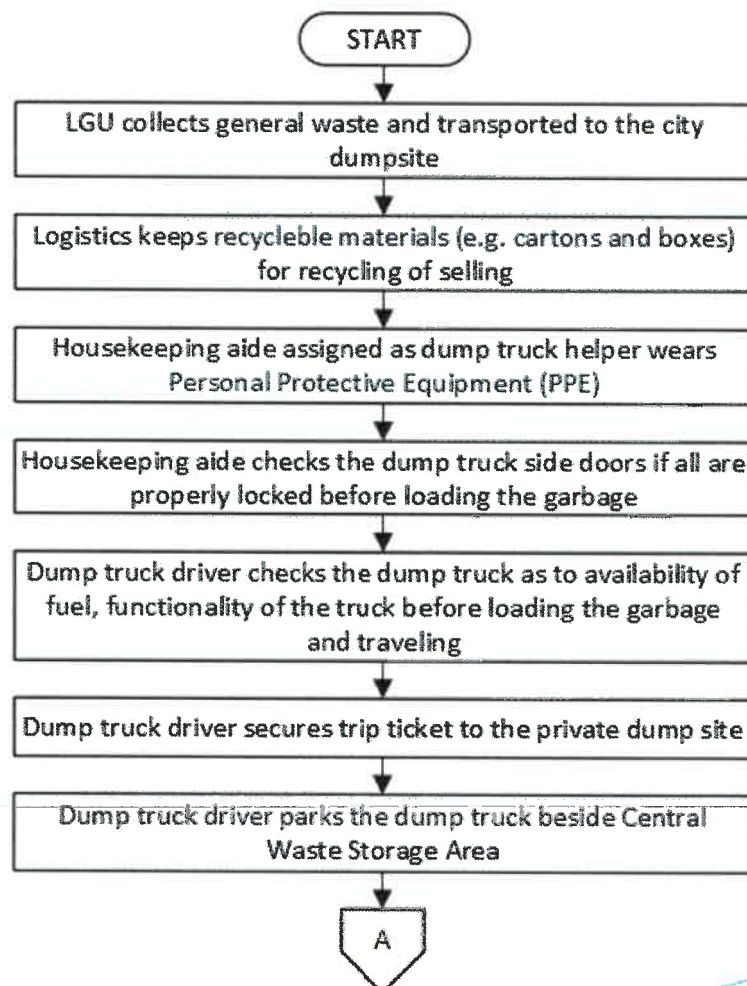
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HAULING AND DISPOSAL OF WASTE



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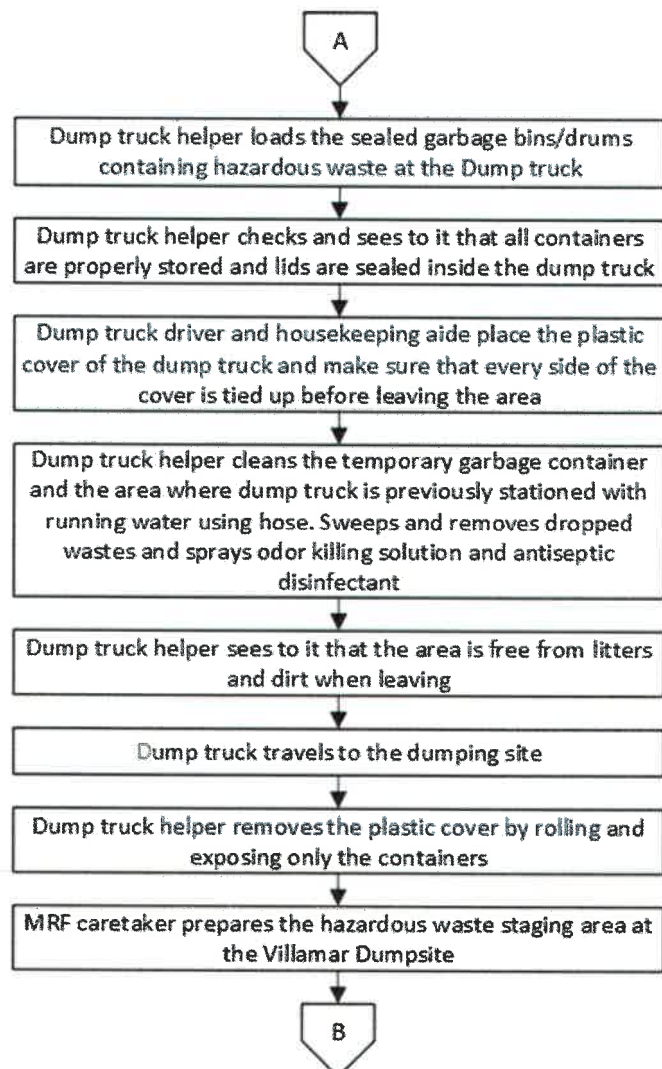
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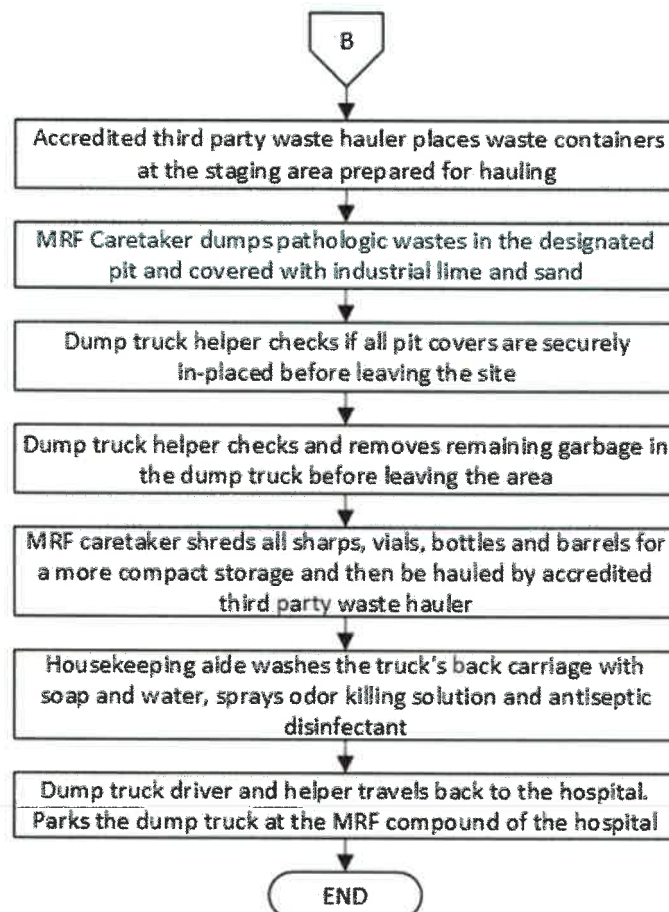
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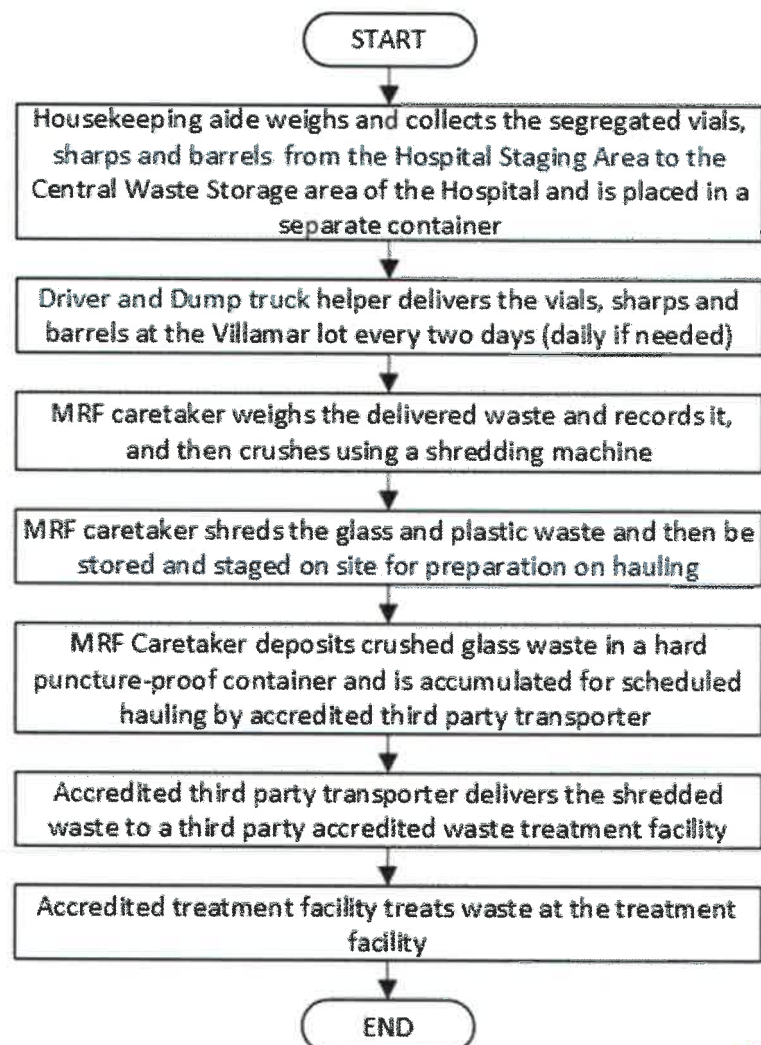
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DISPOSAL OF GLASS (AMPULES, VIALS, BOTTLES) AND PLASTIC WASTES



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FORMS: N/A

EQUIPMENT: N/A

REFERENCES: N/A





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APPROVAL:				
	Name/Title	Signature	Date	TQM Stamp
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Reviewed by:	WENDY MAE D. GOMEZ Accreditation & Documentation Manager		5.29.2025	
Approved by:	NOEL P. GARBO Engineering and General Services Division Head		5-2-2025	
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	SOCORRO VICTORIA L. DE LEON VP/ Chief Operating Officer		06/16/2025	
Final Approved by:	GENESIS GOLDI D. GOLINGAN President and Chief Executive Officer		06/19/25	

