



HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

**GUIDELINES FOR GOOD PRACTICE IN THE HEALTH
PROFESSIONS**

**GUIDELINES FOR THE MANAGEMENT OF HEALTH CARE
WASTE**

BOOKLET 12

**PRETORIA
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THE SPIRIT OF PROFESSIONAL GUIDELINES

High quality health outcomes are only achieved if patients and health professionals trust each other explicitly. Practice in the healthcare profession is therefore a moral enterprise and demands that health practitioners have a life-long commitment to sound, ethical professional practice and an unstinting dedication to the interests and wellbeing of society and their fellow human beings.

It is in this spirit, that the HPCSA formulates these ethical guidelines, to guide and direct the practice of health practitioners. They apply to all persons registered with the HPCSA and are the standard against which professional conduct is evaluated.

[Note: The term "health practitioner", "health professional" may be used interchangeably in these guidelines, both referring to persons registered with the HPCSA].

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GUIDELINES FOR THE MANAGEMENT OF HEALTH CARE WASTE BY HEALTH PRACTITIONERS

1 INTRODUCTION

- 1.1. Healthcare waste contains potentially harmful microorganisms that can infect patients, health workers and the public.
- 1.2. The Health Professions Council of South Africa (HPCSA) views the proper disposal of healthcare waste by health practitioners as an essential element of good professional practice. These guidelines are issued to remind health practitioners of their ethical and professional obligations to their patients and to the community. They also serve to assist health practitioners to meet the HPCSA's mandate to protect the public and the requirements of the South African Constitution, 1996, regarding the preservation and protection of the environment.
- 1.3. At an inquiry, the professional board concerned shall be guided by the relevant acts, regulations, ethical rules, its annexures, ethical rulings or these guidelines and policy statements which the board concerned, or the Council makes from time to time.

2 DEFINITION OF HEALTH CARE WASTE

Healthcare waste may be defined as any undesirable or superfluous by-product, emission, residue or remainder generated in the course of healthcare by a health practitioner, healthcare facilities and other non-healthcare professionals, which is discarded, accumulated and stored with the purpose of eventually discarding it, or is stored with the purpose of recycling, re-using or extracting a usable product from such matter. Healthcare waste may, if handled improperly, have the potential to harm people, property or the environment. In this regard, all human anatomical waste, blood and body fluids are considered to be potentially hazardous. The unsafe disposal of such waste could have detrimental effects for people who might come into contact with health care waste.

3 TYPES OF HAZARDOUS HEALTH CARE WASTE

For the purpose of these guidelines, the following would be considered to be hazardous health care waste:

- 3.1 Infectious waste.
- 3.2 Pathological waste, including body fluids, secretions and surgical specimens.

- 3.3 Sharps, especially contaminated sharps.
- 3.4 Pharmaceutical waste.
- 3.5 Chemical waste.
- 3.6 Heavy metals.
- 3.7 Radioactive waste.
- 3.8 Genotoxic waste.
- 3.9 Cytotoxic agents
- 3.10 Pressurised containers.

4 HAZARDOUS PROPERTIES OF HEALTH CARE WASTE

Healthcare waste may be hazardous because it contains infectious, radioactive or toxic (including genotoxic, immunotoxic and cytotoxic) materials. Healthcare waste may also contain hazardous chemicals or pharmaceuticals and could be responsible for traumatic injury and other forms of physical hazards.

5 REASONS WHY HEALTH CARE WASTE IS A SIGNIFICANT DANGER TO SOCIETY

Healthcare waste is a significant danger to society because:

- 5.1 Unsafe management of hazardous healthcare waste, particularly in its disposal, may increase the risk of needle stick injuries, transmission of infectious agents and expose unsuspecting parties to unnecessary and entirely preventable risks. The severity of the risk associated with such exposures may be difficult to quantify, and such exposures should be prevented.
- 5.2 Healthcare waste entering the normal domestic waste stream will end up being disposed of in municipal landfill sites. When healthcare waste is placed in landfills or buried, contamination of groundwater may occur and may result in the spread of infectious pathogens, such as E-Coli, and unacceptably high Chemical Oxygen Demand (COD) readings.
- 5.3. Many smaller landfill sites are not fenced off and have poor security. This results in unwanted tip-face picking and scavenging. If healthcare waste is disposed on such a site, there is a risk of exposure to people scavenging on the sites.
- 5.4 The irresponsible and illegal dumping of hazardous healthcare waste in South Africa, as intermittently reported in the media, is a matter of serious concern. It also places an

unacceptably high financial and human resources burden on health authorities to manage the problem.

- 5.5 The burning of healthcare waste as opposed to incineration is not recommended as it pollutes the environment, especially through the formation of dioxins. Incineration should only be used where it meets specifications that avoid secondary pollutant emissions.

6 MANAGEMENT OF HEALTH CARE WASTE BY HEALTH CARE PRACTITIONERS

- 6.1 It is the responsibility of all health practitioners to have a healthcare waste management system in place or to have access to such a system. Such a system should be provided by an accredited waste service provider and be conducted in accordance with relevant SANS code, such as 10248 -1- 2008 as updated. Such a system should deal comprehensively with measures for waste minimisation, segregation, packaging, labeling, storage and removal under circumstances that do not pose a threat to human health or the environment, both for routine circumstances and in the event of an accident resulting in contamination with health care waste.
- 6.2 Independent health practitioners should be able to provide demonstrable evidence of compliance with an acceptable protocol for the management of health care waste. Such a protocol should provide for an audit trail of the management of waste generated by the practice.
- 6.3 Where a health practitioner is in the employ of a healthcare institution and is not directly responsible for the management policies of the facility, there is an obligation on practitioners to insist that the management comply with the provisions of these guidelines. Where management is unable or unwilling to meet the requirements for safe management of healthcare waste, the health practitioner should report the matter to the Office of Healthcare Standards and Compliance (OHSC) and the Department of Health for appropriate management.
- 6.4 Provincial and local government health authorities should, wherever possible, by mutual agreement and taking into account the cost implications, make their facilities for the management of healthcare waste available to independent health practitioners in the area.
- 6.5 Where a health practitioner is responsible for the management of a healthcare facility, he or she must ensure that the facility has a documented waste management policy with sufficient resources and suitably trained team members to implement safe management of health care waste generated by the facility and its staff.

- 6.6 Health practitioners should at all times aim to minimise the amount of healthcare waste generated in the process of healthcare delivery and ensure that they are familiar with methods to minimize, segregate and store health care waste safely.
- 6.7 It is the responsibility of health practitioners to ensure that, if necessary, they keep up to date with the latest scientific knowledge on the safe management of healthcare waste by undergoing further training in waste management.
- 6.8 All medical sharps should be considered hazardous healthcare waste whether or not they are contaminated with infectious agents. The proper use and disposal of suitable sharps containers contributes to the minimization of injuries and transmission of potentially harmful agents. It is important that the health practitioner make use of sharps containers that are suited for the purpose of disposing of sharps. Such containers should not puncture easily, should be stable and durable enough to withstand a fall onto a hard surface.
- 6.9 When using sharps containers for discarded needles and other sharp healthcare waste, health practitioners should ensure that the containers are not filled beyond their fill capacity, and are maintained upright throughout their use during handling, storage and transport. Sharps that contain cytotoxic, genotoxic or radioactive waste should be treated as per their waste categories and not mixed with general sharp items. Do not reuse sharps containers designed, manufactured and intended for single-use purposes.
- 6.10 Health practitioners have an obligation to report evidence of unsafe disposal or management of healthcare waste by other persons, including any health practitioners, to the OHSC and the Department of Health, should such unsafe practice come to their attention.
- 6.11 The Code of Practice of the South Africa Bureau of Standards on the Handling and Disposal of Waste Material within Health Care Facilities (SANS 10248 -1- 2008) or updates, should it be amended, should be used as a supplement to these official guidelines of the OHSC for the management of healthcare waste by health practitioners (see Annexures below).
- 6.12 Failure to adhere to these guidelines will be considered to be unprofessional conduct on the part of the health practitioner/s concerned.

7	CONTACT DETAILS OF AUTHORITIES WHERE FURTHER ADVICE MAY BE OBTAINED
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| <p>7.1 The Director-General
Department of Health
Private Bag X828
PRETORIA
0001
Tel: (012) 312-0921
Fax: (012) 323-0094</p> | <p>7.7 Environmental Health Office
Department of Health
Private Bag X517
BLOEMFONTEIN
9300
Tel: (051) 405-5021
Fax: (051) 448-1150</p> |
| <p>7.2 Provincial Environmental Health Office
Department of Health
Private Bag X0038
BISHO
5609
Tel: (040) 609-3701
Fax: (040) 635-0115</p> | <p>7.8 Environmental Health Office
Department of Health and Welfare
Private Bag X2068
MMABATHO
2735
Tel: (018) 387-5096
Fax: (018) 387-5332</p> |
| <p>7.3 Environmental Health Office
Department of Health
Private Bag X11285
NELSPRUIT
1200
Tel: (013) 752-8085 x 2043
Fax: (013) 755-3549</p> | <p>7.9 Environmental Health Office
Department of Health
P O Box 62302
MARSHALLTOWN
2107
Tel: (011) 355-3829
Fax: (011) 355-3154</p> |
| <p>7.4 Environmental Health Office
Department of Health
Private Bag X9051
PIETERMARITZBURG
3201
Tel: (033) 395-2772
Fax: (033) 342-1405</p> | <p>7.10 Environmental Health Office
Department of Health
P O Box 648
CAPE TOWN
8000
Tel: (021) 483-3737
Fax: (021) 483-2786</p> |
| <p>7.5 Environmental Health Office
Department of Welfare
Private Bag X5048
KIMBERLEY
8300
Tel: (053) 830-0654
Fax: (053) 830-0655</p> | <p>7.11 The Director General
Department of Environmental Affairs
and Tourism
Fedsure Forum
315 Pretorius Street
Private Bag X477
PRETORIA
0001</p> |
| <p>7.6 Environmental Health Office
Department of Health and Welfare
Private Bag X9302
POLOKWANE
0700
Tel: (015) 290-9057
Fax: (015) 291-2925</p> | <p>7.12 The President
South African Institute of
Environmental Health
P O Box 23
NIGEL
1490</p> |

8 REFERENCES

- 8.1 Mudgal, S; De Toni, A; Lockwood, S; Salês, K; Backhaus, T & Sorensen, BH. Study on the environmental risks of medicinal products – Final Report. December 2013. Available from: http://ec.europa.eu/health/files/environment/study_environment.pdf [Accessed on 19 May 2015]
- 8.2 Mathee A. Environment and Health in South Africa: Gains, Losses and Opportunities. *Journal of Public Health Policy*. 2011. 32, s37- s43. DOI: 10.1057/jphp.2011.21
- 8.3 South African National Standards (A division of SABS): Management of healthcare waste. Part 1: Management of healthcare Risk Waste from a Healthcare facility. SANS Code 10248-1-2008, Pretoria. 2008.
- 8.4 South African National Standards (A division of SABS): Management of healthcare waste. Part 2: Management of healthcare Risk Waste from a Healthcare facility. SANS Code 10248-2-2009, Pretoria. 2009.
- 8.5 South African National Standards (A division of SABS): Management of healthcare waste. Part 3: Management of healthcare Risk Waste from a Healthcare facility. SANS Code 10248-3-2011, Pretoria. 2011.
- 8.4 Gabela, S D. Health Care Waste Management in Public Clinics in the ILembe District. A Situational Analysis and Intervention Strategy. Health Systems Trust, University of Kwazulu Natal. National Department of Health. 2007. <http://www.hst.org.za> [accessed on 16 May 2015]
- 8.5 Oelofse, S & Musee, N. Hazardous Waste Management and Emerging Waste Streams: A Consideration of Key Emerging Issues that may Impact the State of the Environment. CSIR, Natural Resources and the Environment. March 2008. ISBN No: 978-0-9814178-3-7

APPENDICES FOR FURTHER REFERENCE

The following standards can be consulted to provide additional information on the subject:

APPENDIX A

PART 1: Management of healthcare risk waste for healthcare facilities and healthcare providers in rural and remote settings (SANS 10248-2:2009).

APPENDIX B

PART 2: Management of healthcare risk waste for healthcare facilities and healthcare providers in rural and remote settings (SANS 10248-2:2009).

APPENDIX C

PART 3: Management of healthcare risk waste from minor generators — Registered healthcare professionals and non-healthcare professionals (SANS 10248-3:2011).

Ethical guidelines for good practice in the health care professions

The following Booklets are separately available:

- Booklet 1: General ethical guidelines for health care professions***
- Booklet 2: Ethical and professional rules of the health professions council of South Africa as promulgated in government gazette R717/2006***
- Booklet 3: National Patients' Rights Charter***
- Booklet 4: Seeking patients' informed consent: The ethical considerations***
- Booklet 5: Confidentiality: Protecting and providing information***
- Booklet 6: Guidelines for the management of patients with chronic diseases***
- Booklet 7: Guidelines withholding and withdrawing treatment***
- Booklet 8: Guidelines on Reproductive Health management***
- Booklet 9: Guidelines on Patient Records***
- Booklet 10: Guidelines for the practice of Telehealth***
- Booklet 11: Guidelines on over servicing, perverse incentives and related matters***
- Booklet 12: Guidelines for the management of health care waste***
- Booklet 13: General ethical guidelines for health researchers***
- Booklet 14: Ethical Guidelines for Biotechnology Research in South Africa***
- Booklet 15: Research, development and the use of the chemical, biological and nuclear weapons***
- Booklet 16: Ethical Guidelines on social media***
- Booklet 17: Ethical Guidelines on Palliative Care***