

Pharmacy waste management, in the context of overall waste Management.

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Introduction

Waste disposal in any establishment is crucial in maintaining a healthy and hygienic environment. Waste generation is a consequence of human activity. Pharmacy Practice as a human Endeavour generates waste of different categories that is the reason why; to maintain Pharmacy Practice Standard and to comply with code of ethics, one of the fundamental Green Cross requirements is for a Pharmacist to indentify and categories Pharmacy waste and dispose the waste accordingly.

Categories of waste according to WHO

1) *Infectious*

These are materials containing pathogens, and if exposed can cause disease, include:-

- Human anatomical waste, waste from surgery and autopsies on patients with infectious disease.
- Sharps; disposable needles , syringes , Saws, blades , broken glasses , nails or any other item that could cause a cut.
- Pathological; tissues, organs, body parts, human fresh, fetuses, blood and body fluids.

2) *Non Infectious (though Hazardous)*

- Pharmaceutical; drugs and chemical returned from wards, spilled, outdated, contaminated or no longer required.
- Radioactive substance used in diagnosis and treatment of disease like toxic goiter.

3) *Non – infectious (non – Hazardous)*

- Domestic waste; this is from offices, kitchen, rooms and wards these include bed linen, utensil and paper.

The Pharmacy should have a waste management program , which deals with:-

- (1) Identification of waste types.
- (2) Segregation of waste.
- (3) Transportation and storage of waste.
- (4) Proper disposal of waste.
- (5) Implementation of contingency plans.
- (6) Identify the need for use of personal protective equipment.

Segregation by colour coding system

- *Black bags* , this is for non – hazardous waste which is waste from offices, kitchen , wards including bed linen, utensil and paper.
- *Yellow bags*, for infectious waste which include used gauze/dressing, used I.V fluid lines and used Gloves.

- *Red bags*, for infectious waste, which include pathological waste, anatomical waste, teeth, placenta, sputum containers, test tubes and specimen containers.

- *Puncture proof containers*, this is for sharp waste, which include cannulas/branulas, broken slides, broken vials, broken ampoules, scalpel blades, retractables, needles and suture needles

Transportation

- Containers; puncture proof and leak proof.
- Bags sturdy, properly tied.
- Transport trolleys – designated and timely.
- Staff protection; provided with protective clothing.
- Never put hands in a bag

Waste storage area

- Closed, covered away from normal passage.
- Easily accessible for transportation.
- Radioactive waste special containers/ special treatment and disposal.

Conclusion

There is need for the pharmacist to be aware of his/her responsibility in waste management and disposal. Pharmacists generate and interact with waste in its various forms at their places of work and at their homes too. The competence of pharmacists to handle waste is crucial, as it allows them maintain good code of pharmacy ethics which ensures that they do not contravene the laws that govern pharmacy practice and that they are not a nuisance to public health practices.

Proper disposal of waste at a County Hospital

- Yellow bags, red bags and sharp container – through incineration.
- Black bag – land fill.
- All hazardous waste chemical treatment before disposal.
- Red bags also hospital pit.
- Yellow bags also – land fill

Ways of improving waste management.

Contingency plans have to be in place to be implemented wherever any of the steps in the chain breaks and everyone should be aware of their responsibilities in case of breakdown.

Identify the use of personal protective equipment

- Special clothing, gloves, masks and eye protection should be identified and provided to the healthcare workers responsible for waste collection, transportation and disposal.
- Strict instruction never put hand in the bags.

Ref: WHO document of Hospital waste disposal.