

	INODAYA Hospitals - Kakinada		Documentation code: INH/IPC.Doc.No:16
	Policy on Biomedical Waste Segregation		Prepared date: 11/11/2025
	Reference: IPC .4.d NABH Standards – 6 th Edition		Issue Date: 11/11/2025
	Issue no: 01	Review No: 0	Review date: 10/11/2026

Policy on Biomedical Waste Segregation

1. **Purpose:** To ensure Biomedical Waste Management rules 2016 is implemented in all Areas of the hospital
2. **Scope:** The Policies and Procedures covers all infectious, Radioactive, Cytotoxic, chemical wastes in both liquid and Solid form generated in the hospital. The Policy and procedures do not cover general wastes such as food and stationery wastes.
3. **Definition:**
 - **Biomedical Wastes:** Bio-medical waste means “any solid and/or liquid waste including its container and any intermediate product, which is generated during the diagnosis, treatment or immunization of human beings or animals.
 - **Infectious:** material-containing pathogens in sufficient concentrations or quantities that, if exposed, can cause diseases. This includes waste from surgery and autopsies on patients with infectious diseases, tissues, organs, body parts, human flesh, fetus, blood and body fluids, drugs and chemicals that are returned from wards, spilled, outdated, contaminated, or are no longer required; sharps, disposable needles, syringes, saws, blades, broken glasses, nails or any other item that could cause a cut;
 - **Radioactive:** solids, liquids and gaseous waste contaminated with radioactive substances used in diagnosis and treatment of diseases like toxic goiter

4. Categorization of wastes and Treatment Instruction

The Hospital strictly follows guidelines laid down by the Central Government under the BMW Rules, 2016.

 Prepared by:	 Verified by:	Approved by: 
Dr.Ch.Arunakumari	Dr.M.Gowthamkrishna	Mrs.G.Lakshmi Lavanya
Infection Control Officer	Medical Director	Chief executive Officer

	INODAYA Hospitals - Kakinada		Documentation code: INH/IPC.Doc.No:16
	Policy on Biomedical Waste Segregation		Prepared date: 11/11/2025
	Reference: IPC .4.d NABH Standards – 6 th Edition		Issue Date: 11/11/2025
	Issue no: 01	Review No: 0	Review date: 10/11/2026

For details content please refer to the below table:

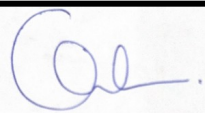
The organization adheres to statutory provisions with regard to The Bio- Medical waste (management & Handling) Rules, 2016 and has agreement with EVB Technologies industries (Rajamahendrawaram).

Proper segregation and collection of biomedical waste from all patient –care areas of the hospital is implemented and monitored.

Responsibility: Nursing staff, housekeeping staff, administration, hospital infection control committee, engineering staff and medical staff.

EQUIPMENT :

- Plastic buckets
- Plastic liners (bags) of four different colours (yellow, red, green and Blue) and a variety of sizes (big, medium and small) for collection of different types of infected and non infected wastes, a sealing mechanism at the neck of the bag (tie).
- Gloves.
- Puncture proof can
- Waste collection trolleys

 Prepared by:	 Verified by:	Approved by: 
Dr.Ch.Arunakumari	Dr.M.Gowthamkrishna	Mrs.G.Lakshmi Lavanya
Infection Control Officer	Medical Director	Chief executive Officer



INODAYA Hospitals - Kakinada

Documentation code:

INH/IPC.Doc.No:16

Policy on Biomedical Waste Segregation

Prepared date: 11/11/2025

Reference: IPC .4.d NABH Standards – 6th Edition

Issue Date:11/11/2025

Issue no: 01

Review No: 0

Review date: 10/11/2026

Procedure:

WASTE CATEGORY	TYPE OF WASTE	TREATMENT AND DISPOSAL INSTRUCTION	
		Color Containers for Disposal	Treatment
Category No. 1	Human Anatomical Waste (Human tissues, organs, body parts)	Yellow	Discarded in appropriate colour coded container*; Taken away by outsourced waste treatment facility
Category No. 2	Human Blood & Blood Products Liquid waste human blood; items saturated, dripping or caked with human blood (including serum, plasma and other blood components) which were used or intended for use in either patient care, testing and laboratory analysis, or the development of	Yellow	Discarded in appropriate colour coded container*; Taken away by outsourced waste treatment facility

Prepared by: 	Verified by: 	Approved by:
Dr.Ch.Arunakumari	Dr.M.Gowthamkrishna	Mrs.G.Lakshmi Lavanya
Infection Control Officer	Medical Director	Chief executive Officer



INODAYA Hospitals - Kakinada

Documentation code:

INH/IPC.Doc.No:16

Policy on Biomedical Waste Segregation

Prepared date: 11/11/2025

Reference: IPC .4.d NABH Standards – 6th Edition

Issue Date:11/11/2025

Issue no: 01

Review No: 0

Review date: 10/11/2026

pharmaceuticals. Intravenous bags, soft plastic pipettes and plastic blood vials are also included in this category.

WASTE CATEGORY	TYPE OF WASTE	TREATMENT AND DISPOSAL INSTRUCTION	
		Color Containers for Disposal	Treatment
Category No. 3	Microbiology Waste (Wastes from laboratory cultures, stocks or specimen of live micro organisms or attenuated vaccines and devices used for transfer of cultures)	Yellow	Local autoclaving**/ and if required Discarded in appropriate colour coded container*; Taken away by outsourced waste treatment facility
Category No. 4	Waste Sharps (Needles, syringes, scalpels, blades, glass, etc. that may cause puncture and cuts. This includes both used and unused sharps)	White Puncture proof container (Sharps Container)	Disinfecting (chemical treatment)***/ Discarded in appropriate colour coded container*; Taken away by outsourced waste treatment facility
Category No. 5	(a) Glassware: Broken or discarded and contaminated glass including medicine vials and ampoules except those contaminated	Cardboard boxes with blue colored marking.	Discarded in appropriate colour coded container*; Taken away by outsourced waste treatment facility

Prepared by:

Ch. Arunakumari

Verified by:

G. Lakshmi Lavanya

Approved by:

G. Lakshmi Lavanya

Dr.Ch.Arunakumari

Dr.M.Gowthamkrishna

Mrs.G.Lakshmi Lavanya

Infection Control Officer

Medical Director

Chief executive Officer



INODAYA Hospitals - Kakinada

Documentation code:

INH/IPC.Doc.No:16

Policy on Biomedical Waste Segregation

Prepared date: 11/11/2025

Reference: IPC .4.d NABH Standards – 6th Edition

Issue Date:11/11/2025

Issue no: 01

Review No: 0

Review date: 10/11/2026

	with cytotoxic wastes.		
	(b) Metallic Body Implants		
Category No. 6	Soiled Waste (Items contaminated with body fluids including cotton, dressings, soiled plaster casts, lines, bedding and other materials contaminated with blood.)	Yellow	Discarded in appropriate colour coded container*; Taken away by outsourced waste treatment facility
Category No. 7	Solid Waste (Waste generated from disposable items other than the waste sharps such as tubing, catheters, intravenous sets, etc.)	Red	Disinfecting by chemical treatment*** / Discarded in appropriate colour coded container*; Taken away by outsourced waste treatment facility
Category No. 8	Liquid Waste (Waste generated from the laboratory and washing, cleaning, housekeeping and disinfecting activities), These includes Body Fluids –urine specimen etc		Disinfecting by chemical treatment*** and discharge into drains
Category No. 9	Not Applicable		
Category No.10	Chemical Waste		Chemical treatment *** and discharge into STP drains

 Prepared by: Dr.Ch.Arunakumari Infection Control Officer	 Verified by: Dr.M.Gowthamkrishna Medical Director	Approved by: Mrs.G.Lakshmi Lavanya Chief executive Officer
---	--	---

	INODAYA Hospitals - Kakinada		Documentation code: INH/IPC.Doc.No:16
	Policy on Biomedical Waste Segregation		Prepared date: 11/11/2025
	Reference: IPC .4.d NABH Standards – 6 th Edition		Issue Date: 11/11/2025
	Issue no: 01	Review No: 0	Review date: 10/11/2026

****** Local autoclaving refers to steam autoclaving. Category 3 if disinfected locally need not be put in containers/bags.

******* Chemical treatment using at least 0.5% hypochlorite solution or any other equivalent chemical reagent. It must be ensured that chemical treatment ensures disinfection. Categories 8 and 10 (liquid) do not require containers/bags.

5. Colour coding and type of container

All wastes are should be discarded in respective colour coded bins/Containers provided at each department, ward and Nursing Station. These wastes should be handled wearing appropriate protective devices such as Gloves, Aprons. Cap and masks should be worn before cleaning isolation rooms

Green: Stationery & General waste

Guidelines for Disposal of Radioactive wastes are discussed in radiation safety manual

6. Wastes Segregation

Segregation refers to the basic separation of different categories of waste generated at source and thereby reducing the risks as well as cost of handling and disposal. Effective segregation alone can ensure effective bio-medical waste management. The BMWs must be segregated in accordance to guidelines laid down in Table 1. BMW colour coded posters are pasted all over.

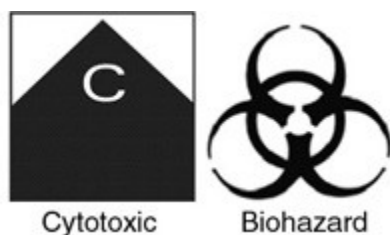
7. Labeling of bins

The bins and bags should carry the biohazard symbol indicating the nature of waste to the patients and public.

 Prepared by:	 Verified by:	Approved by: 
Dr.Ch.Arunakumari	Dr.M.Gowthamkrishna	Mrs.G.Lakshmi Lavanya
Infection Control Officer	Medical Director	Chief executive Officer

	INODAYA Hospitals - Kakinada		Documentation code: INH/IPC.Doc.No:16
	Policy on Biomedical Waste Segregation		Prepared date: 11/11/2025
	Reference: IPC .4.d NABH Standards – 6 th Edition		Issue Date: 11/11/2025
	Issue no: 01	Review No: 0	Review date: 10/11/2026

.Schedule III (Rule 6) of Bio-medical Waste (Management and Handling) Rules, 2016 specifies the Label for Bio-Medical Waste Containers / Bags as:

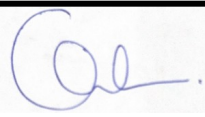


Label shall be non-washable and prominently visible

8. Collection

The collection of biomedical waste involves use of different types of container from various sources of biomedical wastes like Operation Theatre, laboratory, wards, kitchen, corridor etc. The containers/ bins should be placed in such a way that 100 % collection is achieved. Sharps must always be kept in puncture-proof containers to avoid injuries and infection to the workers handling them.

- All hospital waste should be segregated at source by the generator of the waste in colour coded plastic bags.
- Disposal of non-infective general waste – collected from patient's room, nursing stations etc. in green plastic liners kept in every waste bin. It is removed from the waste bins, collected in large bags and sent to the utility room for collection. The same person replaces fresh liners immediately

 Prepared by:	 Verified by:	Approved by: 
Dr.Ch.Arunakumari	Dr.M.Gowthamkrishna	Mrs.G.Lakshmi Lavanya
Infection Control Officer	Medical Director	Chief executive Officer

	INODAYA Hospitals - Kakinada		Documentation code: INH/IPC.Doc.No:16
	Policy on Biomedical Waste Segregation		Prepared date: 11/11/2025
	Reference: IPC .4.d NABH Standards – 6 th Edition		Issue Date:11/11/2025
	Issue no: 01	Review No: 0	Review date: 10/11/2026

- Disposal of infected waste – (depending upon the area) all infected disposable waste is collected in a bucket / bin with a yellow colored plastic liner (bag). It is sent to the utility room to be collected (thrice a day) by the waste collection team.
- When $\frac{3}{4}$ full empty it into the utility room to be collected by the waste collection team.
- Disposal of infected plastics - collected in a bucket with red colour plastic bag. When $\frac{3}{4}$ full empty it into the utility room to be collected by the waste collection team.
- Disposal of sharps – needles, razor blades, BP blades and cut ampoules must be placed in a puncture proof container. **On no account should you try to re sheath a needle after it has been used.** If syringe and needle cannot be disengaged, both are discarded together into the container. The container will be closed and sent for disposal when $\frac{3}{4}$ full.
- Once in every days 1%Hypo solution to be changed if the PPC is not filled.
- Container will be changed **once in a week** /Container filled.
- Always PPC to be fitted with cap (No PPC to be left free to air)
- All the categories of waste are weighed and entered into the waste collection recording format at handover area to the outsourced agency.
- Disposal of infected liquid – liquid material from suction machines, bedpans, urinals, sputum mugs and kidney dishes of all patients are flushed down in to STP after disinfectant.

 Prepared by: Dr.Ch.Arunakumari Infection Control Officer	 Verified by: Dr.M.Gowthamkrishna Medical Director	Approved by:  Mrs.G.Lakshmi Lavanya Chief executive Officer
--	--	--

	INODAYA Hospitals - Kakinada		Documentation code: INH/IPC.Doc.No:16
	Policy on Biomedical Waste Segregation		Prepared date: 11/11/2025
	Reference: IPC .4.d NABH Standards – 6 th Edition		Issue Date: 11/11/2025
	Issue no: 01	Review No: 0	Review date: 10/11/2026

- Liquid waste – liquid wastes from kitchens, cafeteria, toilets etc. can be discharged directly into municipal sewers, and however water from wash basins and bathrooms are **treated** at an ‘on site’ waste water treatment plant and recycled.
- All staff must wear appropriate gloves and protective clothing when handling infected waste (linen, materials or equipment) and strict hand washing procedures must be followed after each contact with patients or infected materials.
- All staff will be explained the procedure to be followed in case of needle stick injuries and other exposures.
- All staff will be trained initially before implementation of the waste management plan and later as a periodic refresher. All new employees will receive mandatory training on handling waste.
- The same is monitored by infection control team

9. Handling and Transportation

When the waste is to be moved about for storage, special handling or packaging may be necessary to keep bags intact and to ensure containment of the waste. The following procedures are recommended:

- Single-bagged waste and containers of sharps and liquids should be placed within a rigid or semi-rigid container such as a bucket, box lined with plastic bags.
- Containers should be covered with lids during transportation and storage.
- When handling or transporting plastic bags of infectious waste, care should be taken to prevent tearing the bags.

 Prepared by:	 Verified by:	Approved by: 
Dr.Ch.Arunakumari	Dr.M.Gowthamkrishna	Mrs.G.Lakshmi Lavanya
Infection Control Officer	Medical Director	Chief executive Officer

	INODAYA Hospitals - Kakinada		Documentation code: INH/IPC.Doc.No:16
	Policy on Biomedical Waste Segregation		Prepared date: 11/11/2025
	Reference: IPC .4.d NABH Standards – 6 th Edition		Issue Date: 11/11/2025
	Issue no: 01	Review No: 0	Review date: 10/11/2026

- Do not load a bag beyond its weight or volume capacity
- Carts and recyclable containers that are used repeatedly for transport and treatment of bagged waste should be disinfected after each use. Single-use containers should be destroyed as part of the treatment process.
- Keep bags from coming into contact with sharp external objects.

10. Storage

- Rooms or sheds to house the collected waste from the institution should be located away from functional areas.
- The chamber should be far away from drinking water tanks. Security should be provided to strictly prohibit unauthorized access of human beings.
- Duration of storage should not exceed for 12-24 hours in and should be packaged securely enough to ensure containment of the waste and to prevent penetration by rodents and vermin.
- Limited access to the storage area is recommended.
- The universal biological hazard symbol should be posted on the storage area door, waste containers.
- Containers for bio-hazardous material should be a distinctive red or orange color.

11. Personnel safety devices

 Prepared by:	 Verified by:	Approved by: 
Dr.Ch.Arunakumari	Dr.M.Gowthamkrishna	Mrs.G.Lakshmi Lavanya
Infection Control Officer	Medical Director	Chief executive Officer

	INODAYA Hospitals - Kakinada		Documentation code: INH/IPC.Doc.No:16
	Policy on Biomedical Waste Segregation		Prepared date: 11/11/2025
	Reference: IPC .4.d NABH Standards – 6 th Edition		Issue Date: 11/11/2025
	Issue no: 01	Review No: 0	Review date: 10/11/2026

The use of protective gears should be made mandatory for all the personnel handling waste.

Gloves: Heavy-duty rubber gloves should be used for waste handling by the waste retrievers. This should be bright yellow or Orange in colour. After handling the waste, the gloves should be washed twice. The gloves should be washed after every use with carbolic soap and a disinfectant. The size should fit the operator.

Aprons: Apparel is worn to prevent contamination of clothing and protect skin. It could be made of cloth or impermeable material such as plastic. People working in storage area should have Aprons.

Masks: Masks are worn alone or in combination, to provide a protective barrier. People collecting wastes from Isolation wards and those working in storage area should wear masks.

Goggles: Goggles are worn to prevent **risk from sharps, germs, exposure to blood and other bodily fluids**, splashes from chemicals, or Blood and body fluids.

Boots: Leg coverings, boots or shoe-covers provide greater protection to the skin when splashes or large quantities of infected waste have to be handled. The boots should be rubber-soled and anti-skid type. They should cover the leg up to the ankle.

12. Sharp container protocols

Puncture proof or sharps containers should be used to dispose of Waste Sharps (Needles, syringes with needle attached, scalpels, blades, glass, etc. that may cause puncture and cuts. This includes both used and unused sharps).

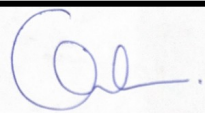
 Prepared by:	 Verified by:	Approved by: 
Dr.Ch.Arunakumari	Dr.M.Gowthamkrishna	Mrs.G.Lakshmi Lavanya
Infection Control Officer	Medical Director	Chief executive Officer

	INODAYA Hospitals - Kakinada		Documentation code: INH/IPC.Doc.No:16
	Policy on Biomedical Waste Segregation		Prepared date: 11/11/2025
	Reference: IPC .4.d NABH Standards – 6 th Edition		Issue Date:11/11/2025
	Issue no: 01	Review No: 0	Review date: 10/11/2026

- Needle and Syringes should not be separated
- Do Not recap the needle
- Use of the container
 - Fill 3/4th of the container with Water and 1% Sodium hypochlorite.
 - Every day 1% sodium hypochlorite solution to be changed in the PPC is not filled
 - Container will be changed once in **once in a week** /Container filled
 - Always PPC to be fitted with cap (No PPC to be left free to air)

13. Reference:

Biomedical waste segregation guidelines 2016

 Prepared by:	 Verified by:	Approved by: 
Dr.Ch.Arunakumari	Dr.M.Gowthamkrishna	Mrs.G.Lakshmi Lavanya
Infection Control Officer	Medical Director	Chief executive Officer



INODAYA Hospitals - Kakinada

Documentation code:

INH/IPC.Doc.No:16

Policy on Biomedical Waste Segregation

Prepared date: 11/11/2025

Reference: IPC .4.d NABH Standards – 6th Edition

Issue Date:11/11/2025

Issue no: 01

Review No: 0

Review date: 10/11/2026

BIO - MEDICAL WASTE

CYTOTOXIC WASTE ಸಾಫ್ಟೋಟಿಕ ಕಳಶ Black Bag - Cytotoxic Waste - Expiry Date Medicine - Radio Active Substance Waste - ಸಾಫ್ಟೋಟಿಕ ವೆಸ್ಟ್ - ಔಷಧಿಯು ಡೇಟ್ ಡೆಡ್ ಲೈನ್ ಇರುವ ವೆಸ್ಟ್ - ರೇಡಿಯೊ ಆಕ್ಟಿವ್ ವೆಸ್ಟ್	INFECTIOUS WASTE (PLASTIC) ಬೇಪಿ ಪ್ಲಾಸ್ಟಿಕ್ ಕಳಶ Red Bag Used and Disposable plastic items like... - Blood Bags - Infectious I. V. Sets - Infectious plastic tubings - Rubber catheters - Cut plastic / latex gloves ವಪರಾಶ ಲಾಡ್ ನಿರ್ವಹಣೆ ಕರವಾ ಕೊಗ್ಯ ವಸ್ತುಲೊ ಲೇಪಿಡ್.... - ಬ್ಲಡ್ ಬೇಗ್ - ಬೇಪುಕ್ಟು ಕ್ಯಾಥ. ಪಿ. ಸೆಟ್ - ಬೇಪುಕ್ಟು ಪ್ಲಾಸ್ಟಿಕ್ ಲೈನ್ ನಲಿಗಲೊ - ರಬ್ಬರ್ ಕ್ಯಾಥೆಟರ್ - ಪ್ಲಾಸ್ಟಿಕ್ / ಲೇಟೆಕ್ಸ್ ಗ್ಲೋವ್ಸ್ ಕಳಶಿನ್ ನಿರ್ವಹಣೆ ಕರವಾ ಮಾರ್ಡೆ	INFECTIOUS SHARP WASTE ಬೇಪಿ ತಿಪ್ಪಣ ಕಳಶ Blue Bag - Glass Bottles - Glass Ampoules - Injection Vials - ಕಾಶನಿ ಲಾಡಲಿಲೊ - ಕಾಶನಿ ಲೇಪುಕ್ಟು - ಇಂಜೆಕ್ಷನ್ ವಾಲ್ವಲ್
RECYCLABLE WASTE ಪರಿಯರ್ಲಣಿ ಕಳಶ Green Bag - Office Stationery - Disposable paper cups - Tissue paper used for Domestic purpose - Kitchen Waste - ಔಫೀಸಿಂಗ್ ವಪರಾಶಿ ಸ್ಟೇಷನರಿ - ನಿರ್ವಹಣೆ ಕರವಾ ಕೊಗ್ಯ ಪೇಪರ್ ಕಪ್ - ಸಾಮಾನ್ಯ ವಪರಾಶಿ ಲೇವಾಸೇಲ್ ಟೀಶ್ಯು ಪೇಪರ್ - ಪೊರಾಶಿ ಕಳಶ	INFECTIOUS WASTE (NON PLASTIC) ಪ್ಲಾಸ್ಟಿಕ್ ಸಿವಾಶನಿ ಬೇಪಿ ಕಳಶ Yellow Bag - Infectious dressing material like gauze, cotton etc - Human organs, body parts and tissues - Blood bags - Discarded cytotoxic medicines - Discarded / expired drugs - personal protective Equipments - disposable gown, mask, cap - Infectious dressing material like gauze, cotton etc. - ಇನ್ಫೆಕ್ಷಿಯಸ್ ಡ್ರೆಸಿಂಗ್ ಮೇಟೀರಿಯಲ್ ಲೈಕ್ ಗಾಜ್, ಕಾಟನ್ ಇತ್ಯಾದಿ - ಹೂಮನ್ ಆರ್ಗನ್ / ಬಾಡಿಯ ಭಾಗಗಳು ಮತ್ತು ತಿಶ್ಯು - ನಿರ್ವಹಣೆ ಕರವಾ / ಉಪಯುಕ್ತವಾಗಿಲ್ಲದ ಡ್ರಗ್ಸ್ - ಸಿವಿಲ್ ಡ್ರಗ್ಸ್ / ಉಪಯುಕ್ತವಾಗಿಲ್ಲದ ಡ್ರಗ್ಸ್ - ಪರ್ಸನಲ್ ಪ್ರೊಟೆಕ್ಷನ್ ಏಕ್ವಿಪ್‌ಮೆಂಟ್ಸ್ - ಡಿಸ್ಪೊಸಬಲ್ ಗೌನ್, ಮ್ಯಾಸ್ಕ್, ಕ್ಯಾಪ್ - ಇನ್ಫೆಕ್ಷಿಯಸ್ ಡ್ರೆಸಿಂಗ್ ಮೇಟೀರಿಯಲ್ ಲೈಕ್ ಗಾಜ್, ಕಾಟನ್ ಇತ್ಯಾದಿ	INFECTIOUS & INJURIOUS SHARP WASTE ಬೇಪಿ ಕಲೆನ್ ಫೈನಲ್ ಪರಿಯರ್ಲಣಿ ಕಳಶ Puncture Proof Can - Used Needles - Used Scalpel blades - Blades - Cannula Stylet - Lancets - Broken glass slides & cover slip - ವಪರಾಶಿ ಕೊಪ್ - ವಪರಾಶಿ ಸ್ಕಾಲ್ಪೆಲ್ ಬ್ಲೇಡ್ - ಬ್ಲೇಡ್ - ಕನ್ಯೂಲಾ ಸ್ಟೈಲೆಟ್ - ಲಾನ್ಸೆಟ್ - ಬ್ರೇಕ್ಡನ್ ಗ್ಲಾಸ್ ಸ್ಲೈಡ್ & ಕವರ್ ಸ್ಲಿಪ್

Prepared by:

Dr.Ch.Arunakumari

Infection Control Officer

Verified by:

Dr.M.Gowthamkrishna

Medical Director

Approved by:

G. Lakshmi Lavanya

Mrs.G.Lakshmi Lavanya

Chief executive Officer

	INODAYA Hospitals - Kakinada		Documentation code: INH/IPC.Doc.No:16
	Policy on Biomedical Waste Segregation		Prepared date: 11/11/2025
	Reference: IPC .4.d NABH Standards – 6 th Edition		Issue Date: 11/11/2025
	Issue no: 01	Review No: 0	Review date: 10/11/2026

The organization ensures that biomedical waste is stored and transported to the site of disposal in properly covered vehicles within 24 hours in all working days in a secure manner. The monitoring of the same is done by the infection control team.

The biomedical waste treatment is outsourced to a authorized contractor. The outsourced facility is visited by the organization at least once in six months to ensure waste disposal according to BMW rules

Staff handling bio- medical waste are provided with personal protective equipments and are used by all categories of staff handling biomedical waste.

TABLE 1: LIQUID - BIOMEDICAL WASTE SEGREGATION MATRIX

BIOMEDICAL WASTE	HOW TO DISPOSE
WASTED BEVERAGES (MILK, JUICES)	SINK OR DRAIN – Municipality Drainage
SUCTION LIQUID	DRAIN – STP
ANY DRAINS FLUID FROM BODY	DRAIN – STP
MOTION	DRAIN –STP
VOMIT	DRAIN – STP
FLOOR CLEANING WATER	DRAIN - STP
WASH LIQUID	SINK-> DRAIN – STP
BODY CLEANED WATER	SINK-> DRAIN – STP

 Prepared by: Dr.Ch.Arunakumari Infection Control Officer	 Verified by: Dr.M.Gowthamkrishna Medical Director	Approved by:  Mrs.G.Lakshmi Lavanya Chief executive Officer
--	--	--



INODAYA Hospitals - Kakinada

Documentation code:

INH/IPC.Doc.No:16

Policy on Biomedical Waste Segregation

Prepared date: 11/11/2025

Reference: IPC .4.d NABH Standards – 6th Edition

Issue Date:11/11/2025

Issue no: 01

Review No: 0

Review date: 10/11/2026

HAIR CLEANING WATER	SINK-> DRAIN – STP
MIXED MEDICATIONS (LIQUID)	DRAIN– STP
SYRUP WASTE	DRAIN– STP
SALINE WASTE	DRAIN– STP
MIXED INFUSION DRUG WASTE	DRAIN– STP
DISCARDED BLOOD PRODUCTS	AUTOCLAVE AND SEND TO BIOMEDICAL WASTE
URINE	DRAIN– STP
LAB SAMPLES-VACUTAINERS	DISINFECT WITH 1%HYPO, BLOOD VACUTAINERS AUTOCLAVE AN BIOMEDICAL WASTE TREATMENT PLANT
USED CHEMICALS IN LAB	DRAIN – SEWAGE TREATMENT PLANT
WASTE CHEMICALS	DRAIN SEWAGE TREATMENT PLANT
CSF FLUID	DRAIN - SEWAGE TREATMENT PLANT

 Prepared by: Dr.Ch.Arunakumari Infection Control Officer	 Verified by: Dr.M.Gowthamkrishna Medical Director	Approved by: Mrs.G.Lakshmi Lavanya Chief executive Officer
---	--	---