

MEDICAL WASTE MANAGEMENT POLICY

Responsible Officer		The Dean, PIDC	
Contact Officer		Deputy Dean (Clinics & Administration)	
Associated Documents		Guidelines on Infection Control in Dental Practice by Malaysian Dental Council-3rd edition (February 2017)	
Version	Authorization by	Approval Date	Effective Date
1.1	The CEO, PIDC	Dec 2023	Jan 2024

Preamble

The purpose of this policy is to provide working policy for activities related to waste management in order to provide the students and all oral health care workers, knowledge and practice towards thoughtful segregation and disposal of clinical and general waste including sharp instruments and objects, blood/body fluids/suctioned fluids, broken instruments, X-ray solutions and disinfectants etc.

Purpose & Scope

This waste management policy has been set out to clarify the tenets of contemporary waste management, constantly bearing in mind the requirements of our own institution. This policy is in line with current evidence-based practices around the world.

This policy has been prepared and reviewed by the Infection Control Team of PIDC and all staff members and students are encouraged to abide by the rules detailed in this policy. Any flouting of the rules in the policy, flagrant or unintended, can only be seen as an injustice to the trust our patients place on our institution as well as to our ambience and environment.

CLINICAL AND GENERAL WASTE

Clinical waste is defined as waste arising from healthcare procedures, which by nature of its potentially infectious, toxic or dangerous content, may prove to be hazardous unless rendered safe and inoffensive. It includes any waste which consists, wholly or partly, of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceuticals products. Clinical waste also encompasses laboratory wastes that include specimens or culture medium discarded in the course of dental practice or research. Sharps is defined as clinical instruments with sharp points or edges, such as discarded syringes, needles, cartridges, broken glass, scalpel blades, saws and any other sharp instruments, that could cause a cut or puncture.

General waste means waste that does not pose an immediate threat to the health or environment. It includes floor sweepings, paper towels, dressing wrappers, documents, non-soiled personal protective equipment.

POLICY STATEMENT

The conditions of use and breach of PIDC Infection Control Policy are stated below:

a) Segregation of Waste

Waste in healthcare establishments should be segregated according to its category at source (the point of generation) and placed in the appropriate colour-coded bags/containers.

Categories of Waste:

Content	Container type	Colour coding
Sharp instruments and objects	Puncture resistant and leak proof containers with 'Biohazard' label	Yellow
Other Clinical waste	Plastic bag with 'Biohazard' label	Yellow
General waste	Plastic bag	Black

b) Solids

In a waste bin lined with a yellow, leak-proof plastic bag, which is sealed when three quarters full. Dispose according to regulations under the Environmental Act 1974.

c) Fluids (blood/body fluids/suctioned fluids)

All fluid waste must be disposed of directly into the sewer system and not into open drains.

d) Sharps

All sharps must be disposed into yellow sharps bins. When three quarters full or after a maximum of one week, the sharps bin must be sealed and sent for incineration (outsourced from - FLORA SENTOSA SDN BHD) according to regulations under the Environmental Act 1989.

e) Broken Instruments

Broken instruments and endodontic files should be disposed of as sharps.

f) General Waste

General waste should be disposed of in black plastic bags.

g) X-ray Solutions and Disinfectants

X-ray film processing solutions and disinfectants should be disposed of into the sewerage system. However, you should ensure that the disinfectants used are biodegradable.

BREACH OF POLICY

Any breach of this policy in part or full, will be ground for disciplinary action.

REVIEW

This policy will be reviewed periodically and revised as necessary.

APPROVALS

Version	Authorization by	Approval Date	Effective Date	Sections Modified
1.0	The CEO, PIDC	July 2017	July 2017	--
1.1	The CEO, PIDC	30 th Dec 2021	1 st Jan 2022	Contact officer changed to Deputy Dean
1.1		Dec 23	Jan 24	--