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FILE NO:	EL 5788-Herm
SCAN NO:	24
COLLABORATOR NO:	930931

Our reference: PA15050/ML
Your reference: 5788 HHH (3260)

25 AUGUST 2016

**THE MUNICIPAL MANAGER
OVERSTRAND MUNICIPALITY
P.O. BOX 20
HERMANUS
7200**

**FOR ATTENTION: MR. PETRUS ROUX**

Sir

PROPOSED CONSENT USE AND DEPARTURE: ERF 5788 HERMANUS, CALEDON DIVISION

- **STAND 5788 HERMANUS PTY LTD**

Reference is made to our application dated 5 April 2016 and your letter with objections attached dated 19 July 2016.

Objections were received from Neil P. van Heerden, Adv M. Joubert, H. & L.S. de Wet, W.A. du Plessis, T. & A. Geldenhuys, C.P.M. & A.E. du Toit, G. & S.S. Panebianco, I. Lehr, R. & S.E. Craythron, Adrian Louw & Associates Attorneys, M. Nel, T. & B. de Beer, H.E. Sues & J.M. Maree. The objections can be summarized as follows:

- ***The proposed sub-acute medical care facility will generate additional traffic to the area. This will add to the noise pollution that adjacent property owners have to endure. The parking does also not suffice.***

As mentioned in our report the proposed sub-acute medical care facility is a low impact land use and consequently the proposed application will not adversely affect traffic flow of the area. It is anticipated that a maximum of six patients will be accommodated at any given time at the medical care facility. The proposed sub-acute medical care facility will be similar to recovery accommodation with the additional benefit of receiving the necessary medical treatment to ensure full recovery after medical procedures and treatment at hospital.

Furthermore only one treatment room will be used by the doctor / therapist visiting patients. Since there is only one treatment room, only one doctor / therapist will be able to visit the patients at any one time. Furthermore one staff member will reside in the staff quarters and no parking bays are required for staff quarters. The relevant staff member will be transported per shuttle to and from the premises and will live-in most of the time. Only one manager will reside on the premises at any one time (the owner will not reside on the premises and furthermore this type of facility is not managed by management couples). A parking ratio of one parking bay per bedroom should suffice since it is

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Meriké Lerm: B. Art et Scien Cum Laude (Town Planning) UNW; SACTRP

19 August 2016

not anticipated that the patients drive themselves to the medical care facility. In most instances a shuttle from the hospital will be available to transfer patients to the facility. This type of facility is specifically for people who do not have relatives / friends to take care of them after operations / treatments at the local hospital. Chances are therefore very good that the traffic to the area and the subject property will therefore be minimal due to the following reasons: 1. Patients will not be driving themselves to the facility; 2. Patients will most likely not receive visitors; 3. Only one medical treatment room is available for a therapist / doctor and; 4. Staff will be transported per shuttle to the premises; and 5. Delivery, waste removal and emergency vehicles will visit the premises irregularly.

Since the proposed sub-acute medical care facility will be such a small-scale facility, the owner will determine the need for catering once the facility is operational and either arrange for a staff member to undertake the cooking (a menu will be compiled by a registered dietician) or pre-cooked meals will be delivered using the same shuttle service for transporting the staff and patients. Deliveries for medical supplies (which do not take place on a daily basis) will also be undertaken by the same shuttle services. The owner/operator will try and consolidate the trips to ensure the traffic is kept to a minimum. The occurrence of the shuttle service once or twice a day does not constitute a large impact on the traffic to the area.

In most instances patients will also not arrive or depart at the same time either. The rare occasions that an ambulance will visit the property will only be in emergency and the traffic and noise generated from the aforementioned will only be sporadically. It should also be noted that the idea is not to accommodate fatally ill patients on the premises, but rather patients on their way to recovery who do not have people in the area to take care of them. The same goes for governmental authorities inspecting the subject property – as mentioned by one objector, it will only be occasionally and therefore the aforementioned will not contribute to a daily increase of traffic to the area.

Noise from the facility itself will be minimal since a tranquil care facility is envisaged.

We are of the opinion that the noise generated will be low and in keeping with the residential character.

- ***This specific area currently accommodates no health care facilities and the surrounding property owners want to keep it that way. The objectors are of the opinion that the location of the proposed medical facility is inappropriate and that the tranquil environment and property values will be negatively influenced by the proposed sub-acute medical facility.***

Since the proposed sub-acute medical care facility will be accommodated within the existing structure on erf 5788 Hermanus, the impact on the streetscape and the general character of the area will remain unchanged. The few proposed internal alterations to the existing dwelling will have no impact on the surrounding properties or the character of the area.

The impact on the existing low traffic flow in the area will be kept to a minimum since only three of the existing rooms will be used by patients (which in most cases will not even be able to drive themselves to the sub-acute medical care facility as mentioned above). Refer to our motivation/input concerning the low impact of the facility on the traffic above.

We are in agreement that there is no similar facility in the immediate area. However, we are of the opinion that the small amount of patients to be treated, the fact that they will most probably not drive themselves to the facility as well as the fact that the dwelling will remain unchanged adds to the merit for the proposed land use to be accommodated here. Furthermore the Overstrand Zoning Scheme Regulations allows for an institutional land use on a Residential Zone I property. If these types of land uses were considered to have a high impact on residential properties, the municipality would not have considered the possibility of allowing an institutional use on a SR1 zoned property.

Some objectors refer to a business enterprise / area that will be created with this application. This will not be the case. The zoning will remain for single residential purposes. If the application is approved an additional institutional land use right will be added to the subject property, subject to certain conditions. The owner will have to comply with these conditions at all times, and if not, will risk losing the additional land use rights.

The objectors should also consider the alternative: that the property can be used by one large family on a weekend / holiday basis where no rules and regulations apply and where the municipality has no control over. At least with the proposed medical facility there will be rules and regulations that the owner has to adhere to. The municipality then also has control over this land use and if it becomes problematic, the local authority can cancel the approved land use. It is also in the best interest of the owner to manage the medical care facility to high standards to ensure positive referrals.

- ***The objectors have concerns regarding the handling, management, storage and the disposal of medical waste on the subject property. This concern was not addressed in the application.***

Medical waste will be handled by medical staff only (i.e. Nurse/ doctor). The medical staff will be trained to know how to handle and dispose of medical waste in a safe and sterile manner.

The various types of medical waste will be stored in the locked garage in separate bins. The waste will be sorted according to the types of waste, in a sterile area and in the prescribed containers. Normal household waste will be disposed of on a weekly basis by the municipality's waste removal truck. Medical waste will be collected by the same company that the Hermanus Medi-Clinic use (the company's name is Solidwaste – a company from Cape Town removes the waste from hospitals).

It is important to note that the medical waste will be handled, managed, stored and disposed of as prescribed by the Health Professions Council of South Africa in the Guidelines for the Management of Health Care Waste booklet (Booklet 16, May 2008). We attach a copy of the aforementioned booklet. As mentioned in our report our client (the owner) is a well respected doctor herself and well aware of all the rules and regulations for the establishment and management of the sub-acute medical care facility.

Since the neighbouring properties will not even be aware of the medical waste on the premises, the comments with regards to the character that will become "industrial" and the comments with regards to the danger to the animals in the area are irrelevant.

It should also be noted that we are dealing with a land use application. The "how and by whom" the medical waste will be handled, managed, stored and disposed off was not ignored / played down at all. Facilities such as these have to be registered at the Department of Health and a due process has to be followed to ensure the safety of patients as well as the surrounding environment.

- ***Comparing the proposed sub-acute medical facility to a guesthouse is misleading and deceptive and portrays how ill-conceived the application is.***

It is important to note that comparing a guesthouse to the medical facility was only done to emphasize the low impact (i.e. the impact of a guesthouse versus a medical care facility which offers recovery accommodation and generates even less traffic than a guesthouse would). The comparison was not done to disregard important information (such as the medical waste).

- ***The applicant's identity is questioned by an objector (Hermanus Property Holding CC versus Stand 5788 Hermanus Pty Ltd and "our client" versus "the owners").***

The subject property is registered in the name of Stand 5788 Hermanus Pty Ltd. Our client, Dr. Deirdre Grobbelaar, is the only director of the aforementioned company. We have therefore been appointed by Dr. Grobbelaar to deal with the application on behalf of the company.

- ***An objector stipulates that the pre-application discussions serve to taint the process since it introduces pre-conceived notions on the success of the merits of the application.***

As town planning consultants we almost in all instances undertake pre-submission discussions with the municipality to ensure that the proposed application is in line with the future planning for the area. This is mainly done to advise the owner of any possible risks to the application and to ensure that we understand and address possible stumbling blocks for the application prior to submission (instead of amending the application after submission). The reference to the pre-submission discussions in the report was never intended to introduce pre-conceived notions. The reference to the discussions with the engineer was also done to indicate that we considered alternative parking options for the proposed land use application, of which the municipality was not in favour of.

- ***Insufficient detail with regards to the health facility is available.***

Our client is a sonologist based in Hermanus. Our client realised that there is a gap in the nursing industry whereby acute care is at the top of the spectrum, and frail care at the bottom, with nothing in-between. Furthermore she also realised the need for a medical care facility where people without support systems (no family living near by, deceased husband / wife, oversees patients, etc.) can be accommodated and receive the necessary recovery treatments and rest after surgery or medical treatments received. Our client therefore intends to establish a health clinic (sub-acute medical care facility) on the subject property that will provide patients with medical services such as post operation care and support, mobility therapy and other relevant medical therapy.

The proposed sub-acute medical care facility will offer recovery accommodation where patients can rehabilitate and recover after surgeries / treatments received at the surrounding hospitals.

It is anticipated that the proposed clinic will accommodate 3-4 people (maximum of six, if two patients per bedroom are accommodated). The proposed clinic will be a high quality, high standard health care facility offering luxury (accommodation, transport services, meals and health care) and the focus will be on the wellness and healing of each patient. The clinic will most definitely target patients (tourists) on medical safaris and in this case the subject property is ideally located – next to the mountain, sea views, hiking trails and a luxurious medical facility.

- *Will the necessary approvals be obtained from the Department of Health? Will the facility have the necessary emergency evacuation plans for cases of emergency?*

Yes, once the land use is approved our client will commence with the application and registration process at the relevant authorities. The aforementioned will entail the submission of an application to the Department of Social Development and in the process also obtain the necessary certificates to allow for the operation of the health facility (such as the environmental health certificate). Depending on the level of care the health facility will also have to be registered at other relevant departments. Our client is aware of due process to be followed and will start with the aforementioned processes once the land use approval is in place.

The facility will have to comply with all health and safety regulations as specified by the relevant authorities.

- *The proposed medical facility will have a negative impact on the security of the area.*

The security risk will not be kept to a minimum since the proposed facility targets a higher income market. As previously mentioned it is also in the best interest of the owner to manage the medical care facility to high standards.

Also refer to the motivation letter attached from the owner, Dr. Deirdre Grobbelaar on behalf of Stand 5788 Hermanus Pty Ltd, for your attention. We trust that you find the above in order and that you will now be able to proceed with the processing of the application.

Yours faithfully



M. LERM Pr. Pln (A/158/2009)
PLAN ACTIVE

Subject: Fw[2]: motivation letter .
From: "Merike Lerm" <merike.planactive@gmail.com>
Sent: 2016/08/24 08:44:30 PM
To: "merike.planactive@gmail.com" <merike.planactive@gmail.com>

----- Forwarded Message -----

From: "Deirdre Grobbelaar" <deed@hermanus.co.za>
To: "Merike Lerm" <merike.planactive@gmail.com>
Sent: 2016/08/24 08:58:55 AM
Subject: motivation letter .

For attention: Mrs Hanneen van der Stoep / Mr Petrus Roux

Thank you for the opportunity to state my case and address the concerns raised. Coming from a medical background my intention is to provide the community, but especially the residents of the Heights, a comfortable, luxurious and well positioned "home away from home". This facility may be used when patients need to be cared for after recuperation from an operation, illness or when being discharged from hospital.

Many of our patients are in a position where the "healthy" partner / family member is either frail or just not able to help and assist in times of ill health. The main purpose is to provide the community with a care centre in an environment that is familiar to them and not clinical and cold like these places tend to be.

This will also provide job opportunities for at least one sister, some nurses, cleaning personnel, a driver and possibly even a cook. The staff will be picked up in town and with only one return trip a day - meaning no unnecessary vehicles standing around. The house has 5 lock up garages, where some of the staff and visitors can park, if needs be.

Our residents / patients can also be fetched from hospital or home and brought to the premises, thus no extra vehicles with no impact on traffic .

Due to the nature of the business, serenity and calmness are vital; therefore no noise will be tolerated. The proposed health facility will be much quieter and less busy than guest houses. This establishment will have less impact on the environment than the average guest house.

We will deal with the medical waste according to the guidelines of the South African medical and dental council. A copy of the guidelines is attached.

A question was asked about the entity. The property is registered in a company, Stand 5788 Pty Ltd, of which I am the only shareholder.

We plan to register the health facility as an official "Step down facility" with the Council, in which case the medical aids will contribute to the lodging. We will also

register with the Social Development office.

We will be able to deal with emergencies, as we are equipped to do that. Furthermore a well operated and managed "step down facility" will not only improve the security of the neighbourhood but also add to the property values of the area.

Should my application be unsuccessful I will unfortunately have no other choice but to sell the property to the first willing buyer which will most probably be an entrepreneur wanting to use the property as a guest house or boutique hotel. Market research has shown that houses of this size are today hardly ever purchased by families but rather by companies with other agendas.

I hereby urge all of the objectors to please reconsider their objections and rather take cognizance of the value the proposed facility can add to each and every one in our community and neighbourhood - we are all growing older and will one day need a facility like this. The town planners at Overstrand Municipality acknowledged the need for a facility like this in Hermanus and previous correspondence with the municipality was considered as positive.

Kind regards / Vriendelike groete,
Dr Deirdré Grobbelaar



dr.deirdregrobbelaar

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dr. deirdré grobbelaar

diagnostiek

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HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

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

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

BOOKLET 16

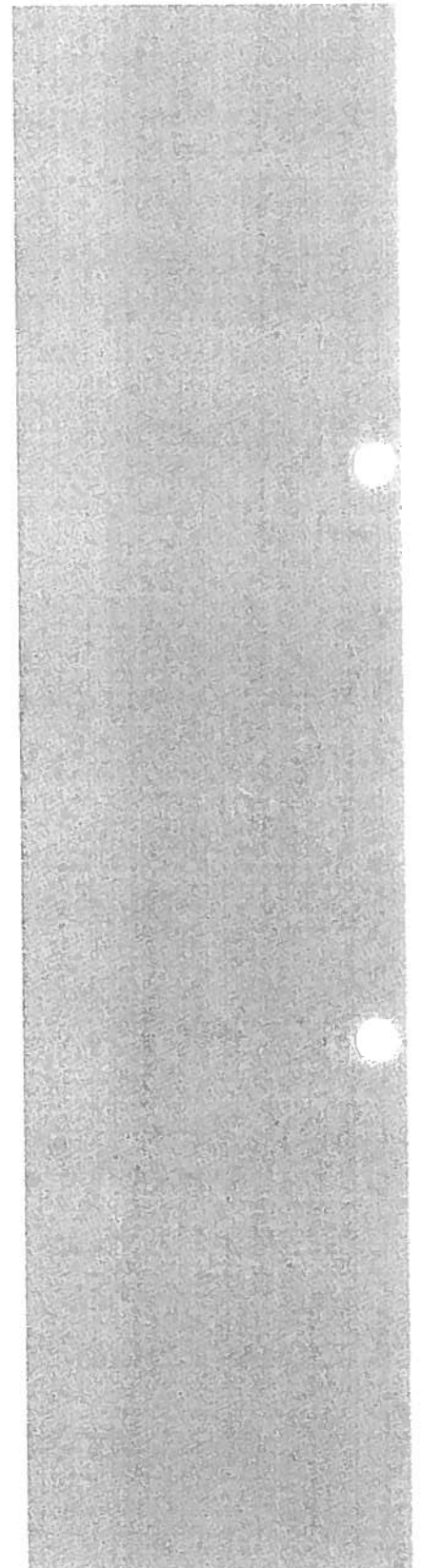
**PRETORIA
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THE SPIRIT OF PROFESSIONAL GUIDELINES

Practice as a health care professional is based upon a relationship of mutual trust between patients and health care practitioners. The term "profession" means "a dedication, promise or commitment publicly made".¹ To be a good health care practitioner, requires a life-long commitment to sound professional and ethical practices and an overriding dedication to the interests of one's fellow human beings and society. In essence, practice as a health care professional is a moral enterprise. In this spirit the HPCSA presents the following ethical guidelines to guide and direct the practice of health care practitioners. These guidelines form an integral part of the standards of professional conduct against which a complaint of professional misconduct will be evaluated.

[Note: The term "health care practitioner" in these guidelines refers to persons registered with the HPCSA].

¹ Pellegrino, ED. Medical professionalism: Can it, should it survive? *J Am Board Fam Pract* 2000; 13(2):147-149 (quotation on p. 148).

TABLE OF CONTENTS

1	MOTIVATION OF THE NEED FOR THESE GUIDELINES	1
2	DEFINITION OF HEALTH CARE WASTE	1
3	TYPES OF HAZARDOUS HEALTH CARE WASTE	1
4	HAZARDOUS PROPERTIES OF HEALTH CARE WASTE.....	1
5	REASONS WHY HEALTH CARE WASTE IS A SIGNIFICANT DANGER TO SOCIETY	2
6	MANAGEMENT OF HEALTH CARE WASTE BY MEDICAL PRACTITIONERS, DENTISTS AND MEDICAL SCIENTISTS	2
7	CONTACT DETAILS OF AUTHORITIES WHERE FURTHER ADVICE MAY BE OBTAINED	3
8	REFERENCES	4

ANNEXURE

ABRIDGED VERSION OF THE SOUTH AFRICAN BUREAU OF STANDARDS
CODE OF PRACTICE FOR THE HANDLING AND DISPOSAL OF WASTE
MATERIALS WITHIN HEALTH FACILITIES

	NOTICE, NOTES, FOREWARD AND INTRODUCTION	2
1	SCOPE AND FIELD OF APPLICATION	3
2	DEFINITIONS	3
3	REFERENCE DOCUMENTS	8
4	OCCUPATIONAL HAZARDS AND HEALTH RISKS.....	9
5	GENERAL PROVISIONS.....	9
5.1	SEGREGATION OF WASTES.....	10
5.2	IN-HOUSE CONTROL	10
5.3	CLOSURE AND BAGGING OF WASTE-HOLDING PLASTIC BAGS	10
5.4	INTERMEDIATE AND FINAL STORAGE AREAS	10
5.5	MOVEMENT OF WASTE.....	11
5.6	DISPOSAL OF WASTE	12
5.7	MAINTENANCE AND CLEANING OPERATIONS.....	12
5.8	SPILL OR ACCIDENT CLEANUPS	12
6	SPECIFIC PROVISIONS FOR DEALING WITH THE DIFFERENT TYPES OF HEALTH CARE WASTE	13

GUIDELINES FOR THE MANAGEMENT OF HEALTH CARE WASTE BY HEALTH CARE PRACTITIONERS

1 MOTIVATION OF THE NEED FOR THESE GUIDELINES

The HPCSA views the proper disposal of health care waste by health care practitioners as an essential element of good professional practice. These guidelines are issued to remind practitioners of their ethical and professional obligations to their patients and to the community. They also serve to assist practitioners to meet the HPCSA's mandate to protect the public and the requirements of the South African Constitution (Act No.108 of 1996) regarding the preservation and protection of the environment.

2 DEFINITION OF HEALTH CARE WASTE

Health care waste may be defined as any undesirable or superfluous by-product, emission, residue or remainder generated by in the course of health care by healthcare professionals, 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. Health care 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.

Comment [LL1]: The definition of health care waste in the new SABS guideline is different. I suggest removing reference to the old but existing guideline as the new guideline when finalized, will supplant the old one. I have taken the definition from the new document.

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

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

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

Health care waste is a significant danger to society because:

- 5.1 Unsafe management of hazardous health care 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 Health care waste entering the normal domestic waste stream will end up being disposed of in municipal landfill sites. When health care waste is placed in landfills or buried, contamination of groundwater may occur and may result in the spread of E-Coli and unacceptably high 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 health care 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 health care 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 health care 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 care practitioners to have a health care 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 SABS code, such as 0248:1993 as updated. Such a system should deal comprehensively with measures for waste minimization, 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 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 care practitioner is in the employ of a health care 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 health care waste, the practitioner should report the matter to the HPCSA and the Department of Health for appropriate follow up.

- 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 health care waste available to independent health care practitioners in the area.
- 6.5 Where a health care practitioner is responsible for the management of a health care 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 care practitioners should aim at all times to minimize the amount of health care waste generated in the process of health care delivery and to ensure that they are familiar with methods to minimize, segregate and store health care waste safely.
- 6.7 It is the responsibility of health care practitioners to ensure that, if necessary, they should keep up to date with the latest scientific knowledge on the safe management of health care waste by undergoing further training in waste management.
- 6.8 All medical sharps should be considered hazardous healthcare waste whether or not 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 care practitioner make use of sharp containers that are suited for the purposes 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 health care waste, health care 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 care practitioners have an obligation to report evidence of unsafe disposal or management of health care waste by other persons, including any health care practitioners, to the HPCSA 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 (SABS 0248:1993) or updates, should it be amended, should be used as a supplement to these official guidelines of the HPCSA for the management of health care waste by health care practitioners (see Annexure below).
- 6.7 Failure to adhere to these guidelines will be considered to be unprofessional conduct on the part of the health care practitioners concerned.

7 CONTACT DETAILS OF AUTHORITIES WHERE FURTHER ADVICE MAY BE OBTAINED

- | | |
|--|--|
| <p>7.1 The Director-General
Department of Health
Private Bag X828
PRETORIA
0001
Tel: (012) 312-0921</p> | <p>7.7 Environmental Health Office
Department of Health
Private Bag X517
BLOEMFONTEIN
9300
Tel: (051) 405-5021</p> |
|--|--|

Comment [LL2]: I took out the guidelines because a lot of what is in the guidelines is very technical information about how to label, package, etc. It is not reasonable to expect the health professional to comply with all that. We are really focusing on their ethical obligation. I think that what is in the HPCSA guideline is sufficient.

Comment [LL3]: The HPCSA secretariat should update these if needed.

4

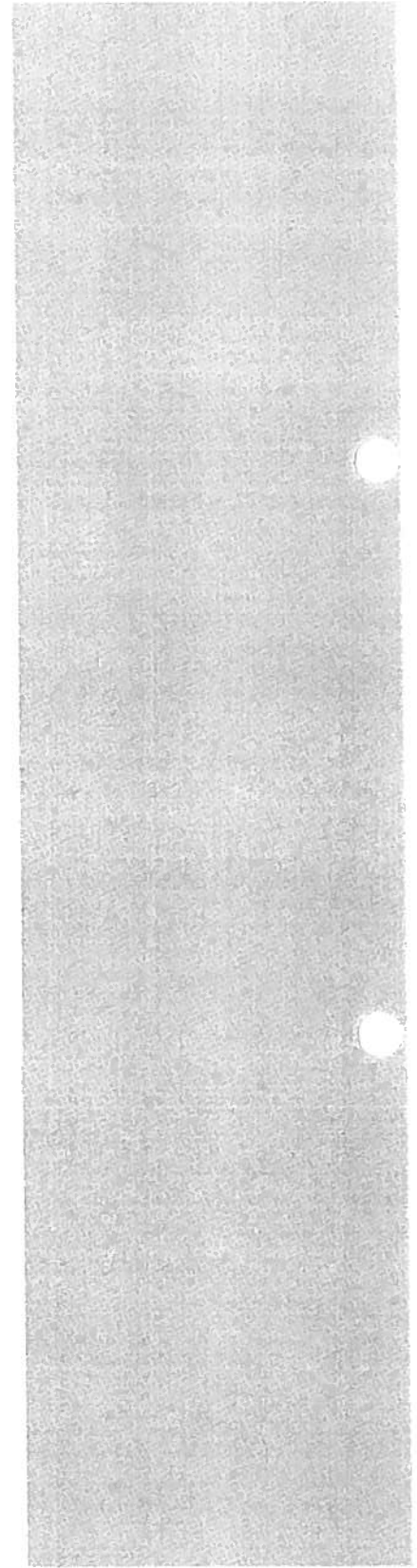
- Fax: (012) 323-0094
- 7.2 Provincial Environmental Health Office
Department of Health
Private Bag X0038
BISHO
5609
Tel: (040) 609-3701
Fax: (040) 635-0115
- 7.3 Environmental Health Office
Department of Health
Private Bag X11285
NELSPRUIT
1200
Tel: (013) 752-8085 x 2043
Fax: (013) 755-3549
- 7.4 Environmental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

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ANNEXURE
ABRIDGED VERSION

UDC 725.5:628.4.04

SABS 0248:1993

SOUTH AFRICAN BUREAU OF STANDARDS

CODE OF PRACTICE

for the

**HANDLING AND DISPOSAL OF WASTE MATERIALS WITHIN HEALTH CARE
FACILITIES**

*(Incorporating CAN/CSA-Z317.10-88, Handling of waste materials within health care
facilities, with modifications)*

Abridged by the
Health Professions Council of South Africa
as part of the
Guidelines for the Management of Health Care Waste by Medical Practitioners, Dentists
and Medical Scientists

The detailed document is
obtainable from the

SA BUREAU OF STANDARDS
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NOTICE

The detailed standard was approved by the Council of the South African Bureau of Standards on 25 February 1993. It remains under revision and should, therefore, be obtained from the Bureau in full if required for verification of specific provisions.

NOTES

1. In terms of the Regulations promulgated under the Standards Act, 1982 (Act No. 30 of 1982), it is a punishable offence for any person to falsely claim compliance with the provisions of a code of practice published by the South African Bureau of Standards.
2. Authorities who wish to incorporate any part of this code of practice into any legislation in the manner intended by section 33 of the Act, should consult the South African Bureau of Standards regarding the implications.
3. As the standard will be revised when necessary in order to keep abreast of progress, comment will be welcomed by the Bureau and will be considered when the standard is revised.

FOREWORD

The standard establishes specific guidelines for the segregation, collection, movement and storage of waste materials within health care facilities. The main objective is to decrease injury to personnel and the possible risks of spreading infection due to the improper handling of waste materials.

The main features of the standard are as follows:

1. A series of waste categories based on the World Health Organisation's Report *Management of Waste from Hospitals* has been introduced.
2. A clause on pharmaceutical waste appears in the standard.
3. A classification system for waste containers has been developed.
4. Various procedures reflect modern current infection control practices.
5. The standard has been written in such a way as to reflect the practical aspects of handling waste.

INTRODUCTION

In many guidelines, all waste contaminated with blood or body fluids are classified as infectious waste. This enormously increases the volume of waste requiring expensive handling and disposal. Identical items of waste are disposed of from homes with no special handling or decontamination. For these reasons, this issue received detailed consideration during the preparation of the standard.

The identification of every patient who carries a blood borne pathogen such as Hepatitis B or Human Immunodeficiency Virus (HIV, leading to AIDS) is both impractical and inappropriate. The

modern trend in hospital infection control is to build safe practices into ALL clinical procedures; the precaution taken is dictated by the risk accompanying the procedure, not by the diagnosis.

Two premises have been incorporated throughout the standard:

1. The simple presence of viable organisms does not constitute a hazard; a mechanism by which these organisms can infect a host must coexist. Since Hepatitis B and HIV are usually transmitted by inoculation, the concern with blood alone, for example, is misplaced. The emphasis should more appropriately be applied to the category of clinical sharps. Infections acquired by waste handlers are rare, but almost always associated with trauma. Vigorous efforts directed toward the prevention of these injuries deserve high priority; the incidence of both the wounds and accompanying infections can be reduced dramatically by adherence to safe procedures.
2. Absolute elimination of all risk is impossible. A realistic goal is the attainment of a reasonable degree of safety at all times without needlessly compromising efficiency.

Note: The scope of the standard is restricted to the health care site, but the responsible person for the health care facility still bears the ultimate responsibility for the safe disposal of waste (generated on site) outside the site.

1 SCOPE AND FIELD OF APPLICATION

- 1.1 The standard includes criteria for the segregation, collection, movement, storage, and on-site disposal of waste materials within health care and biological research facilities.
- 1.2 The standard does not deal with the disposal of waste once it has been removed from the site of the health care facility. Such matters are the subject of national, provincial, regional and municipal legislation and regulations.
- 1.3 The standard does not address special precautions in national and provincial legislation which may apply to infectious substances (or the transportation thereof).
- 1.4 In the standard, "shall" indicates a mandatory requirement; "should" indicates a recommendation, or that which is advised but not mandatory.
- 1.5 Notes accompanying the clauses do not include mandatory or alternative requirements. The purpose of a note accompanying a clause is to separate it from the text as being explanatory or informative material that is not properly a part of the standard. Notes to the table are considered to be part of the table and are written as mandatory requirements.

2 DEFINITIONS

The following definitions apply to the standard and are included herein for information and clarity:

- 2.1 **Chemical waste:** Comprises discarded solid, liquid and gaseous chemicals, e.g. from diagnostic or experiential work, or from cleaning, housekeeping or disinfecting procedures. Chemical waste may be hazardous or non-hazardous. For the purposes of choosing the most appropriate waste-handling method, hazardous chemical waste is considered to be waste that is -

2.1.1 Toxic;

2.1.2 Corrosive (acids of pH < 2,0 and bases of pH > 12,0);

4

2.1.3 Flammable;

2.2.4 Reactive (explosive, water reactive, shock sensitive); or

2.2.5 Genotoxic (carcinogenic, mutagenic, teratogenic or otherwise capable of altering genetic material).

[Note: Non-hazardous chemical waste consists of chemicals other than those described here, such as sugars, amino acids, and certain organic and inorganic salts].

2.2 **Clinical glass:** Glass possibly contaminated with blood and body fluids or chemicals, (e.g. blood collection tubes, laboratory glass, medication vials).

2.3 **Collection:** The accumulation of wastes from several primary or intermediate storage sites for movement to a waste-holding area or from several waste-holding areas for movement to a final storage area.

2.4 **Colour-coding:** The application of colour to a container in order to identify the category of waste for which it is to be used.

2.5 **Container:** Any receptacle for the storage of wastes. Containers can be classified into two subgroups as follows:

2.5.1 Reusable waste container.

2.5.2 Single-use waste container.

2.5.1. **Reusable waste container:** A waste container that is:

2.5.1.1 Reusable;

2.5.1.2 Fabricated of metal or rigid plastics;

2.5.1.3 Resistant to burning, impact and corrosion;

2.5.1.4 Suitable for the waste it is to contain; and

2.5.1.4 Colour-coded or identified according to the type of waste for which it is intended (see table 1) by one of the following methods:

1. If the container is made of plastics, the plastics may be dyed in the appropriate colour; or
2. A band of colour not less than 50 mm in width may be applied to the container. Reusable waste containers shall be inspected for holes or leaks every time they are emptied, and their colour-coding renewed if necessary.

[Note: Such containers are used for the:

a. Collection;

b. Transportation; or

c. Storage of waste, e.g. garbage cans and storage bins].

2.5.2 **Single-use waste container:** A waste container that can be one of the following:

2.5.2.1 Sharps container.

2.5.2.2 Waste-holding plastic bag.

2.5.2.3 Cardboard container.

2.5.2.4 Specialised container.

2.5.3 **Sharps container:** A container that:

2.5.3.1 Is sturdy enough to resist puncture under usage conditions and to the point of disposal;

2.5.3.2 Is clearly identified as containing sharps, e.g. by the use of the word SHARPS or a symbol recognised by the facility;

2.5.3.4 Has lid(s) capable of being tightly secured; and

2.5.3.5 If used for containing cytotoxic wastes, has the cytotoxic hazard symbol displayed clearly and visibly.

[Notes:

1. Other useful features of sharps containers include -
 - a. A fill line;
 - b. Unauthorised withdrawal prevention;
 - c. Handles; and
 - d. A wall bracket and lock.
2. Containers selected should be compatible with and appropriate to the type of waste they are to contain.
3. Where practical, the same type of container should be used throughout a facility. [Standardisation of the containers will encourage greater use and enhance identifiability among users].

2.5.4 **Waste-holding plastic bag container:** A plastics bag used as a container and that is:

2.5.4.1 Colour-coded or identified according to the type of waste for which it is intended (see table 1); and

2.5.4.2 Sturdy enough to resist puncture, leaking and breaking under individual usage conditions and to the point of disposal, except where:

- a. Provincial regulations governing the off-site disposal of waste require bags of a specific thickness;
- b. Municipal or other local authorities responsible for sanitary landfill sites require bags of a specific thickness; or
- c. Facility administrators have established procedures involving specified bag thicknesses.

[Note: It is inappropriate to specify a minimum thickness of plastic bags or plastic sharps containers since polymeric materials vary extensively in their physical and mechanical

properties. It is quite possible that a 25 mm thick film of one polymeric material will be more puncture, impact and abrasion resistant than a 50 mm thick film of a different polymeric material. These properties can be further affected by the manufacturing process, i.e. extrusion and injection moulding. The most appropriate manner of determining the suitability of a particular container in respect of its ability to resist puncture, leaking and breaking under individual usage conditions is to subject the container to those usage conditions).

- 2.5.5 **Cardboard container:** A container made from cardboard and that is:
- 2.5.5.1 Colour-coded or identified according to the type of waste for which it is intended (see table 1);
 - 2.5.5.2 Rigid; and
 - 2.5.5.3 Leak resistant.
- 2.5.6 **Specialised containers** (e.g. paint cans): Specialised containers colour-coded or identified according to the type of waste for which they are intended.
- 2.6 **Cytotoxic:** Having a deleterious effect upon cells; commonly used in reference to pharmaceuticals used in the treatment of cancer, (e.g. antineoplastics, chemotherapy agents).
- 2.7 **Disposal:** The removal of waste from the site of the health care facility or the on-site incineration of waste.
- 2.8 **General waste:** Waste that:
- 2.8.1 Has not been included in the other waste categories; and
 - 2.8.2 Does not pose a disease-related risk or threat to people or the environment. The general waste category includes:
 - 2.8.2.1 Office waste;
 - 2.8.2.2 Kitchen waste;
 - 2.8.2.3 Non-clinical glass waste; and
 - 2.8.2.4 All other similar wastes.
- 2.9 **Hazardous:** Referring to any material or substance that, if handled improperly, has the potential to harm people, property or the environment.
- Note:** All human anatomical waste such as blood and body fluids are potentially hazardous.
- 2.10 **Human/animal anatomical waste:**
- 2.10.1 Waste consisting of:
 - 2.10.1.1 Tissues;
 - 2.10.1.2 Organs;
 - 2.10.1.3 Body parts;
 - 2.10.1.4 Products of conception; and

2.10.1.5 Animal carcasses.

2.10.2 This waste category is divided into the subcategories of:

- 2.10.2.1 Human anatomical waste;
- 2.10.2.2 Infectious animal anatomical waste; or
- 2.10.2.3 Non-infectious animal anatomical waste.

[Note: The following are considered to be non-anatomical wastes:

- a. Blood and body fluids.
- b. Extracted teeth.
- c. Nail clippings.
- d. Hair].

2.11 **Health care facilities:** Health care facilities are all places (sites) where professional health services are dispensed to human patients or biological research is carried out and includes, *inter alia*, hospitals, clinics, rehabilitation centres, sick bays (old age homes), free-standing operating theatres, day units, clinics (mobile and stationary) and doctor's consulting rooms.

2.12 **Infectious non-anatomical waste:** Any waste contaminated with viable micro-organisms capable of transmitting, and reasonably likely to transmit, disease.

[Note: This may include -

- a. All microbiology lab wastes that have not been decontaminated;
- b. Waste from surgeries and autopsies performed on patients with infectious diseases; and
- c. All contaminated waste from patients].

2.13 **Movement:** Transfer of waste material between storage areas within the health care facility.

2.14 **Non-clinical glass:** Glass from maintenance and kitchen areas, (e.g. broken window panes and discarded glass bottles, unless visibly contaminated with blood).

2.15 **Pharmaceutical waste:** Pharmaceutical products such as drugs and medicinal chemicals that are:

2.15.1 No longer usable in patient treatment and have been returned from patient care areas, have become outdated or contaminated, have been stored improperly; or

2.15.2 No longer required.

2.16 **Pressurised container waste:** Consists of aerosol cans or disposable compressed gas containers that may explode if incinerated or accidentally punctured.

2.17 **Refrigerated storage:** Storage of waste at a temperature of 4°C or lower.

2.18 **Segregation:** The separation of waste according to classification (see Table 1) prior to storage.

- 2.19 **Sharps and similar waste:** These include:
- 2.19.1 Needles;
 - 2.19.2 Syringes;
 - 2.19.3 Blades;
 - 2.19.4 Clinical glass; and
 - 2.19.5 Any other clinical items capable of causing a cut or puncture.
- 2.20 **Soiled utility room:** An intermediate storage room within the facility where waste from the patient's bedside is temporarily stored.
- 2.21 **Storage:** The accumulation of waste after segregation in a specified container in a predetermined location.
- 2.22 **Storage areas:**
- 2.22.1 **Final storage area:** The area of the facility where waste is stored just before being disposed of;
 - 2.22.2 **Intermediate storage area:** The area of the facility where waste is stored following its collection from the primary storage area and before being removed to the final storage area. This will necessarily include the means by which the waste is transported;
 - 2.22.3 **primary storage area:** The area of the facility where waste originates, e.g. a consulting room, patient room and laboratory.
- 2.23 **System:** The waste management system belonging to the health care facility.
- 2.24 **Waste holding:** The storage of waste collected from all primary storage areas such as a laboratory wing, a block of operating rooms, or a floor of patient rooms.

3 REFERENCE DOCUMENTS

- 3.1 The following documents should be referred to when handling and disposing of waste materials:
- 3.1.1 *Medicines and Related Substances Control Act, 1965 (Act No. 101 of 1965).*
 - 3.1.2 *Human Tissue Act, 1983 (Act No. 56 of 1983), as amended.*
 - 3.1.3 *Compulsory specification for biological safety cabinets (Classes I, II and III), published by Government Notice No. 1318 (Government Gazette No. 12517) of 15 June 1990.*
 - 3.1.4 *SABS 1186, Symbolic safety signs.*
 - 3.1.5 *SABS 0226, The installation, post-installation tests and maintenance of biological safety cabinets.*
 - 3.1.6 *BS 5252, Framework for colour coordination for building purposes.*

4 OCCUPATIONAL HAZARDS AND HEALTH RISKS

- 4.1 To minimise the occupational health risks associated with the handling and disposal of health care waste, occupational health care programmes should:
- 4.1.1 Introduce safe or less hazardous substitutes for chemical agents with exposure hazards;
 - 4.1.2 Require closed storage for volatile agents, traces of which, or brief exposure to which, cause a health hazard;
 - 4.1.3 Require the use of proper venting and exhausting in accordance with the established principles of occupational hygiene;
 - 4.1.4 Provide appropriate personal protective equipment with disinfection and disposal arrangements for workers involved in various stages of waste handling and disposal;
 - 4.1.5 Include an assessment of waste management procedures on a regular basis, to assure compliance with the standard and applicable national, provincial, regional and municipal regulations and legislation;
 - 4.1.6 Include a training programme for all persons handling wastes;
 - 4.1.7 Include appropriate protective equipment and handwashing facilities; and
 - 4.1.8 Include a written procedure to handle and report needle-stick injuries and other injuries sustained whilst engaged in waste disposal.
- 4.2 Health care facilities shall have freely available to all personnel concerned, written policies and procedures which include requirements for at least:
- 4.2.1 The cautionary labeling of all containers of hazardous materials;
 - 4.2.2 Material safety data sheets;
 - 4.2.3 Appropriate worker training for each system element;
 - 4.2.4 Protection of proprietary information; and
 - 4.2.5 When applicable, compliance with relevant national and local regulations.

5 GENERAL PROVISIONS

All waste needs to be handled so as to ensure that it is segregated at source, contained in packaging that holds the contents to the point of disposal, and disposed of in a manner that is practical and efficient yet minimises any hazard. By minimising the handling of waste, fewer people will be exposed to it. Potentially offensive unrefrigerated waste should be timeously removed.

There are certain classes of waste that need to be handled in specific ways. They are specified in the standard to ensure proper handling.

5.1 SEGREGATION OF WASTES

Wastes shall be segregated according to the following categories that are further detailed in Table 1 (see below page 16):

- 5.1.1 Human/animal anatomical waste.
- 5.1.2 Infectious non-anatomical waste.
- 5.1.3 Sharps and similar waste.
- 5.1.4 Chemical/pharmaceutical waste.
- 5.1.5 Radioactive waste.
- 5.1.6 Pressurised container waste.
- 5.1.7 General waste.

5.2 IN-HOUSE CONTROL

- 5.2.1 Each generator of biohazardous waste shall prepare, maintain and implement a written plan to identify and handle all waste generated within the facility and shall provide a training programme for all staff to familiarise them with:
 - 5.2.1.1 Procedures for the segregation, collection, storage, labeling and movement of waste specified by the standard;
 - 5.2.1.2 Personal hygiene, especially handwashing; and
 - 5.2.1.3 The hazards of those materials to which workers may be exposed. Such training shall be continuously assessed and reinforced.
- 5.2.2 An inspection programme shall be established to ensure that the procedures specified by the standard are followed.
- 5.2.3 The final disposal of hazardous waste remains the responsibility of the waste generator.

[Note: The in-house control of waste produced by health care facilities should be managed in accordance with the provisions of the standard, under the supervision of the facility's infection control committee or a designated department].

5.3 CLOSURE AND BAGGING OF WASTE-HOLDING PLASTIC BAGS

- 5.3.1 Bags containing waste, no matter how they are closed, shall be such that their contents are prevented from escaping.
- 5.3.2 A single bag is normally adequate if it is impervious and sturdy (i.e. not easily penetrated) and if the article can be placed in the bag without contaminating the outside of the bag. Otherwise, double bagging should be used.

5.4 INTERMEDIATE AND FINAL STORAGE AREAS

- 5.4.1 All waste-storage areas shall meet the requirements of the National Building Regulations.

5.4.2 Intermediate and final storage areas shall:

- 5.4.2.1 Be totally enclosed;
- 5.4.2.2 Be separate from supply rooms or food preparation areas;
- 5.4.2.3 Have provision for being locked; and
- 5.4.2.4 Have access restricted to authorised personnel only.

5.4.3 Health care facilities that refrigerate stored waste shall use:

5.4.3.1 A lockable, closed cold storage facility; or

5.4.3.2 A lockable, domestic-type freezer unit that is dedicated to the accumulation of waste for disposal. This waste shall be stored at a temperature of 4°C or lower, with freezing being the preferred method of storage.

5.4.4 Health care facilities shall prepare a contingency plan for dealing with the storage of refrigerated waste in the event of excess waste being produced, incineration facilities or refrigeration/freezing facilities becoming inoperative.

5.4.5 Health care facilities shall prepare a contingency plan to deal with the disposal of waste in the event of a disruption of disposal services.

5.4.6 Users of the standard shall refer to the National Building Regulations for information regarding the ventilation of waste-storage areas.

5.5 MOVEMENT OF WASTE

5.5.1 Manual handling of waste materials shall be minimised.

5.5.2 Carts used for carrying waste shall be:

- 5.5.2.1 Capable of containing the waste;
- 5.5.2.2 Designed to prevent spills; and
- 5.5.2.3 Constructed of materials that permit effective cleaning and disinfection.

[Note: Open carts may be used to transfer waste contained within waste containers].

5.5.3 Waste containers shall be moved only when properly closed.

5.5.4 Specific routes for the movement of waste shall be planned in order to minimise its passage through patient care and other clean areas.

5.5.5 Waste disposal chutes should be avoided, but if they are provided, shall be used for general waste purposes only. Such disposal chutes shall comply with all applicable building and fire codes and regulations.

5.5.6 The compacting of waste destined for landfill sites shall be determined by the individual health care facility in accordance with national, provincial, regional and municipal legislation and regulations.

5.6 DISPOSAL OF WASTE

The health care facility shall dispose of all waste in accordance with national, provincial, regional and municipal regulations and legislation.

5.7 MAINTENANCE AND CLEANING OPERATIONS**5.7.1 Protective apparel**

The following protective apparel shall be worn, as necessary, by any personnel engaged in the cleaning of reusable waste containers, waste-movement carts, or final storage areas:

- 5.7.1.1 Water-resistant coveralls.
- 5.7.1.2 Rubber boots.
- 5.7.1.3 Heavy-duty waterproof gloves.
- 5.7.1.4 Protective goggles or face shields.

[Note: When not in use, protective apparel shall be stored in an area designated for this purpose].

5.7.2 Reusable waste containers and waste-movement carts

- 5.7.2.1 Reusable waste containers and waste-movement carts shall be thoroughly cleaned in accordance with the facility's established procedures.
- 5.7.2.2 The frequency of cleaning operations shall be in accordance with the facility's established procedures.
- 5.7.2.3 Reusable waste containers and waste-movement carts shall be thoroughly cleaned before any maintenance work is performed on them.

5.7.3 Storage sites

Floors, walls and ceilings of intermediate and final storage areas shall be thoroughly cleaned in accordance with the facility's established procedures.

5.8 SPILL OR ACCIDENT CLEANUPS

- 5.8.1 Every possible effort should be made to avoid the escape of any hazardous material in the course of normal operations. Minor spills involving loss or release into the air of small volumes of material are most likely to result from faulty transfer techniques. Major spills or accidents usually involve container rupture, caused by equipment malfunction or careless handling.
- 5.8.2 As in the handling of all hazardous substances, the most important elements in dealing with a major spill are common sense and a contingency plan prepared and learned in advance.

- 5.8.3 Health care facilities shall have a documented policy and procedure for managing spills of a hazardous substance.
- 5.8.4 The procedure for managing a spill shall include the following:
- 5.8.4.1 All staff shall be trained and educated in -
- a. The management of hazardous substances; and
 - b. The recognition and management of a spill condition.
- 5.8.4.2 A method for the containment and isolation of each type of spill shall be prepared.
- 5.8.4.3 Should a spill occur, the person or persons designated for spill cleanup shall be notified immediately. These persons shall have specific training in the management of spills.
- 5.8.4.4 Information concerning individual substances and their cleanup shall be readily accessible to all staff and available on a 24 hour basis.
- 5.8.4.5 Proper equipment shall be made available for:
- a. Spill cleanups; and
 - b. The protection of employees.
- 5.8.4.6 The procedures for each type of spill shall be documented and made available in the area where the spill is likely to occur.
- 5.8.4.7 Procedures for the proper disposal of waste spills according to the waste-management policy of the facility shall be prepared.
- 5.8.4.8 All incidents shall be documented for the purpose of record keeping.
- 5.8.4.9 Any employee exposed to a spill shall be treated and monitored by the facility.
- 5.8.4.10 If necessary, evacuation and internal disaster plans shall be implemented.

6	SPECIFIC PROVISIONS FOR DEALING WITH THE DIFFERENT TYPES OF HEALTH CARE WASTE
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- 6.1 After dealing with the above general provisions, the standard goes on to deal separately with each of the various categories of health care and general waste.
- 6.2 Readers who require more detailed information on dealing with the relevant categories of waste, are advised to contact the South African Bureau of Standards (SABS) for such information as the standard for dealing with health care waste is constantly under review and being updated as required.
- 6.3 At the invitation of the SABS, a member of the HPCSA's Committee for Human Rights, Ethics and Professional Practice has been nominated to serve on the relevant Committee of the SABS. The HPCSA appreciates this invitation and trusts that it will result in close cooperation between the SABS and the HPCSA in dealing with this important aspect of health care management and protection of the public.

6.4 The following categories of health care waste are addressed in the standard:

6.4.1 Human/animal anatomical waste

The standard deals with its definition and the following subcategories:

6.4.1.1 Human anatomical waste

The item deals with the containment, collection, final storage areas and disposal of human anatomical waste.

6.4.1.2 Animal anatomical waste

The item deals with the containment, collection, final storage areas and disposal of animal anatomical waste.

6.4.2 Infectious non-anatomical waste

The standard deals with the definition, containment, collection, final storage areas and disposal of infectious non-anatomical waste.

6.4.3 Sharps and similar waste

The standard deals with the definition of sharps and similar waste which includes:

6.4.3.1 Needles;

6.4.3.2 Syringes;

6.4.3.3 Blades;

6.4.3.4 Clinical glass; and

6.4.3.5 Any other clinical items capable of causing a cut or puncture; and

their containment, collection and disposal.

6.4.4 Chemical/pharmaceutical waste

The standard on chemical waste deals mainly with hazardous and pharmaceutical chemicals, their definition, basic safety guidelines, basic waste disposal guidelines, the handling and disposal of pharmaceuticals other than cytotoxics, and the handling and disposal of cytotoxic pharmaceuticals.

6.4.5 Radioactive waste

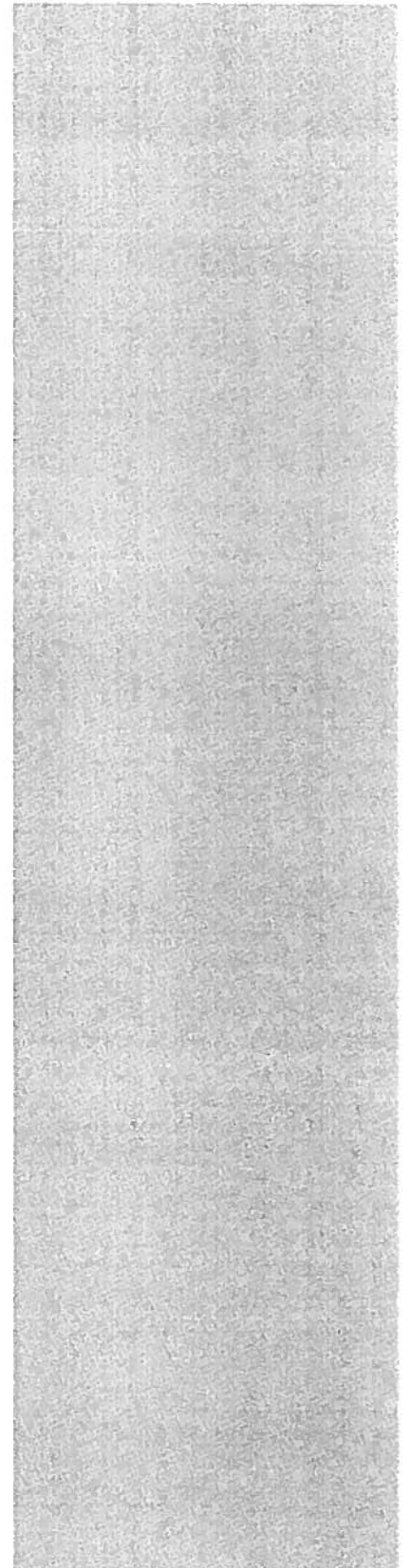
The handling and disposal of radioactive wastes are subject to the Nuclear Energy Act, 1982 (Act No. 92 of 1982).

6.4.6 Pressurised container waste

The standard again deals with the definition, containment, collection and disposal of pressurised container waste.

6.4.7 General waste

The standard deals with the definition, containment, collection and disposal of general waste and briefly addresses the issues of kitchen waste and non-clinical glass waste.



16

TABLE 1 - SUMMARY OF COLOUR-CODING/LABELING REQUIREMENTS

1	2	3	4
Waste category	Waste subcategory	Colour-coding/labeling	Clause
1. Human/animal*) anatomical waste	1(a) Human anatomical	RED	6.2
	1(b) Infectious animal anatomical	ORANGE**, OR RED	6.3
	1(c) Non-infectious animal anatomical	BLUE	6.3
2. Infectious*) non-anatomical waste		YELLOW	7
3. Sharps and similar waste		"SHARPS" or recognised symbol	8
4. Chemical/ pharmaceutical waste	Chemical waste		9.1/9.2
	Pharmaceutical waste excluding cytotoxic pharmaceutical waste	BLACK, DARK GREEN, or recognised coding	9.3/9.3.4
	Cytotoxic pharmaceutical waste	Cytotoxic hazard symbol	9.3.5
5. Radioactive waste		Radiation hazard symbol	10
6. Pressurised container waste		BLACK or DARK GREEN	11
7. General waste	7(a) Office waste	BLACK or DARK GREEN	12
	7(b) Kitchen waste	BLACK or DARK GREEN	12.4
	7(c) Non-clinical glass waste	BLACK or DARK GREEN	12.5
	7(d) Non-infectious non-anatomical waste	BLACK or DARK GREEN	12
*) Chemical or radioactive solutions containing human/animal anatomical and infectious non-anatomical wastes should be considered as chemical or radioactive wastes respectively.			
**) ORANGE - 06E53 in BS 5252 (MUNSELL Ref 5YR7/15).			

Ethical guidelines for good practice in the health care professions

The following Booklets are separately available:

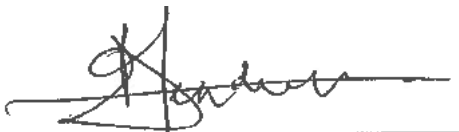
- Booklet 1:** *General ethical guidelines for health care professions*
- Booklet 2:** *Ethical and professional rules of the health professions council of South Africa as promulgated in government gazette R717/2006*
- Booklet 3:** *National Patients' Rights Charter*
- Booklet 4:** *Professional self-development*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

**COMMENTS FROM THE ENGINEERING SERVICES DEPARTMENT FOR:
APPLICATION FOR CONSENT USE & DEPARTURE: ERF 5788,
HERMANUS HEIGHTS (3260)**

Electricity : In order
Water : In order
Sewer : In order
Stormwater : In order
Roads and traffic : In order

Conditions:

1. that only the existing water and sewerage connections will be available to the development, should larger capacity in any of these services be required, the upgrading will be at the owner's cost;
2. that only the existing electricity connection will be available for the development and that, should additional capacity be required, an investigation be conducted, with regard to the capacity required and that available, at the owner's cost;
3. that stormwater be allowed to discharge through Erf 5788, Hermanus Heights, unobstructed;
4. that no on-street parking be allowed;
5. that no tandem parking be allowed.



**DENNIS HENDRIKS
SENIOR MANAGER:
ENGINEERING SERVICES**



DATE