



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

April 2, 2020

DEPARTMENT MEMORANDUM

No. 2020 - 0170

TO: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (MOH-BARM); DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT (CHD), BUREAU AND SERVICES; EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA, AND TREATMENT AND REHABILITATION CENTERS; AND ALL OTHERS CONCERNED

SUBJECT: Interim Guidelines on the Management of Health Care Waste in Health Facilities, Community Quarantine Units, and Temporary Treatment and Monitoring Facilities with Cases of Coronavirus Disease 2019 (COVID-19)

I. BACKGROUND

The Philippines was declared under a State of Public Health Emergency due to the acceleration and expansion of confirmed COVID-19 cases. With the rapid surge in the demand for COVID-19 treatment and care in health care facilities, the health sector is confronted with the difficulty of maintaining health care waste management standards, or the proper handling, treatment, and disposal of health care waste in this time of public health emergency.

Waste management must be given due priority to address the increase in the generation of hazardous wastes, especially infectious wastes related to COVID-19, as well as to ensure the welfare of all users of health care facilities. The Department of Health hereby issues these guidelines on health care waste management in all facilities with suspect, probable, and confirmed COVID-19 patients as redefined in the latest patient classification of COVID-19 Case Definition for Surveillance.

II. OBJECTIVE

To provide guidance on the proper management of all COVID-19-related health care waste in all health facilities, community quarantine units, and temporary treatment and monitoring facilities.

III. SCOPE AND COVERAGE

These interim guidelines shall cover all health facilities, community quarantine units, and temporary treatment and monitoring facilities catering to suspect, probable, and/or confirmed COVID-19 patients.

IV. GENERAL GUIDELINES

- A. All health facilities, community quarantine facilities, and temporary treatment and monitoring facilities should have a waste management plan to be followed accordingly.
- B. All health care wastes generated in the management and treatment of suspect, probable and confirmed COVID-19 patients should be considered as infectious waste. See Annex A for the detailed information on health care wastes.
- C. Appropriate personal protective equipment (PPE) (i.e. closed shoes (if industrial boots is not available) and shoe cover, apron, long-sleeved gown, thick gloves, mask, and goggles or a face shield) must be used by the health facility personnel designated in collecting, segregating, handling, transporting, and processing health care waste. Hand hygiene must also be done after removing the PPEs.
- D. Only personnel trained on the risk and safety procedures on handling health care waste must be designated to handle COVID-19-related wastes.
- E. Storage of infectious waste must follow safe retention until it is treated or collected for transport to off-site treatment facilities. Infectious waste must be separated from other generated wastes and have a dedicated area or space.

V. SPECIFIC GUIDELINES

A. WASTE GENERATION

1. Infectious waste generated from possible, suspected, probable and confirmed COVID-19 confirmed patients include, but are not limited to, the following:
 - a. Solid wastes (e.g. used PPEs, dressings, swabs, blood bags, urine bags, sputum cups, syringes, test tubes, histopathological waste, etc.); and
 - b. Liquid wastes (e.g. urine, blood and other body fluids, etc.).
2. All healthcare personnel must ensure that waste generated from suspect, probable, and confirmed COVID-19 patients are properly segregated at waste generation points (e.g. clinical areas, laboratory, radiology, etc.).
3. Wastes generated from COVID-19 care may be mixed together with other infectious wastes.

B. SEGREGATION AND COLLECTION

1. All health facilities, community quarantine facilities, and temporary treatment and monitoring facilities must follow the proper infectious waste segregation protocols for COVID-19.
2. Appropriate labelling and signage of plastic bags and waste bins containers must be done. Posters showing the type of waste that should be disposed of in each type of receptacle must be placed near the bins to guide the staff and patients in waste segregation.
3. Appropriate waste receptacles (yellow plastic bags, waste bins, sharp containers) should be available for use by the health care workers.
4. Waste bins and sharps containers must be collected when they are three-quarters ($\frac{3}{4}$) full of wastes. They must be properly sealed prior to their transport.
5. Infectious wastes, which include COVID-19-related wastes, should not be mixed with other wastes during handling and collection.
6. Transport of the collected infectious waste must be done using wheeled trolleys or wheeled bins.
7. Routes for transport of infectious waste from patient areas to storage should be established by the health facility.
8. Dedicated trolleys and carts should be used in collecting and transporting infectious waste.

C. STORAGE


1. Infectious wastes generated may be stored temporarily in designated locations, away from patients and public spaces. In this manner, the patients and other people are kept away from the infectious wastes prior to transport to the central storage.
2. The central storage of infectious waste must be identifiable by using a biohazard symbol. General requirements for the storage area are listed in Annex B.
3. Floors and walls should be sealed or tiled to allow easy cleaning and disinfection. If present, a special sewage system should connect to the storage room for infectious hospital wastewater.
4. Infectious waste storage times should not exceed the following periods:
 - a. 48 hours during cool season
 - b. 24 hours during hot season
5. If available, a refrigerated storage room can store infectious waste for more than a week with a temperature between 3°C and 8°C.
6. The compacting of untreated infectious waste, or waste with a high content of blood or other body fluids destined for off-site disposal, is not permitted.
7. Disinfection of storage areas must be done regularly, or at least once a day.

D. TRANSPORT AND DISPOSAL

1. Transportation of health care waste within the facility must take place during less busy times of the day (e.g. in the evenings or very early in the morning).
2. All health facilities, community quarantine facilities, and temporary treatment and monitoring facilities must conform to the rules and regulations mandated by the Environmental Management Bureau - Department of Environment and Natural Resources (EMB-DENR).
3. Separate waste routes for transporting hazardous and non-hazardous wastes should be planned and used, following the “clean to dirty” principle.
4. All health care wastes should be transported using designated wheeled trolleys that are not used for any other purpose. A spare trolley should be readily available in case of breakdowns and maintenance. To avoid infection transmission trolleys must be cleaned and disinfected after every use. A trolley should have the following characteristics:
 - a. Safe to load and unload and appropriately sized according to the volume of waste generated at the health care facility, easy to push and to pull, and not too high (to avoid restricting the view of personnel transporting the waste);
 - b. No sharp edges that could damage waste bags or containers during loading and unloading;
 - c. Easy to clean and, if enclosed, fitted with a drainage hole and plug; and
 - d. Labelled and dedicated to a particular waste type, and secured with a lock if used for hazardous waste.
5. All infectious wastes generated in the facilities catering to possible, suspected, probable and confirmed COVID-19 patients, whether built or converted, must be properly treated with the applicable technology as allowed and approved by law. See Annex C for the various types of waste treatment modalities.
6. All treated infectious waste can be disposed of in a sanitary landfill, but must not be mixed with the municipal waste, or the non-hazardous wastes (i.e. general office waste, packaging, leftover food, and etc.).
7. Dedicated cells for the treated health care infectious waste must be provided in a sanitary landfill. To allow the disposal of health care waste to the sanitary landfill, the following must be met:
 - a. The waste treatment facility/system passed the standards for microbial inactivation test;
 - b. The properly treated health care waste passed the spore strip test;
 - c. The waste treatment facility/system has a valid Certificate of Product Registration (CPR) from the Food and Drug Administration – Center for Device Regulation, Radiation Health and Research (CDRRHR);

- d. The waste treatment facility is a registered Treatment, Storage, Disposal (TSD) facility with the Environmental Management Bureau, Department of Environment and Natural Resources (EMB-DENR).

For strict compliance.



FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health