



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

18 January 2021

DEPARTMENT MEMORANDUM

No. 2021- 0031

FOR: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINADANAO (MOH-BARMM); DIRECTORS AND ASSISTANT DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT (CHD), BUREAUS, AND SERVICES; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA, INSTITUTES, AND TREATMENT AND REHABILITATION CENTERS; AND ALL OTHERS CONCERNED

SUBJECT: Interim Guidelines on the Management of Health Care Wastes Generated from COVID-19 Vaccination

I. BACKGROUND

The Philippines has been declared under a State of Public Health Emergency due to the increasing cases of COVID-19 in the country. To prevent and mitigate the spread of infection to populations, the COVID-19 immunization program will be rolled-out by the Department of Health (DOH). A surge in the generation of health care wastes is foreseen in view of the vaccination activities. Hence, proper waste management practices should be observed to prevent further exposure of health workers and communities to infectious wastes as well as protect the environment from pollution.

In view of the above, there is a need for guidelines on the handling in terms of segregation, onsite collection and transport, onsite storage, offsite transport, and offsite treatment and disposal of these hazardous/ infectious wastes. The DOH Health Care Waste Management Manual (Fourth edition) contains the comprehensive set of guidelines on the safe management of waste generated from health care activities in the country.

II. OBJECTIVE

To provide guidance on the proper management of health care wastes generated from the COVID-19 vaccination activities in all health care facilities (HCFs) involved

III. SCOPE AND COVERAGE

These guidelines shall cover all health care facilities, Centers for Health Development (CHDs), and local government units (LGUs) involved in the COVID-19 vaccination.

IV. GENERAL GUIDELINES

- A. All health care facilities involved in the COVID-19 vaccination should have a waste management plan to be observed and complied with accordingly.
- B. All health care wastes generated in the COVID-19 vaccination activities shall be categorized as hazardous wastes under the sub-classification infectious wastes.
- C. Appropriate personal protective equipment (PPE), i.e., closed shoes and shoe cover, apron, long- sleeved gown, gloves, mask, and goggles/face shield, shall be used by the health care facility personnel designated in handling, collecting, and collecting the health care wastes from the COVID-19 vaccination. Proper hand hygiene should also be observed.
- D. Only personnel trained on health care waste risk and safety measures should be designated to handle wastes generated from the COVID-19 vaccination.
- E. The infectious and pharmaceutical health care wastes from the COVID-19 vaccination should be properly segregated form other wastes.

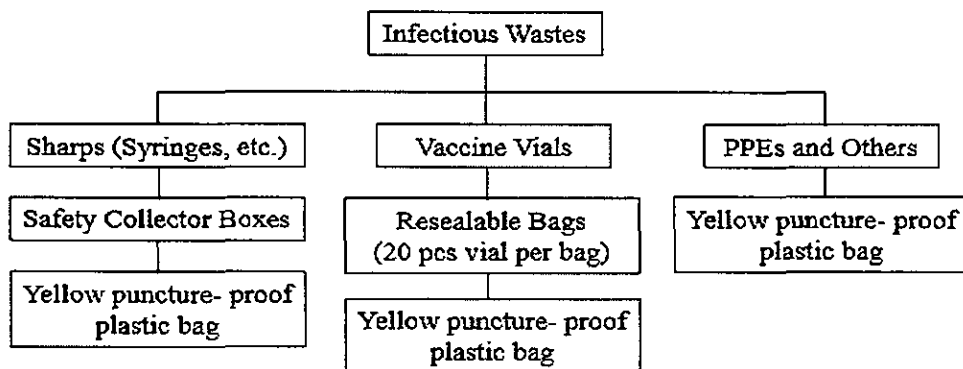
V. SPECIFIC GUIDELINES

A. WASTE GENERATION

- 1. Health care wastes generated from the COVID-19 vaccination activities are classified as infectious wastes which include but are not limited to empty vaccine vials, syringes/sharps, PPEs, cottons, tissues, and other materials which had contact with the patient.
- 2. All health care personnel and waste handlers shall ensure that all wastes generated at various waste generation points should be segregated and labeled properly.

B. WASTE SEGREGATION WITHIN THE HEALTH CARE FACILITY (HCF)

- 1. All health care facilities involved in the vaccination shall strictly follow the proper infectious waste segregation protocols for COVID-19.
- 2. Sharps such as syringes and needles shall be placed in safety collector boxes for temporary storage onsite.
- 3. The empty vaccine vials shall be placed in a resealable bag. Each resealable bag should contain 20 empty vaccine vials for accounting purposes.
- 4. The filled safety collector boxes with syringes and the resealable bags with the empty vaccine vials shall be placed in separate yellow puncture- proof container bags in waste bins with cover.



5. In the absence of yellow- colored plastic liners/sacks, a yellow ribbon or tie may be used to denote that infectious wastes are inside.
6. Appropriate waste receptacles including yellow plastic liners, puncture- proof containers, waste bins, and sharp containers should be made available.
7. The recommended thickness of the plastic liners is 0.07mm per ISO 7765-1: 2004. The plastic used for either containers or bags should be chlorine- free.
8. Both waste bins and plastic liners shall be preferably of the same color for the type of waste intended to be placed to avoid confusion in segregation.
9. Appropriate labels and signages of plastic bags and waste bin containers shall be in place. The type of wastes that should be disposed of in each type of receptacle should be placed near the bins to guide the vaccine administrator and waste handler in waste segregation.
10. Proper tagging of plastic liners before placing on the waste bin is to be strictly implemented. The tag of the plastic liner shall indicate the following:
 - i. Name of the HCF;
 - ii. Source/ area of HCF where the waste was generated;
 - iii. Type of waste and the weight and date of collection on-site, or date and time of closure of the container; and
 - iv. Name of the person filling- out the label.
11. Infectious wastes should not be mixed with other wastes during handling, collection, and storage.
12. All non-hazardous wastes shall be placed in separate waste bins together with the general waste.

C. WASTE COLLECTION AND TRANSPORT WITHIN THE HCF

1. Proper accounting of the health care wastes generated from the COVID-19 vaccination, especially the empty vials, should be conducted. A designated staff should be in-charge of the waste audit.
2. The designated waste handler shall, at all times, use appropriate personal protective equipment (PPE).
3. Waste bins and safety collector boxes must be three quarters (3/4) full, properly sealed with no aerosol generation, and not be compacted before they are collected and transported from the waste generation site.
4. The plastic container with the infectious wastes and safety collector boxes shall be tied tightly and collected using dedicated and labelled trolleys, carts, or wheeled bins, which should not be used for other purposes.
5. A spare wheeled trolley, cart, or bin should be available in case of breakdown or maintenance. The following criteria for the wheeled trolley, cart, or bin should be met:
 - a. Safe to load and unload and in the appropriate size according to the volume of waste to be generated and collected at the health care facility;
 - b. Easy to pull and push and not too high to avoid restricting the view of personnel transporting the health care wastes;
 - c. Has no sharp edges that could puncture or damage waste bags or containers during loading and unloading;
 - d. Easy to clean, and if enclosed, fitted with a drainage hole and plug; and
 - e. Labelled and dedicated to particular waste type and secured with lock if used for infectious wastes.
6. The waste containers should be large enough for the quantity of waste generated at that location during the period between collections.
7. The collected infectious wastes shall then be brought to the temporary storage area of the HCF.

8. Routes of collection and transport of infectious wastes inside the health care facility from the point of generation should be established by the facility such that exposure of the personnel, patients, and visitors are minimized.
9. Transport of health care wastes within the facility should be done during less busy times of the day, i.e., after the daily vaccination schedule, in the evening, or very early in the morning.
10. Separate waste routes for transporting hazardous and non-hazardous wastes should be planned and executed by the health care facility, following the “clean to dirty” principle.
11. Waste trolleys, carts, or bins shall be thoroughly cleaned and disinfected after every use and daily to prevent infection transmission.

D. WASTE STORAGE WITHIN THE HCF

1. Infectious and pharmaceutical wastes generated may be stored temporarily in designated locations, away from patients and public spaces to minimize exposure, prior to transport to the central storage.
2. The central storage of the HCF shall have appropriate signage using a biohazard symbol, easily visible and posted in a conspicuous manner.
3. Infectious wastes should be stored not exceeding 48 hours during cool season and 24 hours during hot season.
4. If a refrigerated storage room is available, infectious wastes may be stored inside for more than a week in temperatures between 3 to 8 °C.
5. Disinfection of storage areas must be done regularly or at least once a day.

E. OFF SITE WASTE TRANSPORT

1. For HCFs without waste service providers i.e., DENR- accredited waste transporter and treatment, storage, and disposal (TSD) facility, such as Rural Health Units (RHUs) and Local Health Offices, the respective DOH Center for Health Development (CHD) or Provincial Health Office (PHO) shall coordinate and facilitate the waste collection and transport from the HCF for the COVID-19 vaccine wastes to the DOH CHD or PHO’s temporary waste storage facility.
2. The contracted DENR- accredited waste transporter and treatment, storage, and disposal (TSD) facility shall collect the health care wastes generated from the COVID-19 vaccination activities from the HCFs with contract and from the DOH CHD or PHO’s temporary waste storage facility, as appropriate.
3. The DOH shall facilitate the request to the DENR for the Special Permit to Transport of the accredited waste transporter and/or TSD facility for the waste collection from the temporary waste storage facility of the CHD or PHO for the HCFs without service providers (Annex A).

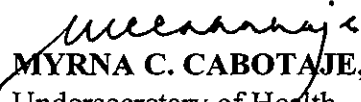
F. OFF SITE WASTE TREATMENT AND DISPOSAL

1. The CHD or PHO shall coordinate with the TSD provider/s contracted by the DOH Central Office for the treatment and disposal of health care wastes of those health facilities without service providers.
2. All health care wastes generated from the COVID-19 vaccination activities shall be treated with the applicable technology by the DENR- accredited TSD facilities in compliance with existing laws and regulations. Reference to the waste treatment technologies prescribed in the DOH Health Care Waste Management Manual 4th edition (April 2020) should be made.

3. All treated infectious wastes can be disposed in a sanitary landfill but shall not be mixed with municipal wastes or non-hazardous wastes, following appropriate guidelines and regulations.
4. Dedicated cells for the treated health care infectious wastes shall be provided in sanitary landfills. To allow the disposal of health care waste in the sanitary landfill, the following must be met:
 - a. The waste treatment facility/system passed the standards for microbial inactivation;
 - b. The properly treated infectious health care wastes 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 (FDA–CDRRHR);
 - d. The waste treatment facility is a registered Treatment, Storage, and Disposal (TSD) facility with the Department of Environment and Natural Resources – Environmental Management Bureau (DENR–EMB).

For your guidance and compliance.

By Authority of the Secretary of Health:


MYRNA C. CABOTAJE, MD, MPH, CESO III
Undersecretary of Health
Public Health Services Team