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Low-Heat Thermal Process

- Uses thermal energy at elevated temperatures high enough to destroy pathogens, but not sufficient to cause combustion or pyrolysis of waste
- Generally operates between 100°C and 180°C
- Takes place in moist or dry heat environments
 - Moist heat: uses steam to disinfect waste, commonly performed in an autoclave or other steam-based system; also referred to as a wet thermal process
 - Dry heat: uses heat without the addition of water or steam

Chemical Treatment Process

- Uses chemical disinfectants such as dissolved chlorine dioxide, bleach (sodium hypochlorite), peracetic acid, lime solution, ozone gas, or dry inorganic chemicals
- Often involves shredding, grinding, or mixing to increase exposure of waste to the chemical agent
- Treatment usually results in disinfection rather than sterilization
- For liquid systems, wastes may go through a dewatering stage to remove and recycle the disinfectant
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Mechanical Process

- Generally supplement other treatment methods
- Includes shredding, grinding, mixing, and compaction which reduce waste volume, but are unable to destroy pathogens
- Shredders and mixers can improve rate of heat transfer and expose more surface area of wastes for treatment
- Mechanical methods should not be utilized before the waste is disinfected (unless the mechanical process is part of a *closed* system that disinfects air before it is released to the surrounding environment)
 - Workers could be at an increased risk of exposure to pathogens in the air if infectious waste is shredded or mixed in an open system before treatment

Factors in the Selection of Treatment Methods

- Types and quantities of waste for treatment and disposal
- · Capability of the healthcare facility to handle the waste quantity
- Technological capabilities and requirements
- Availability of treatment options and technologies
- Capacity of system
- Treatment efficiency (microbial inactivation efficacy)
- Occupational health and safety factors
- Environmental releases
- Volume and/or mass reduction
- Installation requirements
- Space available for equipment

Factors in the Selection of Treatment Methods, cont'd.

- Operation and maintenance requirements
- Infrastructure requirements
- Skills needed for operating the technology
- Location and surroundings of the treatment and disposal sites
- Options available for final disposal
- Public acceptability
- Regulatory requirements
- Capital cost of the equipment
- Operating and maintenance costs of the equipment
- Other costs including costs of shipping, customs duties, installation and commissioning, transport and disposal of
- residues, and decommissioning

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Environmental Considerations

- Most countries have ratified the Stockholm Convention on Persistent Organic Pollutants
- Under Article 5 of the Convention: Countries have to take measures to further reduce releases of dioxins and furans "with the goal of their continuing minimization and, where feasible, ultimate elimination."
- Annex C of the Convention:
 - Source with "the potential for comparatively high formation and release" of dioxins & furans: Medical Waste Incinerators
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Autoclaves

- Capable of treating a wide range of healthcare wastes
- Consists of a metal vessel designed to withstand high pressures, with a sealed door and an arrangement of pipes and valves through which steam is brought in and removed
- Removal of air from the vessel is essential to ensure penetration of heat into the waste
- The air that is removed must be treated to prevent the release of pathogenic aerosols, usually done with a highefficiency particulate air (HEPA) filter or steam







Why Preventive Maintenance is **Essential**

- · Enhances safety by avoiding serious accidents
- Increases the efficiency of the technology
- Ensures that the treatment technology continues to reduce the hazards of healthcare waste
- Extends the life of the technology
- Avoids downtime due to equipment breakdowns
- Saves on the cost of repairs, spare parts, and unscheduled maintenance
- Reduces energy consumption

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Autoclave Maintenance

Autoclaves can last for many years if properly maintained

- Example of a typical preventive maintenance schedule
 - Daily maintenance by operator: check for leaks, cleanliness of the chamber, filter screen and door seal
 - Weekly maintenance by operator: check indicator lights, compare temperature & pressure gauges with recordings
 - Monthly maintenance by operator: check door gasket or O-ring, conduct microbiological tests (by lab personnel)
 - Quarterly maintenance by the engineer: checking valves, pipes, joints, strainers, drains; checking control system, interlocks and electricals; testing air removal efficiency
 - Annual maintenance by the engineer: check for corrosion and wear, check thermocouples, water level indicators, gauges, relig valves and other safety devices, and control functions.
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Examples of Small to Medium Autoclaves





Examples of Large-Scale Autoclaves for **Central Treatment Plants**









Two large-scale autoclaves in South Africa

Post-Treatment Shredders Designed for Healthcare Waste

e: Mercodor, Mark Costello/Vecoplan, Aduromed

Example of a Modular Autoclave System







Integrated autoclave found in North and South America, Europe, Middle East, New Zealand and Asia

Autoclaves and Re-melting of **Materials**

- Disadvantage of autoclaves: waste is not physically altered after treatment, thus shredders or compactors are needed to reduce volume
- Advantage of autoclaves: the sterilized glass, plastic and metal waste can be recovered after treatment and re-melted to produce other products, thus reducing landfill waste

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Hybrid Steam-based Systems

- Hybrid or integrated technologies have been developed for the purpose of improving heat transfer to waste, achieving more uniform heating of waste, rendering waste unrecognizable, and/or making the treatment a continuous process
- Like autoclaves, these systems also use steam, but they incorporate mechanical processes before, during, and after treatment
- Examples include
 - Steam treatment-mixing-fragmenting followed by drying and shredding
 - Internal shredding followed by steam treatment-mixing and then drvina
 - Internal shredding-steam treatment-mixing followed by drying
 - Internal shredding followed by steam treatment-mixing-

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Source: Tempico







Rotating autoclave used in American Samoa, Canada, Latvia, Mexico, United Kingdom, United States and other countries



Example of Continuous Steam Treatment with Internal Shredding, Mixing and Drying



1000 pounds per hour unit

Source: STI Chem-Clav



Continuous steam treatment system used in Australia, England, Ireland, Northern Ireland, United States and other countries







Sources: Sanitec, Micro-Waste, AMB Ecosteryl

Examples of Frictional Heat Treatment Systems





Frictional heating units are found in Botswana, Brazil, Bulgaria, Canada, Chile, China, Dominican Republic, Egypt, France, Greece, Hungary, Iran, Kazakhstan, Mexico, Netherlands, Paraguay, Poland, Romania, Russian Federation, Spain, Turkey, Uruguay and other countries

Sources: Newster, Ompeco



Chemical Treatment Technologies

- Powerful disinfectants are required
- Disinfection efficiency depends on the operational condition within treatment equipment
 - kind and amount of chemical used
 - contact time and extent of contact between disinfection and waste
 - organic load of waste
 - operating temperature, humidity, pH
- Only the surface of intact solid waste items will be disinfected
- Internal shredding or milling of wastes is likely necessary before disinfection
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Chemical Treatment Technologies

- Eliminate microorganisms, or reduce the amount to an acceptable level
- Microbial inactivation tests are important to ensure that the concentrations and exposure times sufficient
- Since many disinfectant solutions lose their ability to destroy pathogens with time and organic load, the strength of the disinfecting solution should be monitored
- Many chemical disinfectants are themselves hazardous and toxic, so proper precautions should be exercised and PPE worn for safety. Wastewater discharges should also be monitored.





Alkaline Hydrolysis Technologies Also called tissue digesters

- Used for anatomical waste (body parts), organs, tissues, placenta, contaminated animal waste, and cadavers; also destroys formaldehyde and some cytotoxic waste
- Process involves placing waste in stainless steel vessels and treatment with steam and alkali (sodium or potassium hydroxide)
- The main solid residue remaining from high pressure alkaline hydrolysis is calcium

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Non-Incineration Technology Resources Compilation of Vendors of Waste Treatment Autoclave, Microwave, and Hybrid Steam-Based Technologies (UNDP GEF, 2012) Compendium of Technologies for the Destruction of Healthcare Waste (UNEP, 2012) Non-Incineration Medical Waste Treatment Technologies (HCWH, 2001) and Non-Incineration Medical Waste Treatment Technologies in Europe (HCWH, 2004), available from Health Care Without Harm in www.noharm.org Note: The UNDP GEF Project does not endorse any specific technology, company, or brand name.



Uncontrolled Dumping in Low-Resource Settings

 Characterized by the scattered and uncontrolled deposits of waste at a site and the presence of unprotected waste pickers (scavengers) leading to increased risk of infection for humans and animals

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UNTREATED HEALTHCARE WASTE SHOULD NOT BE DISPOSED OF AT AN UNCONTROLLED DUMPSITE!

Upgrading Land Disposal in Low-Resource Settings

- Path from open dumping to "controlled dumping": Reduce working area of the site, cover unneeded areas with soil, extinguish fires, and control scavengers
- Path from controlled dumping to "engineered landfill": prevent surface water from entering, extract and spread soils to cover wastes, gather leachate into lagoons, spread/compact waste into thinner layers, excavate new areas and isolate with plastic sheeting
- Path from engineered landfill to "sanitary landfill": Improve engineer-ing techniques, install landfill gas control and environmental monitoring, train and organize the work force, keep records, and treat the leachate

Encapsulation of Healthcare Waste in Low-Resource Settings

- Process whereby waste containers are filled, an immobilizing agent is added, and the containers are sealed
- Boxes made of high-density polypropylene or metal drums can be 3/4th filled with sharps, or chemical or pharmaceutical residues and immobilizing material (e.g., plastic foam, bituminous sand, cement mortar, or clay) is added and the box is sealed and buried

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Inertization of Healthcare Waste in Low-Resource Settings

- Process in which waste is mixed with cement and other substances before disposal so as to minimize the risk of leaching into nearby surface water and groundwater
- Especially suitable for pharmaceuticals and incineration ash with high metal content
- Process is inexpensive and does not require sophisticated mixing equipment

Disposal of Untreated Healthcare Waste in Low-Resource Settings

- Burial in a shallow hollow excavated in mature municipal waste immediately in front of the base of the working face where waste is being tipped; after deposit, the waste should be covered the same day; prevent scavenging.
- Burial in a deeper pit excavated in a covered area of mature municipal waste, fill back up with the mature municipal waste that was removed, and also an intermediate soil cover (approx. 30 cm); prevent scavenging.

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Disposal of Untreated Healthcare Waste in Low-Resource Settings

Another option is safe burial on hospital premises

If this approach is taken, the hospital should set the following safety measures for the site:

- Restrict access to authorized personnel
- Line the bottom with a material of low permeability, such as clay, dung, and river silt, to prevent pollution of groundwater and wells
- Prevent new water wells from being dug nearby
- Bury only infectious healthcare waste
- Limit burial of chemical wastes to smaller quantities so as to prevent pollution
- Manage the pit as a landfill, with each layer of waste covered by a layer of soil to prevent odors and contact with decomposing waste, and to deter rodents and insects
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What regulations or policies exist in your country or region regarding treatment and disposal methods for healthcare waste? What are some factors that your facility considers when deciding on a waste treatment method? What do think is important when evaluating which method would be most appropriate? What are some non-incineration treatment technologies that are used in your facility? Which do you think work best or should be used? What disposal methods are used at your healthcare facility? What are the barriers to using new treatment technologies? How can we overcome these barriers?