

Annex A: HCWM Audit Tool

Healthcare Waste Management Audit Tool

Date of Audit:						
Name of Health Facility:						
Location of Health Facility:						
Head of the Health Facility:						
CRITERIA		SCORE		INDICATORS	QUALITY AUDIT QUESTIONS	VALIDATION
		Ref.	Actual			
A.	Code No. / Waste Minimization Practices	20%				
	1 WM 001 Reduces, re-uses and recycles used containers, papers, and etc.	10		% of recyclable wastes that were recycled multiplied to 0.10	a. Does the HF reduces, re-uses and recycles the used containers, papers, etc.? b. Does the HF sell the recyclable materials collected in their wards? If yes, is there an increase in the amount from its sales? c. What happened to the proceeds of sales of the recyclables?	Check the logbook or storage area for recyclables. Check whether it is reported during coordination meetings with the management with corrective and preventive action.

2	WM 002	Use of environment friendly products and materials	10		<p>No styrofoam (polystyrene) and plastic (PVC) = 5 otherwise, the score is 0; and No mercury containing devices used = 5, otherwise, the score is 0</p>	<p>a. Does the HF use environment-friendly products and materials? b. Does the HF have a green procurement policy? c. Does the HF still use mercury containing devices and products? d. Does the HF use chemical disinfection? If yes, what are the chemicals being used? e. Does the HF allow the use of styrofoam and single use of plastics? f. Is the Green Procurement Policy included in the HCWM Plan?</p>	<p>No observed styrofoam and single use plastics in wards; No observed mercury containing devices and products used in wards; Request for a copy of green procurement policy.</p>	
B. Waste Segregation			25%					
1	WS 001	<p>Waste properly segregated in correct plastic liners such as:</p> <ul style="list-style-type: none"> • Black/Clear: Non-Biodegradable General Waste 	5		<p>No mixed wastes seen at all times = 5, otherwise, the score is 0</p>	<p>a. Are wastes properly segregated in correct waste bins with color-coded plastic liners? b. Does the HF comply with the updated HCWM Manual such as color brown plastic liners for</p>	<p>Conduct of waste audit, walk through in the facility; No observed mixed waste inside waste bins. Check the PPMP/APP of the facility allotted budget for HCWM. Ask the staff how much is the budget for HCWM to</p>	

		<ul style="list-style-type: none"> • Green: Biodegradable General Waste • Yellow: Infectious Waste 			<p>the chemical and pharmaceutical wastes, and orange plastic liners/containers for the radioactive wastes?</p> <p>c. Is there a decrease in the amount allotted for treatment of the hazardous waste?</p>	<p>determine if it is sufficient. Check for proofs/documents if they have a long term financing plan or mechanism to cover the cost for sustainable HCWM.</p>	
2	WS 002	Color-coded plastic liners with proper tagging and labeling	4	<p>Color coding and proper tagging and labeling strictly followed at all times = 4, otherwise, the score is 0</p>	<p>a. Are color-coded plastic liners inside waste bins consistent with proper tagging and labeling?</p> <p>b. Does the HF use alternatives or has innovations in case plastic liners are not available?</p> <p>c. Is the placement of tagging appropriate and compliant with the standards?</p>	<p>Check the proper tagging and labelling; Check also records of waste collected. Check if there are innovations being used.</p>	
3	WS 003	Use puncture - resistant and leak - proof sharps container for sharps	4	<p>Only puncture-resistant and leak-proof sharps container used for sharps waste = 4,</p>	<p>a. Does HF use puncture-resistant and leak-proof containers for sharps?</p> <p>b. Are the sharp containers of good quality, are they</p>	<p>Check for sharp container. Ask staff if there are incidents of needle pricks injuries due to sharp container spillage.</p>	

					otherwise, the score is 0	reusable or disposable? c. Are there used/recycled sharp containers being used in the facility?		
4	WS 004	Waste bins strategically placed in designated area	4		Waste bins are placed in strategically designated areas = 4, otherwise, the score is 0	a. Are waste bins strategically placed in designated areas? b. Are there available waste bins in areas with crowded and conspicuous places, nurse stations, etc.? c. Are waste bins placed at least 5 mtrs. from the source of generations?	Ask for the copy of HCWM plan if there is a location plan of the waste bins, or conduct walk through inspection	
5	WS 005	Proper segregation of recyclable items	4		Proper segregation practices at all times = 4, otherwise, the score is 0	a. Are the recyclable items, properly segregated such as plastic and glass bottles, cartons, etc.? b. How much is the price per kilo of recyclable waste? c. Does it help in the implementation of the HCWM plan?	Have a record of the weight of waste being collected per collection. Check if there is a constant increase/decrease in the volume of waste generated relative to the HF's bed capacity. Check whether hazardous chemical, pharmaceutical, and radioactive waste are segregated from the infectious and general waste.	

							Check also the HCWM Plan for recyclable wastes.	
6	WS 006	Empty vials brought to the pharmacy section by the nursing attendant/personnel-in-charge for proper recording and crushing (logbook available)	4		Proper management of empty vials practiced at all times = 4, otherwise, the score is 0	<p>a. Are empty vials brought to the pharmacy section by the nursing attendant or personnel-in-charge for proper recording and crushing?</p> <p>b. Is there a logbook available at the Pharmacy Department for the returned empty vials?</p> <p>c. How are these vials being crushed, in house or out-sourced?</p>	Check the logbook at the Pharmacy Department. Check also if there is a policy in the disposal of empty vials. Check if the crushing is conducted in-house. *If outsourced, look for MOA.	
C.	Waste On-Site Collection, Transport, and Storage		20%					
1	WCTS 001	On-site collection scheduled strictly followed	2		Strict adherence to on-site collection schedule = 2,	<p>a. Is the on-site collection scheduled strictly followed?</p> <p>b. Is there no overflowing of wastes in the waste bins?</p>	Check the collection schedule. No observed overflowing of waste in the waste bins. Observe if the waste collected is 3/4 full.	

					otherwise, the score is 0	c. How often is the collection of wastes per day? d. Are the wastes collected when 3/4 full? e. Are there spare waste liners on site?		
2	WCTS 002	Janitorial service uses standard trolley with cover in collecting waste	3		Standard trolley is used to collect waste on-site = 3, otherwise, the score is 0	a. Does the janitorial service use standard trollies with cover in collecting wastes? b. Is there no observed spillage of wastes during the collection? c. Is there a different trolley for each type of waste? d. Is waste collected from the septic to aseptic areas?	Check the quality of the trolley being used. No observed spillage of wastes during the collection. Check if the collectors are wearing appropriate PPEs during the collection. Check the policy in collecting waste.	
3	WCTS 003	Janitorial service directly transports waste collected to Central Storage Area	3		Waste are directly transported to Central Storage Area = 3, otherwise, the score is 0	a. Does the Janitorial service directly transport waste collected to the Central Storage Area? b. Are they using elevators or ramps in transporting wastes?	Directly ask the collectors where they pass in transporting the wastes; Ask for the route plan and check if it is being followed. Observe if the collected waste from wards are at least 3/4 full. Observe also if the janitorial service is wearing appropriate PPE.	

4	WCTS 004	No observed spillage during collection and transport	3	No observed spillage during collection and transport = 3, otherwise, the score is 0	<p>a. Is there no observed spillage during collection and transport?</p> <p>b. Is there an available spillage kit in case of spillage?</p> <p>c. In case of spillage, is it being reported?</p> <p>d. Is there a standard form for reporting of accidents or incidents?</p>	Check on occupational risk plans; or observe directly at the facility. Check the accidents/incidents reports if any.	
5	WCTS 005	Waste bins thoroughly cleaned, washed, and disinfected by janitors	3	Waste bins thoroughly cleaned and disinfected at all times = 3, otherwise, the score is 0	<p>a. Are waste bins used in collection of good quality, thoroughly cleaned, washed, and disinfected by janitors?</p> <p>b. How often or when the waste bins are being cleaned or washed?</p> <p>c. How often do they disinfect the waste bins, do they have policies on this?</p>	Observe if waste bins are of good quality and clean. Check the policy if any.	
6	WCTS 006	Waste transportation route being followed	3	Waste transportation route strictly followed at all times = 3,	a. Is the waste transportation route being followed?	Observe during the visit; the route plan must be included in the manual. Check the policy in transporting waste.	

					otherwise, the score is 0			
7	WCTS 007	Final disposal of waste in approved DENR facility	3		Final disposal of waste in accredited DENR facility = 3, otherwise, the score is 0	a. Are the hospital wastes disposed of in an approved DENR Facility? b. Is there a wastes disposal on-site or off-site?	Check license/s and agreement with Service Provider. Inspect the disposal on-site if any.	
D.	Waste Treatment On-Site (As Applicable)		10%					
1	WT 001	Treatment of highly infectious waste conducted	4		Highly infectious waste treated at all times = 4, otherwise, the score is 0	a. Are the laboratory cultures and stocks of infectious agents treated within the healthcare facility before being taken away from the facility? b. How was it being treated? c. What treatment technology are they using on-site if any? d. Is there a contingency plan in case the equipment is shut down for repair?	Check if there is on-site and off-site treatment; If off-site treatment, request for a copy of the contract with the service provider. Check the treatment technology used by the service provider. Also, if there is a contingency plan for the treatment of infectious waste in the event that the equipment is shut down for the repair. Check also for the copies of manifests/shipments records. If on-site, check also for the treatment technology /strategy used.	

2	WT 002	In case of chemical disinfection, used only allowed chemicals such as Sodium Hypochlorite, Chlorine Dioxide and Hydrogen Peroxide	3		Only the allowed chemicals are used for chemical disinfection = 3, otherwise, the score is 0	a. Does HF in case of chemical disinfection, use only allowed chemicals such as Sodium Hypochlorite, Chlorine Dioxide and Hydrogen Peroxide?	Investigate or clarify with personnel regarding this. If not applicable do not include this section. Check for the percent solution being used.	
3	WT 003	In case of the use of any approved equipment, the treated waste must passed the validation test	3		Treated waste have passed the validation test = 3, otherwise, the score is 0	a. Does the HF in case of using the microwave or autoclave, have a valid CPR from the DOH-BHDT? b. Is there a DENR permit for the on-site treatment? c. Do they subject the sample of treated wastes for testing?	Check the result of the validation test; or if offsite do not include this. Check for the use of bio-indicator if the treatment is complete.	
E. Wastewater Management			15%					
1	WW 001	Regular testing of effluents	5		Effluents tested regularly = 5, otherwise, the score is 0	a. Is there a regular testing of effluents conducted? b. How frequent is the testing of effluents conducted? c. What do they do in case the testing of effluents fails?	Check for the regular testing result annually or semi-annually or as deemed necessary; in case of surge such as covid-19 pandemic.	

						d. Is there an accredited PCO? In relation to compliance to RA 9275 and DAO 2016-08: e. Is the effluent subject to LLDA or DENR third party accredited testing laboratory?		
2	WW 002	Preventive maintenance schedule for Sewage Treatment Plant (STP) followed	10		Strict adherence to STP maintenance schedule = 10, otherwise, the score is 0	a. Is the preventive maintenance schedule for Sewage Treatment Plant (STP) being followed? b. How frequent is the preventive maintenance conducted? c. Is there a mandatory operator for the STP, in 24-hours operation?	If applicable, check maintenance schedule; Inspect the WWTP/STP	
F. Administrative Requirements			10%					

1	AR 001	Staff with formal training and education on proper Healthcare Waste Management (HCWM)	2		Staff had undergone formal training and education on proper HCWM = 2, otherwise, the score is 0	<p>a. Do staff have formal training and education on proper health care waste management (HCWM)?</p> <p>b. Is there training on-site being conducted? How often, if any?</p> <p>c. Does the health facility have an established Healthcare Waste Management Committee?</p> <p>d. Have all the members of the committee attended training on HCWM?</p> <p>e. Are the old and new staff undergoing HCWM Training?</p> <p>f. Is there refresher training conducted at least once a year?</p>	Check if the healthcare workers are familiar with the classification and segregation requirements. Also, check for proof of training program (certificate/HO).	
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2	AR 002	Infection control protocol observed and practiced	4		<p>Strict adherence to infection control protocols at all-time = 4, otherwise, the score is 0</p>	<p>a. Is the infection control protocol being observed and practiced? b. Are collectors aware of what to do in case of spillage? c. Are all collectors given hepatitis and tetanus vaccination prior to their assignment? d. Is the Infection Prevention and Control included in the training program on HCWM? e. Are standing policies on IPC and HCWM complementing, co-existing, co-inclusive?</p>	<p>Check if there is a policy on used syringe needles that are being collected without recapping. Observe if sharp wastes are collected in a container and destroyed using needle destroyers. Interview the health workers on what they do in the event of needle-stick injuries or in case of a waste spillage. Additionally, interview the health workers if they were given hepatitis and tetanus vaccination. Check also for the frequency of vaccination.</p>	
3	AR 003	Posters and other IEC materials available on-site	2		<p>On-site presence and visibility of posters and other IEC materials = 2, otherwise, the score is 0</p>	<p>a. Are posters and other IEC materials available on-site and posted in conspicuous places? b. Are they written or translated in Tagalog or Filipino?</p>	<p>Check where these Posters and IEC Materials are located; If it is located in a conspicuous place.</p>	

4	AR 004	Accident/incident reports submitted	2		Prompt submission of complete accident/incident reports, if any = 2, otherwise, the score is 0	<p>a. Are accident/incident reports submitted, if any? Is there a standard format for reporting purposes? c. Who is being provided with the reports if any?</p> <p>b.</p>	Check for incident reports (like needle prick injuries, violation of infection control practices); Check if they submit a report even if there is no accident.	
		Total Percentage	100%	0				

Audit Rating:

Signature Over Printed Name of Audit Team Leader

Note: Color Red for Non-Compliance; Green for Compliance and Yellow for Opportunities for Improvement

Signature Over Printed Name of HF Representative
Date:

Monitoring Rating:

Grade/Actual Score/Interpretation:

85%-100%
76%- 84%
75% and below

Very Satisfactory Compliance
Satisfactory with adequate compliance
Poor Compliance

Annex B: HCWM Audit Report Form

HCWM AUDIT REPORT

Date of Audit: _____

Name of Health Facility: _____

Location of Health Facility: _____

Head of the Health Facility: _____

Audit Objective: To determine whether the organization management system conforms to the standards of the DOH Healthcare Waste Management Manual 4th Ed. and other applicable statutory and regulatory requirements and ensure that specified objectives are continually met and identification of areas for potential improvement where applicable.

Audit Criteria: The organization's management compliance to DOH HCWM Manual and HCWM Audit Tool

Audit Scope: Provisions on Administrative Requirements, Waste Minimization, Waste Segregation, Collection and Transport, Waste Treatment and Disposal, and Wastewater Management.

Area Audited	Auditor/s	Auditee/s

Summary of Good Observations/ Conformities

- 1.
- 2.
- 3.
- 4.
- 5.

Summary of Non-conformities:

Non-conformities	Proof of Evidence	Code No.
1.		
2.		

3.		
4.		
5.		

Opportunities for Improvement

- 1.
- 2.
- 3.
- 4.
- 5.

Recommendation/s

- 1.
- 2.
- 3.
- 4.
- 5.

Prepared by:

Checked and Reviewed by:

Signature of Team Member over Printed Name

Signature of Team Leader Over Printed Name

Noted By:

Acknowledged by:

Signature of DOH-Representative Over
Printed Name

Signature of HF Representative Over
Printed Name

Annex D: Health Facility Assessment Plan Form

HEALTH FACILITY ASSESSMENT PLAN FORM

Health Facility			
Address			
Assessment Criteria	The organization's management compliance to Healthcare Waste Management Manual 4 th Edition and HCW Audit Tool		
Assessment Scope	Provisions on Administrative Requirements, Waste Minimization, Waste Segregation, Collection and Transport, Waste Treatment and Disposal, and Wastewater Management.		
Assessment Objective	To determine whether the organization management system conforms to the standards of the Healthcare Waste Management Manual and other applicable statutory and regulatory requirements and ensure that specified objectives are continually met and identification of areas for potential improvement where applicable.		
Assessment Details			
Reference Standards	Healthcare Waste Management Manual 4 th Edition and HCW Audit Tool		
Assessment Team 4	Team Leader		
	Assessment Team Member		
	Team Facility Guide		
	DOH Representative		
	WHO Representative		
	HOCS Representative		
Date/Time	Standards to be Assessed	Area/Division/Section/Unit	Personnel to be Assessed
-----/ 30 mins	Opening Conference/Courtesy Call	Office of the Head of Health Facility/Hospital	Top Management EXECOM/MANCOM
-----/ 30 mins	Administrative Requirements Top Management Responsibility	Any Available Conference Room	Top Management EXECOM/MANCOM
-----/ 2 hours	Document Review	Any Available Conference Room	Designated WMO/Chairperson HCWM Committee
1 hour	Lunch Break		
-----/ 30 mins	Waste Minimization	Selected Ward/s	Designated WMO/Chairperson HCWM Committee

_____/_____ 30 mins	Waste Segregation, Collection and Transport	Selected Ward/s, Waste Storage Area/MRF	Designated WMO/Chairperson HCWM Committee
_____/_____ 30 mins	Waste Treatment and Disposal	Waste Storage Area/MRF	Head of GSD
_____/_____ 30 mins	Wastewater Management	Waste Water Treatment Plant/STP	Head of EFMD/PCO
_____/_____ 30 mins	Discussion of Findings, Observation for Improvements and Recommendations	Any Available Conference Room	Waste Audit Team
_____/_____ 30 mins	Closing Conference Presentation of Findings, Observation for Improvements and Recommendations	Office of the Head of Health Facility/Hospital or any available conference room	EXECOM/MANCOM Designated WMO/Chairperson HCWM Committee
Total Hours: 7 Hrs.			

Prepared By:

Reviewed By:

Signature of Team Member over Printed Name

Signature of Team Leader Over Printed Name

Annex E: Online Health Facility Assessment Plan

ONLINE HEALTH FACILITY ASSESSMENT PLAN

Health Facility	Selected Health Facilities/Hospitals		
Address			
Assessment Criteria	The organization's management compliance to Healthcare Waste Management Manual 4 th Edition and HCW Audit Tool		
Assessment Scope	Provisions on Administrative Requirements, Waste Minimization, Waste Segregation, Collection and Transport, Waste Treatment and Disposal, and Wastewater Management.		
Assessment Objective	To determine whether the organization management system conforms to the standards of the Healthcare Waste Management Manual and other applicable statutory and regulatory requirements and ensure that specified objectives are continually met and identification of areas for potential improvement where applicable.		
Assessment Details	Feb. 23-24, 2023 (8:00am – 5pm), For the Document Review the HF's are required to email in advance		
Reference Standards	Healthcare Waste Management Manual 4 th Edition and HCW Audit Tool		
Designated Teams	Team Leader	Team Members	Remarks
Assessment Team A	Engr. Jesusa Llorono	Engr. Jennifer Quintero Ms. Joana Joy Lico CHD Representative HOCS staff	Dr. Bonifacio Magtibay, WHO Representative may visit/join any assessment team
Assessment Team B	Ms. Gilda Cirila Ramos	Engr. Aida Calma HPB Representative CHD Representative	
Assessment Team C	Engr. June Philip Ruiz	Engr. Christian Michael Domingo Engr. Rose Ann Mana CHD Representative	
Assessment Team D	Engr. Jose Barsaga	Mr. Glenn Cruz Engr. Merlin Herrera HEMB Representative CHD Representative HOCS staff	
Date/Time	Standards to be Assessed	Area/Division/Section/Unit	Personnel to be Assessed
Combined Teams			
----- _/ 30 mins	Opening Conference / Courtesy Call	Office of the Head of Health Facility/Hospital	Top Management EXECOM / MANCOM
Breakout Rooms			

----- _/ 30 mins	Administrative Requirements Top Management Responsibility	Any Available Conference Room	Top Management EXECOM / MANCOM
----- _/ 2 hours	Waste Minimization	Selected Ward/s	Designated WMO/Chairperson HCWM Committee or staff concerned
	Waste Segregation, Collection and Transport	Selected Ward/s, Waste Storage Area/MRF	Designated WMO/Chairperson HCWM Committee or staff concerned
	Waste Treatment and Disposal	Waste Storage Area/MRF	Head of GSD or staff concerned
	Wastewater Management	Waste Water Treatment Plant/STP	Head of EFMD/PCO
----- _/ 30 mins	Discussion of Findings, Observation for Improvements and Recommendations	Any Available Conference Room	Waste Audit Team
----- _/ 30 mins	Closing Conference Presentation of Findings, Observation for Improvements and Recommendations	Office of the Head of Health Facility/Hospital or any available conference room	EXECOM / MANCOM Designated WMO/Chairperson HCWM Committee or staff concerned
Total Hours: 4 Hrs.	For AM and PM Audit		

Prepared By:

Reviewed By:

Signature of Team Member over Printed Name

Signature of Team Leader Over Printed Name

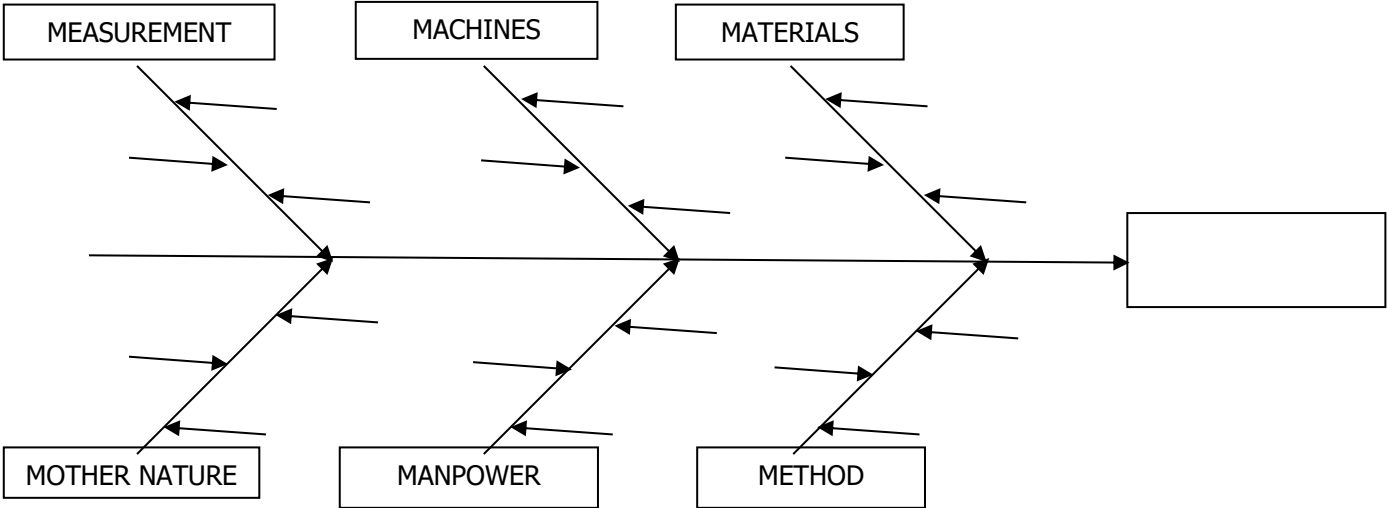
Annex F: Corrective Action Report Form

CORRECTIVE ACTION REPORT

A. Name of Health Facility:		B. Location:		C. Reference No.	
D. Name of Auditee/s			E. Office Concern		F. Issuance Date:
G. Auditor: _____ <i>Signature Over Printed Name/Date</i>			H. Relevant Code Number:		
I. Description of Non-conformity/Problem in Detail:				J. Source: (check one)	
				<input type="checkbox"/> Internal Audit <input type="checkbox"/> Customer Feedback <input type="checkbox"/> Internal Discovery <input type="checkbox"/> External Audit <input type="checkbox"/> Others (please specify) <input type="checkbox"/>	
K. Validator: (Lead Auditor) _____ <i>Signature Over Printed Name</i> <input type="checkbox"/> Valid <input type="checkbox"/> Not Valid					
L. Correction (Immediate Action):					
M. Consequence/s:					
N. Investigation (Root Cause of non-conformity): <i>Brief description only. Use page 2 for details.</i>				O. Recurring Issue: Yes <input type="checkbox"/> No <input type="checkbox"/>	
P. Corrective Action (<i>Brief description only</i>): Use Action Plan template form for details.			Accountable Person		Expected date of implementation / completion
Auditee: _____ <i>Signature Over Printed Name/Date</i> Immediate Supervisor: _____ <i>Signature Over Printed Name/Date</i>					
Q. Follow up actions: (<i>To be filled up by Auditor</i>)			R. Validation: (<i>To be filled up by Validator</i>)		
<ul style="list-style-type: none"> • Determine if similar NC exist or could potentially occur • Review the effectiveness of any corrective action taken 			<input type="checkbox"/> Recommended for Closure _____ _____ <i>Date</i> _____ <i>(Signature Over Printed Name)</i>		
1 st FF UP: (<i>To be filled up by Auditor</i>) Verification of Action Plan/Correction (____ Calendar days) Remarks: _____ _____ _____			<input type="checkbox"/> Not effective (Recurrence/ potential _____ <i>irrence</i>) _____ Update risks and opportunities _____ Make changes in the quality management system _____ Issue another CAR Remarks: _____ _____		
2 nd FF UP: (<i>To Be filled Up by Auditor</i>) _____ <i>(Signature Over Printed Name)</i> Verification of Effectiveness (____ Calendar Days After 1 st follow-up) Remarks: _____ _____ _____			_____ <i>Date</i> _____ <i>(Signature Over Printed Name)</i> _____ <i>Auditor</i> _____ <i>Validator</i>		

S. CLOSE-OUT Date: _____
Lead Auditor _____

(Using the Fishbone Diagram)



(Using 5 Why Technique)

Problem Description: _____

WHY? []

WHY? []

WHY? []

WHY? []

WHY []