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Quality and Accreditation Institute

Centre for Accreditation of Health & Social Care



ADDITIONAL REQUIREMENTS

BIOMEDICAL WASTE MANAGEMENT

FIRST EDITION

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These Additional Requirements are developed to support applicant/ accredited Health Care Facilities (HCFs). These Additional Requirements constitute addendum to the requirements under various QAI accreditation standards and are applicable to applicant/ accredited HCFs. All applicant/ accredited HCFs may like to adopt and comply with these Additional Requirements.

QAI assessors of various accreditation programmes under the Centre for Accreditation of Health & Social Care (CAHSC) should check the adherence to these Additional Requirements during assessments.



All waste generated from a healthcare facility that can have an adverse effect on the health of a person or on the environment in general is considered biomedical waste. All such waste is considered infectious and has to be managed according to the BMWM Rules, 2016 and its subsequent amendments.

The bio-medical waste generated from healthcare facilities is categorised into four categories.

1. Yellow Category
2. Red Category
3. White Category
4. Blue Category

Yellow category:

Human anatomical waste - (Human tissues, organs, fetus below the viability period,)

Soiled waste - items contaminated with blood and body fluids - dressings, cast, cotton swabs discarded blood bags etc

Discarded or expired medicine - including cytotoxic drugs. Along with ampules, glass container (cytotoxic drugs should be marked)

Chemical waste

Discarded linen, mattresses masks, disposal gowns etc

Pretreated laboratory wastes - autoclaved or neutralised with 1% freshly prepared sodium hypochlorite solution

Red Category:

Plastic Waste generated like intravenous tubings, catheters, gloves, syringes without needle, Vacutainer, IV bottles, etc

White Category:

Needles, fixed syringes without needle needles, scalpel blade, any contaminated sharps,

Blue category:

Glass ampules, bottles, other than cytotoxic drug containers, metal implants without sharp edges.

- Biomedical waste generated should be segregated at the source, collected, pre-treated for highly infectious materials, transported, and stored.
- Within 48 hours, the common biomedical waste treatment facility (CBMWTF) operator should receive the stored waste from the health care organization.
- The organization should obtain authorisation from the pollution control board for generating, handling, and storing biomedical waste, with clear mention of the organization name, address, bed capacity, and types of waste generated with quantities.
- The organization must establish an agreement with an operator of a common biomedical waste treatment facility.

- The organization should provide infrastructure for segregation, collection, pretreatment, transportation, and storage of biomedical waste.
- The organization should train all employees at least once a year and at the time of their joining. Which includes hand hygiene, biomedical waste segregation, collection, safe transport, using personal protective equipment, standard precautions, immunisation, contaminated sharp injury management, post exposure prophylaxis, and biomedical waste accident management.

Segregation

- At the point of generation, health care workers are responsible for segregating biomedical waste.
- Pedal-operated closed bins that are size-matched to the waste quantity generated in that area must be provided by health care organizations in all clinical areas to segregate and collect biomedical waste.
- The designated area should have posters that mention the classification of waste and the bins should have labels that indicate items that can be disposed of.
- Colour-coded bags with barcoded labels (wherever it is implemented) should be used as per the BMW rules.
- Both bags and bins should have a biohazard symbol.

Collection:

- Clearing the biomedical waste collected every 24 hours and when the bag reaches 2/3 of its capacity is mandatory.
- If any spillage or damage occurs, it should be managed according to the documented protocol, and an accident report should be generated.
- A plastic tag or tie should be used to seal the bags, not staples or tape.
- Labelling the bags with the sender and receiver's names, addresses, types of waste, quantities, and barcodes is necessary to trace them until they reach the final disposal point.
- Biomedical waste collected should be immediately moved to the central storage area.
- It is recommended to avoid the exchange of materials between bags.
- Sharp containers should be puncture-proof and sealed with tight covers when they reach 2/3rds of their capacity.
- Sharps longer than the container should be stored separately in a puncture-proof container matching the height of the sharp

Transportation:

- Biomedical waste collected should only be transported using closed dedicated trolleys to prevent spillage and scattering.
- The size of the trolley should be proportional to the amount of biomedical waste generated.
- The route of transport should avoid high-risk areas and areas with high patient traffic.
- Biohazard stickers should be placed on the trolleys.
- Biomedical waste and general waste should not be transported together.

Central storage area:

- The organization should have a dedicated central BMW storage area.

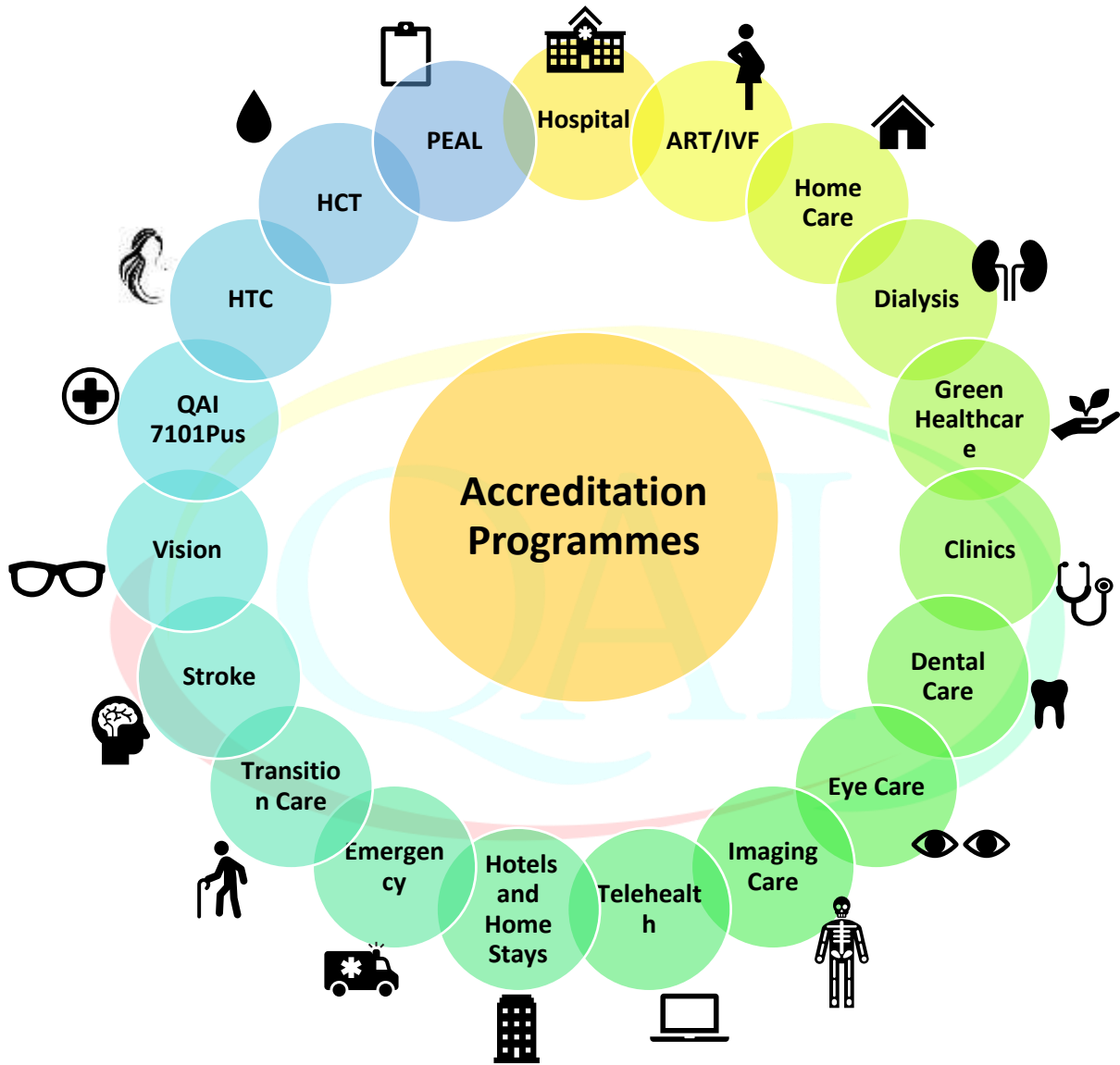
- The structure is well-roofed and well-covered to prevent entry of stray animals, rodents, and pests.
- A ramp should be placed at the entrance of the room to facilitate easy access to the trolley.
- It is important to be located away from public access.
- A responsible person must be appointed, and the room should be secured with a lock and key.
- The facility should have enough space to accommodate the waste generated in two days.
- To make cleaning easier, flooring should have a polished surface with slopes and a drain with trap.
- To ensure ventilation, it is necessary to have an exhaust fan installed.
- Fire detection and management facilities should be available.
- There should be a washing area next to the facility for washing trolleys, containers, hand washing, etc. The drainage should either be connected to ETP or neutralised with sodium hypochlorite.
- It is important to have a warning board that states the restricted area, restricts entry to authorised individuals, includes a biohazard symbol, contact details for designated individuals, and a list of authorised vehicles provided by the CBMWTF operator.
- It is not recommended to store general waste in a biomedical waste storage area
- Pest and rodent control measures must be put into practice and documented.
- In order to weigh waste handed over, a weighing machine with the specifications mentioned in BMW rules and a barcode system must be available in the designated area, mandatory for organizations with more than 30 beds (where ever it is implemented), for organisations less than 30 beds, a printed report from the operator should be documented.


Documentation:

- In order to be compliant, the organization should keep a logbook or register that lists the amount of waste generated for each category, the operator's vehicle used, and a designated responsible person with a witness daily, including holidays.
- *It is necessary to submit the annual report to the State Pollution Control Board on or before the date specified in the authorisation letter.*
- It is important to store a copy of the accident report or NIL accident report that is submitted to the state pollution control board every month
- To store the following records:
 - The monthly fee paid and waste generated report along with a receipt from the operator.
 - Records of annual health checkups and immunisation provided
 - A copy of the training details that were given regarding hand hygiene, biomedical waste segregation, collection, safe transport, using personal protective equipment, standard precautions, immunisation, managing sharp injuries, post exposure prophylaxis, and managing biomedical waste accidents.
 - Records of the minutes of the biomedical waste management committee and the BMW audit report.
 - Records of the report of the BMW accident, if any, with root cause analysis, corrective, and preventive action taken.

- Records maintenance of the ETP, Dedicated autoclave for waste pretreatment, CBMWTF visit and audit report, ETP Testing monthly report.
- All records should be retained for five years.
- The organization should have preferably a dedicated page on the website for disclosure of BMW-handled details.
- The page should display the following details:
 - Name and address of the organization
 - Bed capacity
 - Pollution control board authorisation for BMW
 - Monthly report of quantity generated and disposed of through CBMTF
 - Name and address of the CBMWTF operator
 - Copy of the Annual Report
 - Copy of the training provided and immunisation status of the staff.







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