

Statutory Notification (S.R.O.)
GOVERNMENT OF PAKISTAN
MINISTRY OF CLIMATE CHANGE

NOTIFICATION

Islamabad, the April 21st, 2022

S.R.O No. ()/2022. In exercise of the powers conferred by Section 31 read with sub-section (xxxiv) of Section 2 of the Pakistan Environmental Protection Act, 1997 (XXXIV of 1997), the Pakistan Environmental Protection Agency, with the approval of the Federal Government, is pleased to notify the following Regulations, namely:-

1. Short title and commencement. - (1) These rules may be called the Hospital Waste Management Rules, 2022.

(2) These shall come into force at once.

2. Definitions.- (1) In these rules, unless there is anything repugnant in the subject or context,-

(a) "Act" means the Pakistan Environmental Protection Act, 1997 (XXXIV of 1997);

(b) "Chemical waste" includes chemicals from diagnostic and experimental work, cleaning processes, housekeeping and disinfecting procedures, mercury waste such as from broken clinical equipment and spillage, and cadmium waste such as from discarded batteries;

(c) **“Federal Agency” means the Pakistan Environmental Protection Agency constituted under Section 5 of Pakistan Environmental Protection Act, 1997.**

(d) "Genotoxic waste" includes cytotoxic drugs and outdated materials, vomitus, faeces or urine from patients treated with cytotoxic drugs or chemicals, and materials such as syringes and vials contaminated from the preparation and administration of such drugs;

(e) "Government" means the Federal Government or **a Provincial Government** in which the hospital is located;

(a) "Health Officer" means any person designated as such by the **Federal Agency** for the purposes of these Rules.

(b) **“Healthcare professional” shall be the same meanings as defined in the Islamabad Healthcare Regulation Act, 2018.**

- (c) **"Healthcare services" shall be the same meanings as defined in the Islamabad Healthcare Regulation Act, 2018.**
- (d) "Hospital" includes a clinic, **healthcare facility**, laboratory, **pathology lab**, dispensary, pharmacy, nursing home, health unit, maternity center, blood bank, autopsy center, mortuary, hair surgery center, research institute and veterinary institutions, including any other facility involved in health care and biomedical activities;
- (e) "Hospital waste" includes both risk waste and non-risk waste and **includes the hazardous waste as defined under sub-section (xix) of Section 2 of Pakistan Environmental Protection Act, 1997.**
- (f) "Infectious waste" means waste contaminated by any type of pathogens such as bacteria, viruses, parasite or fungi and includes cultures from laboratory work, waste from surgeries and autopsies, waste from infected patients, discarded or disposable materials and equipment which have been in contact with such patients and infected animals from laboratories;
- (g) **"Inspection " means the inspection conducted by Health Officer or any other officer of Federal Agency to ensure the implementation of Hospital Waste Management Rules, 2022 of any healthcare facility.**
- (h) "local council" means a local council in the geographical limits of which the hospital is located;
- (i) "Medical Superintendent" means the Head of the hospital by whatever designation called;
- (j) "Non-risk waste" includes paper and cardboard, packaging, food waste and aerosols and the like;
- (k) "Pathological waste" includes tissues, organs, body parts, fetuses, blood and body fluids;
- (l) "Pharmaceutical waste" includes expired or unused pharmaceutical products, spilled contaminated pharmaceutical products, surplus drugs, vaccines or sera, and discarded items used in handling pharmaceutical such as bottles, boxes, gloves, masks, tubes, or vails;
- (m) "Radioactive waste" includes liquid, solid and gaseous waste contaminated with radionuclides generated from in-vitro analysis of body tissue and fluid, in-vivo body organ imaging and tumor localization, and investigation and therapeutic procedures;
- (n) **"Registration" means registration of a hospital or healthcare facility under Rule 24 with Federal Agency for compliance of HWM Rules, 2022;**

- (o) "Risk waste" means infectious waste, pathological waste, sharps, pharmaceutical waste, genotoxic waste, chemical waste, and radioactive waste;
- (p) "Section:" means a section of the Act;
- (q) "Sharp" includes whether infected or not, needles, syringes, scalpels, infusion sets, saws and knives, blades, broken glass and any other item that could cut or puncture; and
- (r) "Waste management" includes waste segregation, waste collection, waste transportation, waste storage, waste disposal and waste minimization and reuse.

(2) The words and expressions used but not defined in these rules shall have the same meaning as are assigned to them in the Act.

3. Responsibility for waste management.- Every hospital and healthcare facility shall be responsible for the proper management of the waste generated by them till its final disposal in accordance with the provisions of the Act and the Rules 16 to 22.

4. Waste Management Team.- (1) The **Medical Superintendent / Chief Executive Officer / Managing Director / Executive Director** shall constitute a Waste Management Team comprising the following by whatever designation called namely:-

- | | | |
|-----|--|--------|
| (a) | Medical Superintendent / Chief Executive Officer / Managing Director / Executive Director
Chairperson | |
| (b) | Chief Pharmacist | Member |
| (c) | Pathologist / Infection Control Officer | Member |
| (d) | Radiologist | Member |
| (e) | Senior Matron | Member |
| (f) | Head of Administration | Member |
| (g) | Hospital Engineer | Member |
| (h) | Head of the sanitation staff | Member |
| (i) | Other hospital staff members as the Medical Superintendent / Chief Executive Officer / Managing Director may designate | Member |
| (j) | A representative of a Provincial Agency concerned, if hospital is located in the Province or, in the case of a hospital located in the Islamabad Capital Territory, the Federal Agency | Member |

(2) In a hospital / health care service where the posts under sub-rule (1) do not exist, the Medical Superintendent / Chief Executive Officer / Managing Director shall designate another staff member to perform the duties and responsibilities of the holder of such posts under rules 8 to 14.

(3) The members of the Waste Management Team shall be informed in writing of their duties and responsibilities as provided under rules 8 to 14.

(4) One of the members of the Waste Management Team shall be designated by the Medical Superintendent/ Chief Executive Officer / Managing Director as the Waste Management Officer, who shall act as the Secretary of the Waste Management Team.

5. Duties and responsibilities of Waste Management Team.- A Waste Management Team shall be responsible for the preparation, monitoring, periodic review, revision or updating, if necessary, and implementation of the Waste Management Plan, and for supervision of all actions taken in compliance with the provisions of these rules.

6. Meetings of Waste Management Team.-(1). The meeting of a Waste Management Team shall be held at least **once** a month.

(2) One-third of the members of the Waste Management Team shall constitute the quorum for a meeting.

7. Duties and responsibilities of Medical Superintendent / Chief Executive Officer / Managing Director / Executive Director.-
shall-

- (a) constitute the Waste Management Team;
- (b) designate the Waste Management Officer;

- (c) facilitate meetings of the Waste Management Team and ensure implementation of its decisions;
- (d) supervise implementation, monitoring and review of the Waste Management Plan and ensure that it is kept update;
- (e) arrange for a waste audit of the hospital / healthcare facility by an external agency as may be designated for the purposes by the Government, involving analysis for the existing waste stream and assessment of existing waste management practices;
- (f) allocate sufficient financial and manpower resources to ensure efficient and effective implementation of the Waste Management Plan; and
- (g) ensure adequate training and refresher courses for the concerned hospital staff.

8. Duties and responsibilities of the Heads of Departments.-The Heads of Departments shall be responsible for the proper management of waste generated in their respective departments, and in particular shall,-

- (a) ensure that all doctors, nurses, clinical and staff in their respective departments, is aware of, and where required properly trained, in waste management procedures;
- (b) arrange proper supervision of the sanitary staff and sweepers to ensure that they comply with waste management procedures at all times; and
- (c) liaise with the Waste Management Officer for effective monitoring and reporting of mistakes and errors in implementation of the Waste Management Plan.

9. Duties and responsibilities of Pathologist or Infection Control Officer- A Pathologist or infection Control Officer shall be responsible for,-

- (a) giving advice regarding the control of infectious diseases and the standards of the waste disposal system;
- (b) identifying training requirements for each category of staff; and
- (c) organization of training and refreshers courses on safe waste management procedures.

10. Duties and responsibilities of Chief Pharmacist.- A Chief Pharmacist shall be responsible for the sound management of pharmaceutical stores and in particular shall,-

- (a) give advice regarding formulation of appropriate procedures for management of pharmaceutical waste, and coordinate implementation of these procedures; and
- (b) ensure that the concerned hospital staff members receive adequate training in pharmaceutical waste management procedures.

11. Duties and responsibilities of Radiologist.- A Radiologist shall be responsible for the sound management of radioactive waste and in particular shall,-

- (a) give advice regarding formulation of appropriate procedure for management of radioactive waste and coordinate implementation of these procedures; and
- (b) ensure that the concerned hospital staff members receive adequate training in radioactive waste management procedures.

12. Duties and responsibilities of Senior Matron and Head of Administration.- A Senior Matron and Head of Administration shall be responsible for ensuring training of nursing staff, laboratory staff, medical assistants and sanitary staff and sweepers in waste management procedures and basic personal hygiene.

13. Duties and responsibilities of Hospital Engineer.- An Hospital Engineer shall be responsible for installation, maintenance and safe operation of waste storage facilities and waste handling equipment and where installed the hospital incinerator, and shall ensure that the concerned hospital staff members are properly trained for these purposes.

14. Duties and responsibilities of Waste Management Officer.- A Waste Management Officer shall, in addition to his duties and responsibilities, be responsible for the day to day implementation and monitoring of the Waste Management Plan and in particular, shall,-

- (a) for waste collection,-
 - (i) ensure internal collection of waste bags and waste containers and their transport to central storage facility of the hospital on daily basis;
 - (ii) liaise with the Supplies Department to ensure that an adequate supply of waste bags, containers, protective clothing and collection trolleys are available at all time;
 - (iii) ensure that sanitary staff and sweepers immediately replace used bags and containers with the new bags and containers of the same type and where a waste bag is removed from containers, is properly cleaned before a new bag is fitted therein; and
 - (iv) directly supervise the hospital sweepers assigned to collect and transport the waste;
- (b) for waste storage,-
 - (i) ensure correct use of the central storage facility and that it is kept secured from unauthorized access; and
 - (ii) prevent unsupervised dumping of waste bags and waste containers on the hospital premises, even for a short period of time;
- (c) for waste disposal,-

- (i) co-ordinate and monitor all waste disposal operations, and for this purpose meet regularly with the concerned representative of the local council;
 - (ii) ensure that the correct methods of transportation of waste are used on-site to the central storage facility or incinerator, if installed, and off-site by the local council; and
 - (iii) ensure that the waste is not stored on the hospital premises for longer than twenty-four hours, by coordinating with the incinerator operations and with the local council;
- (d) for staff training and information,-
- (i) liaise with the Heads of Departments, Head of Administration and Senior Matron to ensure that all doctors, clinical, staff, nursing staff, laboratory staff and medical assistants are fully aware of their duties and responsibilities under the Waste Management Plan; and
 - (ii) ensure that sanitary staff and sweepers are not involved in waste segregation and that they only handle waste bags and containers in the correct manner; and
- (e) for incident management and control,-
- (i) ensure that emergency procedures are available at all times and that all staff members are aware of the action to be taken by them;
 - (ii) investigate, record and review all incidents reports regarding hospital waste management; and
 - (iii) record the quantities of waste generated by each department on a weekly basis.

15. Waste Management Plan.- (1). A Waste Management Plan shall be prepared by a Waste Management Officer for approval by the Waste Management Team, and shall be based on internationally recognized environment management standards such as the International Organization for Standardization 14000 series **and in liaison with Act.**

The Waste Management Plan shall include,-

- (a) a plan of the hospital showing the waste disposal points for every ward and department, indicating whether each point is for risk waste or non-risks waste, and showing the sites of the central storage facility for risk waste and the central storage facility for non-risk waste;
- (b) details of the types, numbers and estimated costs of containers, waste bags and trolley required annually;
- (c) timetables including frequency of waste collection from each wards and department;

- (d) duties and responsibilities for each of the different categories of hospital staff members who shall generate hospital waste and be involved in the management of the waste;
- (e) an estimate of the number of staff members required for waste collection;
- (f) procedures for the management of waste requiring special treatment such as autoclaving before final disposal;
- (g) contingency plans for storage or disposal of risk waste in the event of breakdowns of incinerators, or of maintenance or collection arrangements;
- (h) training courses and programmes on waste management; and
- (i) emergency procedures.

(3) A representative of a local council responsible for the collection and disposal of waste from the hospital shall be consulted in preparing and finalization of the Waste Management Plan.

(4) The Waste Management Plan shall be regularly monitored, reviewed, and revised and updated by the Waste Management Team as and when necessary.

16. Waste segregation.- (1) Risk waste shall be separated from non-risk waste at the ward bedside, operation theatre, laboratory, or any other room in the hospital where the waste is generated by a doctor, nurse, or other person generating the waste.

(2) All disposal medical equipment and supplies including syringes, needles, plastic bottles, drips and infusion bags shall be cut or broken and rendered non-reusable at the point of use by the person using the same, or in case any such used by such person.

(3) All risk waste other than sharps, large quantities of pharmaceuticals, or chemicals, waste with a high content of mercury or cadmium such as broken thermometers or used batteries, or radioactive waste shall be placed in a suitable container made of metal or tough plastic, with a pedal type or swing lid, lined with a strong yellow waste bag. The bags shall be removed when it is not more than three quarters full and sealed, preferably with self-locking

(4) plastic sealing tags and not by stapling. Each bag shall be labeled, indicating date, point of production, ward and hospital, quantity and description of waste and prominently displaying the biohazard symbol. The bags removed should be immediately replaced with a new one of the same type.

(5) Sharps including the cut or broken syringes and needle shall be placed in metal or high density plastic containers resistant to penetration and leakage designed so that items can be dropped in using one hand and no item can be removed. The containers shall be coloured yellow and marked "DANGER! CONTAMINATED SHARPS". The sharp container shall be closed when three-quarters full. If the sharp container is to be incinerated, it shall be placed in the yellow waste bag with the other risk waste.

(6) Large quantities of pharmaceutical waste shall be returned to the suppliers. Small quantities shall be placed in yellow waste bag preferably after being crushed, where this can be done safely.

(7) Large quantities of chemical waste, and waste with a high content of mercury or cadmium shall not be incinerated, but shall be placed in chemical resistant containers and sent to specialized treatment facilities.

(8) Radioactive waste which has to be stored to allow decay to background level, shall be placed in a waste bag, in a large yellow container or drum. The container or drum shall be labeled, showing the radionuclide's activity on a given date, and the period of storage required, and marked "RADIOACTIVE WASTE", with the radiation symbol. Non-infectious radioactive waste which has decayed to background level, shall be placed in white waste bags. Infectious radioactive waste which has decayed to background level, shall be placed in yellow waste bags. High level and relatively long half-life radionuclides shall be packaged and stored in accordance with instructions of the original supplier under supervision of the Radiology Officer and sent back to the supplier for disposal.

(9) Non-risk waste shall be placed in a suitable container lined with a white waste bag. Adequate numbers of non-risk waste containers shall be placed in all areas of the hospital and notices affixed to encourage visitors to use them.

17. Waste collection.-(1) Waste shall be collected in accordance with the schedules specified in the Waste Management Plan.

(2) Sanitary staff and sweepers shall, when handling waste, wear protective clothing at all times including face masks, industrial aprons, leg protectors, industrial boots and disposable or heavy duty gloves, as required.

(3) Sanitary staff and sweepers shall ensure that,

- (a) waste is collected at least once daily;
- (b) all waste bags are labeled before removal, indicating the point of production, ward, hospital and contents;
- (c) the removed waste bags and containers are immediately replaced with new ones of the same type; and
- (d) where a waste bag is removed from a container, the container is properly cleaned before a new bag is fitted therein.

18. Waste transportation.-(1) For on-site transportation, a waste collection trolley shall be free of sharp edges, easy to load, unload and to clean, and preferably a stable three or four-wheeled design with high sides. The trolley shall be cleaned regularly.

(2) The sealed waste bags shall be carefully loaded by hand onto the trolley to minimize the risks of punctures or tears.

(3) Yellow-bagged risk waste and white-bagged non-risk waste shall be collected on separate trolleys which shall be painted or marked in the corresponding colours.

(4) The collection route shall be the most direct one from the final collection point to the central storage facility designated in the Waste Management Plan. The collected waste shall not be left even temporarily anywhere other than at the designated central storage facility.

(5) Transportation off-site shall, unless otherwise agreed, be the responsibility of the local council which shall ensure that,-

- (a) all yellow-bagged waste is collected at least once daily;
- (b) all staff members handling yellow-bagged waste wear protective clothing;
- (c) yellow-bagged waste is transported separately from all other waste;
- (d) vehicles or skips are only used for the carriage of yellow-bagged waste and are free of sharp edges, easy to load and unload by hand, easy to clean and disinfect, and fully enclosed, preferably with hinged and lockable shutters or lids, to prevent any spillage in the hospital premises or on the highway during transportation;
- (e) all concerned staff members are properly trained in the handling, loading, unloading, transportation and disposal of yellow-bagged waste, and are fully aware of emergency procedures for dealing with accidents and spillages;
- (f) all vehicles carry adequate supply of empty waste bags, protective clothing, cleaning tools and disinfectants to clean and disinfect any spillage;
- (g) the transportation of waste is properly documented and all vehicles carry a consignment note from the point of collection to the incinerator or land-fill or other final disposal facility; and
- (h) all vehicles are cleaned and disinfected after use.

19. Waste storage.- (1) A separate central storage facility shall be provided for yellow-bagged waste with a sign prominently displaying the biohazard symbol and clearly mentioning the facility stores risk waste.

(2) The designated central storage facility shall,-

be located within the hospital premises close to the incinerator, if installed, but away from food storage or food preparation areas;

be large enough to contain all the risk waste produced by the hospital with spare capacity to cater for collection or incinerator breakdowns;

be easy to clean and disinfect with an impermeable hardstanding base, plentiful water supply and good drainage, lighting and ventilation;

have adequate cleaning equipment, protective clothing, waste bags and containers located nearby; and

be easily accessible to collection vehicles and authorized staff, but totally enclosed and secure from unauthorized access including inaccessible to animals, insects and birds.

(3) No materials other than yellow-bagged waste shall be stored in the central storage facility.

(4) No waste shall be stored at the central storage facility for more than twenty-four hours:

Provided that in case of emergency where infectious waste is required to be stored for more than twenty-four hours, it shall be refrigerated at a temperature of 3⁰ C to 8⁰ C.

(5) Containers with radioactive waste shall be stored in a specifically marked area in a lead-shielded storage room.

(6) Containers with chemical waste which are to be specialized treatment facilities shall also be stored in a separate room.

(7) The central storage facility shall be thoroughly cleaned in accordance with procedures stipulated in the Waste Management Plan.

20. Waste disposal.-(1) Depending upon the type and nature of the waste material and the organisms in the waste, risk waste shall be inactivated or rendered safe before final disposal by a suitable thermal, chemical, irradiation incineration, filtration or other treatment method, or by a combination of such methods involving proper validation and monitoring procedures. Effluent from the waste treatment methods shall also be periodically tested to verify that it conforms to the National Environmental Quality Standards before it is discharged into the sewerage system.

(2) Yellow-bagged waste shall be disposed of by burning in an incinerator, by burial in a landfill or by any other method of disposal approved by the Federal Agency or a Provincial Agency concerned.

(3) Sharps containers which have not been placed in yellow waste bags for incinerator, shall be disposed of by encapsulation or other method of disposal approved by the Federal Agency or a Provincial Agency concerned.

(4) The method of disposal, whether by burning in an incinerator or by burial in a landfill or otherwise, shall be operated by a hospital only after approval of its Environmental Impact Assessment in accordance with the provisions of section 12:

Provided that hospitals, local councils or other persons already using an incinerator or landfill on the date of commencement of these rules shall submit an Initial Environmental Examination in respect thereof to the Federal Agency or a Provincial Agency concerned within two months from the said date, and may continue to use the incinerator or landfill pending decision on the EIA.

(5) All risk waste delivered to an incinerator shall be burned within twenty-four hours.

(6) Ash and residues from incineration and other methods shall be placed in robust, non-combustible containers and sent to the local council's designated risk waste landfill site.

(7) Landfills shall be located at sites with minimal risk of pollution of groundwater and rivers. Access to the site shall be restricted to authorized personnel only. Risk waste shall be buried in a separate area of the landfill under a layer of earth or non-risk waste of at least one meter depth which shall then be compacted. The landfill shall be regularly monitored by the local council to

check groundwater contamination and air pollution. The local council shall also ensure that the landfill operators are properly trained, especially in safe disposal procedures, use of protective equipment and hygiene and emergency response procedures.

(8) Daily collection of risk waste from hospitals shall be taken by the vehicles of the local council immediately to the designated landfill site or incinerator by the most direct route in accordance with prior scheduling of collection times and journey times.

(9) Radioactive waste which has decayed to background level shall either be buried in the landfill site or incinerated.

Explanation.- An incineration facility for radioactive waste shall require, in addition to approval of its EIA by the Federal agency or a Provincial agency concerned, registration with and issue of license by PNRA, and reconciled with the requirements of the Pakistan Nuclear Regulatory Authority Ordinance 2001 (III of 2001) and the guidelines made thereunder in connection with management and disposal of radioactive waste.

(10) All liquid infectious waste shall be discharged into the sewerage system only after being properly treated and disinfected.

Explanation I.- Liquid radioactive waste shall be discharged into the sewerage system only after it has decayed to background level and after it has been ensured that the radioactive materials are soluble and dispersible in water, failing which it shall be filtered.

Explanation II.- Radioactive waste containing Tritium and Carbon-14 isotopes shall be stored separately and shipped to the disposal site of the Pakistan Atomic Energy Commission, Karachi Nuclear Power Plant (KANUPP), Karachi or Pakistan Institute of Science & Technology (PINSTECH), Islamabad.

(11) In the case of gaseous radioactive waste, portable filter assemblies shall be used to extract iodine and xenon. The used filters shall be treated as solid radioactive waste.

21. Accidents and spillages.- (1) In case of accidents or spillages, the following action shall be taken, namely:-

- (a) the emergency procedures mentioned in the Waste Management Plan shall be implemented immediately;
- (b) the contaminated area shall be immediately evacuated, if required;
- (c) the contaminated area shall be cleared and, if necessary, disinfected;
- (d) exposure of staff members shall be limited to the extent possible during the clean-up operation, and appropriate immunization may be carried out, as required; and
- (e) any emergency equipment used shall be immediately replaced in the same location from which it was taken.

(2) All hospital staff members shall be properly trained and prepared for emergency response including procedures for treatment of injuries, clean-up of the contaminated area and prompt reporting of all incidents of accidents, spillages and near-misses.

(3) A Waste Management Officer shall immediately investigate, record and review all such incidents to establish causes and shall submit his report to a Waste Management Team.

(4) The Waste Management Team shall review the report, and where necessary shall amend the Waste Management Plan to prevent recurrence of such incidents, and take such further action as may be required.

22. Waste minimization and reuse.- (1) To minimize hospital waste, each hospital shall introduce,-

(a) purchasing and stock control, involving careful management of the ordering process to avoid overstocking, particularly with regard to date-limited pharmaceutical and other products, and to accord preference to products involving low amounts of packaging;

(b) waste recycling programmes, involving return of unused or waste chemicals in quantity to the supplier for reprocessing, return of pressurized gas cylinders to suppliers for refilling and reuse, sale of materials such as mercury, cadmium, nickel and lead-acid to specialized recyclers, and transportation of high level radioactive waste to the original supplier; and

(c) waste reduction practices in all hospital departments.

(2) To encourage reuse, each hospital shall separately collect and sterilize, either thermally or chemically in accordance with approved procedures, surgical equipment and other items which are designed for reuse and are resistant to the sterilization process.

23. Inspection.-(1) A Health Officer may inspect any hospital, incinerator or landfill located within the area of his jurisdiction to check that the provisions of these rules are being complied with.

(2) The Government shall constitute a Hospital Complaint Scrutiny Committee for each district and for the Islamabad Capital Territory, comprising two Medical Superintendents of hospitals owned by the Government, one of which shall be the Chairman of the Committee, and one Chief Executive of a private sector hospital:

Provided that the Hospital Complaint Scrutiny Committee for a district or for the Islamabad Capital Territory shall comprise of Medical Superintendents of hospitals located outside the said district or the Islamabad Capital Territory, as the case may be.

(3) If a Health Officer discovers any contravention of any provision of these rules, he shall report the same to the concerned Hospital Complaint Scrutiny Committee.

(4) The Hospital Complaint Scrutiny Committee shall review details of the contravention reported by the Health Officer and after giving an opportunity of being heard to the duly authorized representative of the hospital or incinerator or landfill, recommend,-

- (a) that no further action be taken in the circumstances of the case;
- (b) that another inspection be carried out within a specified period not exceeding one month, if the hospital or incinerator or landfill has taken steps to comply with the rules contravened;
- (c) that action be initiated against the person responsible through the District Health Officer or a local council or the Federal agency or the Provincial agency concerned as the case may be.

24. Registration of Hospital / Healthcare Facility.- (1) . No hospital or healthcare facility shall render any healthcare service unless it is registered with the Federal Agency for compliance of the Act and Rules under this Act subject to the terms and conditions as provided under a proforma given at **Schedule-I.**
(2) The registration / renewal shall be valid for the period of 3 years from the date of issuance of registration / renewal.

25. Registration / Renewal Fee.- The registration /renewal fee shall be deposited in “Clean Environment Fund” as prescribed under **Schedule-II**

26. Compliance Monitoring.- All hospitals and healthcare facilities shall submit compliance monitoring reports to Federal Agency **on quarterly basis in accordance with Act and Rules on a prescribed proforma given at **Schedule-III**.**

27. Hospital Waste Management Advisory Committee.- (1). The Federal Government shall by notification in the official Gazette, constitute a Hospital Waste Management Advisory Committee for the Islamabad Capital Territory comprising,-

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|-----|--|-------------------|
| (a) | Secretary, Ministry of Health or nominated officer no below Additional Secretary | Chairman |
| (b) | Joint Secretary , Ministry of Local Govt. & Rural Dev. | Member |
| (c) | Director General, Environment Cell, CDA | |
| (d) | Director-General, Federal Agency | Member |
| (e) | President, Pakistan Medical Association or his representative | |
| (f) | Executive Director, Pakistan Institute of Medial Sciences | Member |
| (g) | Medical Superintendent, Federal Government Services Hospital | Member |
| (h) | Director, Health Services Academy | Member |
| (i) | Chief Executives of two hospitals in the private sector. | Members |
| (j) | Representative of two non-government organizations | Members |
| (k) | Director (Lab/NEQS), Pak-EPA. | Member/ Secretary |

(2) The Hospital Waste Management Advisory Committee shall,-

- (a) periodically review the implementation of the rules and recommend amendment there to; and
- (b) recommend adoption of such policy measures, plans and projects as it may consider necessary for the effective management of hospital waste in the Islamabad Capital Territory and Provinces, as the case may be.

- 28. Penalty.-** All the contraventions of the Act and the Rules shall be punished in accordance with Section 17 of the Act read with Compounding of Offences and Administrative Penalty Rules, 2015.
- 29. Phased implementation.-** The Federal Government may, by notification in the official Gazette, exempt any class of hospital or healthcare facility from all or any of the provisions of these rules.
- 30. Applicability of section 14.-** Each hospital generating risk waste shall apply to the Federal Agency for issuance of licence for handling hazardous substances and the provision of section 14 shall apply for the purpose of granting such licence.
- 31. Repeal, savings and succession.-** (1) The Hospital Waste Management Rules, 2005 has been repealed herewith.

(2) Notwithstanding the repeal of the Hospital Waste Management Rules, 2005, any orders passed , notification issued, approval granted, action taken, proceeding commenced, right acquired liabilities incurred, penalties, rates, fee or charges levied, things done or action taken under any provision of that Rules shall, so far as they are not inconsistent with the provision of these Rules, be deemed to have been made, passed, issued, approval granted, commenced, acquired, incurred, levied, done or taken under these Rules.

SCHEDULE I

[See Rule 24]

FORM OF REGISTRATION AND RENEWEL FOR PROFROMA FOR HOSPITAL/HEALTH FACILITIES

<u>S. No.</u>	<u>Description</u>	<u>Relevant information</u>
1.	Designated Name	_____
2.	Category type (as per Schedules II)	_____
3.	Name of Owner/CEO/ED/MS	_____
4.	Name and designation of contact person	_____
5.	Registered number with Islamabad Health Care Authority or otherwise	_____
6.	Description of Hospital / Health Care Facility	_____
7.	Location of Hospital / Health Care Facility	_____
9.	Date of receipt of registration / renewal proforma	_____
13.	Registration / renewal approval date	_____
14.	Reasons for refusal (if any)	_____
15.	Date of cancellation, if applicable	_____

SCHEDULE – II
[See Rule 25]
REGISTRATION / RENEWAL FEE

	Registration Fee	Renewal Fee
Hospital (\leq 50 Bedded Facility)	100,000	25,000
Hospital (\geq 51 Bedded Facility)	200,000	50,000
Healthcare Facility	50,000	10,000

Schedule III
[See Rule 26]
COMPLIANCE PROFORMA

HWRP-01

PAKISTAN ENVIRONMENTAL PROTECTION AGENCY
Hospital Waste Reporting Proforma (HWRP-01)

Name of Health Facility: _____ Date: _____

Address: _____ Reporting Month: _____

Contact Person: _____ Designation/Section: _____

Contact (Mobile / Phone): _____ E-mail: _____

Total No. of beds: _____ Incinerator installed (Yes/No): _____ Wastewater Treatment Plant (Yes/No): _____

Days	Infectious Waste (kg)	Non-Infectious Waste (kg)	Waste Incinerated (kg)	Radiological Waste (kg)	Total Waste (kg)	Sharps (kg)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
Total						

- Note:**
- (1) Hospital Waste Reporting Proforma must be dully typed and should not be hand written.
 - (2) Proforma must be dully signed and officially stamped by Medical Superintendent.
 - (3) Report should be delivered within the first three days of each month at **Plot:42, Street:06, H-8/2, Islamabad.**

Signature of Medical Superintendent: _____

Name of Medical Superintendent: _____

Contact: _____ E-Mail: _____

Official Stamp: _____