

## Minimization, Recycling of Medical Waste

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The reduction of waste generation must be encouraged by the following practices:

### Reducing the amount of waste at source

- Choosing products that generate less waste: less wrapping material, for example.
- Choosing suppliers who take back empty containers for refilling (cleaning products); returning gas cylinders to the supplier for refilling.
- Preventing wastage: in the course of care, for example, or of cleaning activities.
- Choosing equipment that can be reused such as tableware that can be washed rather than disposable tableware.
- It is prohibited to reuse needles or syringes. The plastic part of syringes is recycled in some regions, but this practice is not recommended in ICRC contexts

### Purchasing policy geared to minimizing risks

- Purchase of PVC-free equipment (choosing PET, PE, or PP)—see Health-Care Without Harm site.1110.
- Purchase of mercury-free equipment: mercury-free thermometers (ICRC standards), (mercury-free blood-pressure gauges).
- If possible, purchase of new safe injection and bloodsampling systems (where the needle is withdrawn automatically).
- Opting for the least toxic products (cleaning products, for example).

### Product recycling

- Recycling of batteries, paper, glass, metals, and plastic.
- Composting of plant waste (kitchen and garden wastes).
- Recycling of the silver used in photographic processing.
- Recovering energy for water heating for example.

### Stock Management

- Centralized purchasing.
- Chemical and pharmaceutical stock management aiming to avoid a build-up of expired or unused items: “first-in—first out” stock management, expiry date monitoring.
- Choice of suppliers according to how promptly they deliver small quantities and whether unused goods can be returned.
- Health-care waste includes a large component of general waste and a smaller proportion of hazardous waste. This chapter addresses the potential hazards of exposure to hazardous (or risk) health-care waste.

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Received date: June 10, 2021; Accepted date: June 24, 2021; Published date: June 30, 2021

Citation: Gomathi S (2021) Minimization, Recycling of Medical Waste. J Community Med Health Educ 11.

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