



**GENERAL**

### Treatment of COVID-19 medical waste a number one priority



BERNAMA

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**By Niam Seet Wei**

KUALA LUMPUR, May 29 -- After the COVID-19 virus made its debut in China late-2019, the ferocious virus had infected millions of people worldwide and claimed more than 360,000 lives to-date, leading to devastating socio-economic impacts globally.

On Jan 25, 2020, Malaysia reported three positive COVID-19 cases. Four months later, the virus had infected 7,629 people in the country and claimed 115 lives.



Due to the virus' highly virulent nature, managing COVID-19 clinical wastes has become a top priority for companies in charge of disposing clinical wastes.

#### COVID-19 WASTE ACCOUNTS FOR ONE-FOURTH OF CLINICAL WASTE IN APRIL



UEM Edgenta Bhd's wholly-owned healthcare support services (HSS) unit, Edgenta Mediserve Sdn Bhd (EMSB), is one of the concessionaires appointed by the government through the Health Ministry (MoH) to manage clinical waste from public medical facilities.

According to UEM Edgenta, COVID-19 clinical waste accounted for 27.8 per cent of total clinical wastes collected by EMSB in April.

Under the current concession agreement, EMSB manages clinical waste from 33 government hospitals as well as nine health clinics in the northern region of Peninsular Malaysia, 12 private hospitals, 694 private clinics and 83 Ministry of Defence clinics nationwide.

Meanwhile, Cenviro Sdn Bhd said its waste management unit, Kualiti Alam Sdn Bhd reported that the COVID-19 waste it had collected from private healthcare facilities had increased in terms of volume.

"COVID-19 wastes are bulky, yet they are characterised as lightweight materials.

"Hence, despite an increase in volume, Kualiti Alam is dealing with insubstantial mass," said Cenviro managing director Dr Johari Jalil.

The company services 4,035 private healthcare facilities nationwide.

#### NO STORAGE, NO DOUBLE HANDLING OF COVID-19 WASTE

According to UEM Edgenta, the COVID-19 clinical waste is classified as infectious waste -- suspected to contain pathogens (disease-causing bacteria, viruses, parasites, or fungi) in enough concentration or quantities to cause the disease in susceptible hosts.

Clinical waste is any waste which consists wholly or partly of human tissue, blood or other body fluids, excretions, used drugs, swabs, dressing, syringes, needles or other instruments -- wastes which may prove hazardous to any person coming into contact unless rendered safe.

"Therefore, the COVID-19 waste is treated as a number one priority in terms of waste to be treated, which means no storage and no double handling of such waste," UEM Edgenta said.

Echoing UEM Edgenta's views, Johari said it is crucial for medical facilities to ensure that their COVID-19-related wastes are labelled, packed and sealed appropriately.

#### CLINICAL WASTE MANAGEMENT SOPS STRENGTHENED

With over 20 years of experience in the clinical waste business, EMSB has been capitalising on its technological know-how and best practices to handle COVID-19 waste.

“We have also strengthened our current standard operating procedures (SOPs) related to clinical waste management,” it said.

Among other things, EMSB’s HSS team must don full-body personal protective equipment gear, such as face masks, face shields, aprons and gloves when handling COVID-19 waste in accordance with MoH’s guidelines and SOPs.

“The COVID-19 waste is collected using a dedicated wheeled bin which is specifically labelled ‘person under investigation (PUI) COVID-19’.

“Additionally, all sites are provided with additional collection wheeled bins and are labelled prior to collection,” said UEM Edgenta.

Apart from that, all EMSB’s lorries are equipped with global positioning system trackers and spillage management kits in the event of an emergency.

“Procedures such as the collection, transportation and reception of the wastes at the treatment facilities are always being re-evaluated and improved, based on best practices as well as in consultation with MoH,” it said.

Similarly, Johari said the wastes received at Kualiti Alam treatment facilities would be disposed by way of incineration, with minimum handling by its operations team.

“We also dispose of contaminated PPE uniforms sent to our facilities.

“In view of the potential risks related to improper handling of clinical waste, the dedicated team must abide to strict SOPs and adhere to legal requirements of the Environmental Quality (Scheduled Wastes) Regulations 2005 in handling and disposing biohazardous wastes,” he said.

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