



Development Bank of Namibia

Expect more.

DBN ENVIRONMENTAL AND SOCIAL MANAGEMENT GUIDANCE FOR HEALTH FACILITIES

Contents

a) Version Control.....	3
1. DEFINITIONS, TERMS & ABBREVIATIONS	3
2. INTRODUCTION	4
3. SCOPE	4
4. INTENT	4
5. BACKGROUND TO THE SECTOR	4
6. KEY EOHSS RISKS.....	4
6.1. Deliveries	5
6.2. Drug Disposal.....	5
6.2.1. Mitigation measures.....	5
6.3. Energy Consumption	6
6.3.1. Mitigation measures.....	6
6.4. Emergency response	6
6.4.1. Mitigation measures.....	7
6.5. Ethics and bribery	7
6.5.1. Mitigation measures.....	8
6.6. Exposure to Hazardous Drugs and Other Substances	8
6.6.1. Mitigation measures.....	8
6.7. Financial Implications	8
6.8. Labour Requirements.....	9
6.8.1. Mitigation measures.....	10
6.9. Manual Handling and Repetitive Injury.....	10
6.9.1. Mitigation measures.....	10
6.10. Occupational Health and Safety	10
6.10.1. Mitigation measures.....	11
6.11. Packaging Waste	12
6.11.1. Mitigation measures.....	12
6.12. Treatment of patients.....	12
6.12.1. Mitigation measures.....	13
6.13. Waste management.....	13
6.13.1. Mitigation measures.....	14
6.14. Water use discharge	14

6.14.1. Mitigation measures.....	15
7. REVIEW	16
8. GENERAL REFERENCES FOR STANDARD METHODS.....	16

a) Version Control

The table below serves to track the key revisions made to this document for change control purposes.

Date	Version	Change Description	Author/Editor
07/09/2016	0.01	Initial Draft	Manager: Environment & Social Development
28/02/2018	0.02	DBN Logo and update as per 07 April 2017 Kreditanstalt für Wiederaufbau (KfW) Development Bank Gap Assessment of the Development Bank of Namibia's (DBN) Environmental & Social Management System (ESMS)	Officer: Environment & Social Development

1. DEFINITIONS, TERMS & ABBREVIATIONS

CFC's	Chlorofluorocarbons
DBN	Development Bank of Namibia
EOHS&S	Environmental, Occupational Health and Safety and Social
ESMP	Environmental and Social Management Plan
HSE	Health, Safety and Environmental
HIV	Human Immunodeficiency Virus
HCFC's	Hydro chlorofluorocarbons
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSDs	Musculoskeletal disorders
PPE	Personal Protective Equipment

2. INTRODUCTION

This guideline is designed to be used by the Development Bank of Namibia (DBN) clients to understand the nature of environmental, occupational health and safety and social (EOHS&S) risks associated with existing or planned operations in this sector and suggested actions for businesses to manage these EOHS&S risks.

It also provides guidance for clients on potential due diligence questions to discuss with management to understand how their business is managing these EOHS&S risks. This guideline focuses on material EOHS&S risks; it is not an exhaustive list of EOHS&S risks. In managing EOHS&S risks, all businesses should be compliant with relevant EOHS&S laws and regulations and best practices.

This guideline covers the health services industry with reference to the International Finance Corporation's Environmental, Health and Safety (EHS) General Guidelines. The EHS Guidelines are technical reference documents with general and industry-specific examples of Good International Industry Practice (GIIP).

3. SCOPE

This guidance is applicable to all the Development Bank of Namibia's (DBN) clients/customers who intends to or have set up operations in this sector category and, extends to their assets, facilities, operations, projects and activities, including activities undertaken by any contractor on behalf of the Company, business units and managed operations including corporate/administration offices and other facilities located off site.

4. INTENT

The intent of this guidance note is to assist prospective clients to develop a thorough Environmental and Social Management Plan (ESMP) for their activities and merely act as a guidance and is not comprehensive nor exhaustive.

5. BACKGROUND TO THE SECTOR

Health services refer to those sectors which provide goods and services to treat and manage patients with curative, preventative, rehabilitative and palliative care. This includes the preservation of mental and physical well-being through the services offered by medical and allied health professionals.

Services may be provided by public, private and not-for-profit sectors.

These services can be provided or supported through multiple channels in the home, community, work place and public including; public hospitals; mobile clinics; community health centres; research facilities; mental care centres; ambulance stations; dental clinics; and pharmacies.

6. KEY EOHSS RISKS

Providing health care services can potentially create a number of environmental, occupational health and safety and social (EOHS&S). The most significant risks are associated with clinical waste

management, and occupational health and safety. Both of these areas are uniquely significant to the health services industry.

In terms of the social impacts, this guideline considers impacts on employees, patients and the immediate community, but not the implications of health service delivery on wider society.

Health services businesses may need permits or licences which will set out requirements in terms of managing waste, safety and energy consumption. Radioactive substances are widely used to diagnose and treat patients and health service providers may need to obtain specific permits for storage and use of radioactive substances.

6.1. Deliveries

Congestion and disturbance to neighbouring businesses and residents from delivery vehicles may result in complaints.

6.2. Drug Disposal

Nearly all medicines have an expiry date after which they should not be used. Dispensaries may also have obsolete and unwanted medicines returned by patients. It is good community relations for pharmacies to accept expired or unneeded medicines from the public to ensure that these are safely removed from circulation.

6.2.1. Mitigation measures

- All medicines should be disposed of in a safe and appropriate manner according to the guidance for that medicine but this is frequently by incineration.
- Medicines should not be disposed of in the sewerage system as the active ingredients may not be removed by water treatment and would enter the environment where they can cause harm to wildlife and humans.
- Medicines awaiting destruction must be clearly marked in order to minimise the risk of errors and inadvertent supply to patients.
- Drugs classed as hazardous should be stored separately from non-hazardous drugs. Hazardous drugs are those that are toxic, carcinogenic, mutagenic or toxic for reproduction
- Operate a take-back scheme for unwanted and expired medicines to prevent inappropriate disposal.
- Ensure that access to hazardous medicines is only available to authorised persons.
- Ensure detailed records are maintained of the dispensing of prescription controlled drugs.
- Provide advice to customers and patients on the safe and environmentally friendly disposal of medicines and clinical waste.

6.3. Energy Consumption

Direct energy use in the health services sector is associated with buildings, equipment and vehicle fleets which are within direct operational control. Indirect risks are associated with the energy required to produce and deliver products that the health services centre procures.

Energy use, especially if fossil fuel dependent, contributes to climate change through the emissions of carbon dioxide and other greenhouse gases.

6.3.1. Mitigation measures

- Improve insulation.
- Use of energy efficient equipment.
- Monitor and target energy usage and implement behavioural change programmes.
- Assess suppliers and where possible choose companies that can offer more sustainable versions of goods and services e.g. using recycled paper.
- When designing or refurbishing buildings, choose energy saving options e.g. energy saving light bulbs, motion sensed lighting for storage facilities, toilets etc.
- Explore options such as renewable energy e.g. solar panels on the roof, combined heat and power, food waste energy generators.
- Consider fuels used for vehicle fleets and use of fuel-efficient vehicles.

6.4. Emergency response

The risks to health services operations may include:

- Fire, which can be caused by electronic, cooking and heating equipment failure, malfunctioning oxygen and radiological equipment, poor waste management and improper disposal of cigarettes.
- Spillage of dangerous and/or flammable substances used on site such as cleaning chemicals, pesticides and acid/alkalis in laboratories.
- The spread of highly contagious airborne or waterborne infections and diseases due to poor hand hygiene and inadequate cleaning, inappropriate design and ventilation and inadequate quarantine procedures and facilities.
- Violence due to agitated patients and family/friends, stressed colleagues, confusion (e.g. elderly dementia patients, mentally ill patients) and criminal intent (for drugs, equipment etc.).
- All of the above can cause injuries (sometimes fatal) to patients and staff, result in millions of Namibian dollars in damages and extensive reputational damage.
- Explosions or fires can also result in widespread contamination (e.g. through contaminated firefighting water run off) and destruction, impacting not only the immediate site but surrounding areas.

6.4.1. Mitigation measures

Fire:

- Identification of fire risks and ignition sources and mitigation measures to limit fire and smoke development.
- Newly developed facilities and existing buildings scheduled for renovation should be designed, constructed and operated in compliance with local fire department regulations, local building codes, local legal/insurance requirements (No. 156 Labour Act, 1992: Regulations relating to the health and safety of employees at work), and in accordance with internationally accepted life and fire safety standards. For instance, the Namibia Standards Institute (NSI), South African Bureau Standards (SABS) and South African National Standards (SANS) codes of safety.
- Design measures to assist in the safe evacuation of occupants during a fire or other emergency, e.g. emergency lighting and clear, unimpeded escape routes.
- Implement measures to detect and alert occupants to a potential fire.
- Implement measures to prevent or slow the spread of fire and smoke, e.g. fire walls, dampers, smoke control systems and fireproof doors.
- Install automatic and manual fire protection/suppression systems, e.g. automatic sprinkler systems, fire extinguishers and fire hose reels.
- Develop a Fire Safety Plan incorporating an emergency response plan and an assessment of local fire prevention and suppression capabilities.
- Regularly check and maintain the fire detection and fighting equipment as well as conduct regular drills.

Spills:

- Provide specific training and easily accessible advice for dealing with hazardous spills.

Infections and diseases:

- Develop and implement emergency response plans/evacuation plans/isolation and quarantine plans to combat the spread of diseases. For example: routine hand sanitisation at all doors; regular hand wash stations with clear instructions for use; effectively designed and maintained ventilation and tailored isolation/quarantine facilities.

Violence:

- Provide specific training for all staff covering how to deal with violent individuals.
- Put procedures in place to safeguard employees and other patients/members of the general public from violence.

6.5. Ethics and bribery

Strong governance structures and transparency in reporting are important, particularly since corruption and bribery are illegal, and charges of misconduct can negatively impact a company's reputation and can result in litigation and financial penalties.

Issues in the health services sector include:

- Preferential endorsement of drugs.
- Preferential selection of medical staff and medical equipment providers
- Preferential treatment of patients (e.g. selection of patients for life saving procedures and treatments).
- Unethical means (e.g. bribery) to win contracts or licences.

6.5.1. Mitigation measures

Develop a comprehensive policy on governance and ethics covering all areas of risk (e.g. endorsement of drugs, non-discrimination of patients).

- Transparency when making decisions such as medical staff recruitment, patient selection for operations and medical equipment providers etc

6.6. Exposure to Hazardous Drugs and Other Substances

Medical workers may be exposed to hazardous drugs and other substances in the air and on work surfaces, particularly if they are involved in drug compounding (i.e. the preparation of custom ordered medications).

Hazardous exposure to workers may occur through inhalation of dust created during: pill dispensing, hand manipulation; operation of a tablet encapsulation machine; and by performing sieving and granulation operations, particularly when appropriate engineering controls are not applied.

Dermal absorption may occur when preparing creams, liquids, gels, and moisturizers. Improper handling of these medications may contaminate the work environment and may produce adverse health effects, both acute and chronic, in exposed workers.

6.6.1. Mitigation measures

- Train individuals in the hazards of exposure to ingredients during the compounding and handling of medications.
- Implement procedures to reduce direct skin contact; reduce exposure via inhalation; and minimize the possibility of chemicals being brought home on workers' clothing.
- Provision of personal protective equipment (PPE) that is fit for the task to prevent injury and maintain hygiene standards.
- Staff should be trained in the correct selection, use and maintenance of PPE;

6.7. Financial Implications

Outlined below are examples of financial implications for businesses due to ineffective management of EOHS&S risks related to this sector. These implications may in turn create issues for the Development Bank of Namibia.

- Significant capital investment in site infrastructure may be required to comply with planning constraints, permit/consent conditions and new environmental, health and safety requirements, especially if local communities raise concerns regarding the site operations.
- Fines, penalties and third party claims may be incurred for non-compliance with environment, health and safety regulations.
- Reputational risk through poor environment, health and safety performance may cause the local community to no longer tolerate the company's operations (loss of a 'social licence to operate').
- If clinical, hazardous and non-hazardous wastes are not separated effectively, a higher volume of waste may need to go through clinical and hazardous disposal, incurring a higher cost due to regulatory requirements.
- Injuries to employees may lead to increased payroll costs, lost production time and employee compensation claims.
- Fire/explosions can result in widespread contamination and destruction, impacting surrounding land, rivers and communities. Compensation costs can be high and widespread remediation and rebuilding may be necessary.
- Soil and groundwater contamination from accidental chemical releases can be costly to remediate, especially if contamination affects neighbouring property, water supplies or public health.
- Radioactive sources (e.g. x-ray machines) may need expensive decommissioning at end of life (or in the event of business failure). Radioactivity concerns may also adversely affect the value of land/building held as security.
- Namibia is a signatory to the Kyoto Protocol and Paris Agreement and have adopted targets for the reduction of CO² emissions. This can result in a need for substantial investment in new/clean technologies to achieve the emission targets. These targets may be reflected in environmental permits.
- Specific national or international legislation, e.g. controlled drugs, packaging and waste disposal may require modification to facilities and processes or require additional capital investment;
- Injuries may lead to increased payroll costs to replace workers;
- Fines, penalties and third party claims may be incurred for non-compliance with environment, health and safety regulations.

6.8. Labour Requirements

Labour standards are rules that govern working conditions and industrial relations. They may be formal, such as national level regulation (Labour Act No. 11 of 2007 and No. 156 Labour Act, 1992: Regulations relating to the health and safety of employees at work) and international agreements (International Labour Organisation conventions), or informal, expressed through norms and values.

The commonly accepted rights and principles defined in the International Labour Organisation conventions are the right to collective bargaining, elimination of forced or compulsory labour, abolition of child labour and elimination of all forms of discrimination. In addition, fair wages, fair working hours and acceptable working conditions should be expected.

Labour standards should apply to the company's own employees as well as to all contractors and temporary staff.

Specific issues which may arise in this sector are:

- The use of immigrant or temporary labour at low rates of pay (e.g. nurses, cleaning staff, catering staff).
- Unpleasant working/living conditions.
- Long working hours.
- Pressure on workers to withdraw from unions.

6.8.1. Mitigation measures

- Adhere to national government legal requirements.
- Ensure that the business meets good practice standards for managing labour issues and working conditions, in particular those set out in the Namibian Labour Laws and Regulations and International Labour Organisation conventions.
- Ensure that all work conducted by anybody below the age of 18 is subject to an appropriate risk assessment to eliminate the risk of child labour.
- Record employee hours worked, including overtime, and ensure that staff receive written details of hours worked and payment received.
- Ensure that labour standards are consistent with the average for the sector and national standards/laws.
- Put in place appropriate policies and systems to manage these risks effectively. These could include policies which ensure workers are free to leave the workplace and are not held against their will in any way; working hours are formally agreed and in line with national policies; wages are not below sector standards; and workers are free to join trade unions.
- Implement a grievance/dispute resolution mechanism for workers.

6.9. Manual Handling and Repetitive Injury

Lifting, repetitive work and posture injuries occur as a result of lifting and carrying heavy or awkward shaped items, height of work surfaces and prolonged standing. Particular care should be taken when retrieving objects from very low or high shelves. Repetitive tasks can lead to musculoskeletal injuries.

6.9.1. Mitigation measures

- Organise dispensary so that frequently accessed products are stored at a convenient height to avoid excessive bending and stretching.

6.10. Occupational Health and Safety

The leading causes of employee accidents and sickness absence within health services are:

- Slips and trips: A major contributor to serious workplace injury in the health services sector is accidental tripping or slipping. This is primarily caused by surfaces, inappropriate footwear, poor lighting, weather conditions, trailing cables and pipe work.

- Musculoskeletal disorders (MSDs): MSDs are caused by manual handling of patients, repetitive and heavy lifting, uncomfortable working positions, long periods of work without breaks, and exerting too much force.
- Stress and violence: Health services staff are likely to experience work related violence and aggression, alongside stress. Violence can be caused by agitated patients, often the elderly or those with mental illnesses, those with emergency needs or emotional friends/family.
- Facilities may be targeted when drugs and equipment are stored on site, this can lead to employees, patients and community members being exposed to threatening behaviour.
- Exposure to hazardous chemicals used to clean, disinfect, and sterilize surfaces and supplies (cleansers/disinfectants) and to kill insects and other pests (pesticides) can lead to irritation and dermatitis and may be harmful to health if inhaled.
- Drugs used to treat patients can have unintended consequences for workers who are exposed to them when they prepare and administer solutions or are exposed to the off-gassing of anaesthesia, formaldehyde and aerosolized breathing treatments. Latex gloves can also cause skin problems.
- Injuries and infections from needles/sharps, either through accidents while handling, or improper disposal. May lead to minor cuts, major cuts, infections and diseases such as Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV).

Other occupational health and safety risks include:

- Clinical waste: Clinical waste is covered in the waste management section.
- X – Ray exposure: Health care workers who work with or around diagnostic X – ray machines may be exposed to ionising radiation, which can have serious health implications including genetic effects and, in rare circumstances, cancer.
- Long hours or night shifts: This can lead to fatigue, decreased wellbeing and limited ability to concentrate.

6.10.1. Mitigation measures

Slips and trips:

- Ensure that walkways are constructed of non-slip materials and that cables and pipework are concealed under walkways or attached thoroughly to the wall.
- Minimise access to areas being cleaned or where spillages have occurred. Spills should be cleaned up immediately and the floor should be dried as much as possible.

Musculoskeletal disorders:

- Redesign manual processes and rotate work tasks to reduce heavy lifting/repetitive activities, and where possible install mechanical lifting aids.
- Introduce and enforce the use of appropriate mechanical aids for manual handling.
- Train workers in correct lifting techniques.

Stress and violence:

- Set up protective barriers to protect high-risk staff from violence.
- Undertake a security vulnerability assessment and consider the need for upgrades to existing security measures.

- Provide employees with specific training on how to react in case of physical attacks or verbal abuse.

Hazardous chemicals:

- Provide appropriate gloves, impervious aprons or overalls and/or respiratory protection to minimise the effects of exposure to hazardous substances. Conduct regular health checks and ensure regular rotation of employees/tasks.

Needles/sharps:

- Ensure clear, safe disposal systems for any sharp waste.
- Ensure protective gloves and clothing are worn where appropriate.

X – Ray exposure/Long hours or night shifts:

- Implement a programme of assessment of routine monitoring of worker health.
- Set maximum working hours, break duration and frequency and ensure these are followed.

6.11. Packaging Waste

The most significant waste stream in terms of volume is likely to be waste arising from the packaging used to protect products during transport to site, e.g. cardboard, plastic film, polystyrene and wooden pallets. The different waste types should be stored separately to facilitate recycling.

6.9.1. Mitigation measures

- Provide separate waste containers for each type of waste to enable efficient recycling.
- Contact suppliers to explore ways to reduce packaging waste.

6.12. Treatment of patients

An important consideration for the health services sector is the responsible and fair treatment of patients. Considerations include:

- Access to health care services without discrimination or the need to bribe.
- Access to health care when ability to afford the service is limited.
- Level and experience of staff (for instance if there is a lack of skills at rural locations, or staff are performing procedures they are not qualified for).
- Hygiene standards of the facility, equipment and staff.
- State of equipment (age, level of maintenance, calibration).
- Capacity of the facility to provide services for the projected volume of patients.
- Right treatment and fair billing.
- Patient comfort and confidentiality.

This can result in risks to business such as malpractice or negligence claims and reputational damage which can be severe if health care facilities are ill-equipped, personnel are ill-trained or if equipment is not maintained properly.

This also poses the risk of the exacerbation of mental or physical ailments and in extreme cases, death.

6.12.1. Mitigation measures

- Comply with all local, national and international regulations regarding the treatment of patients and their access to health services.
- Abide by internationally recognised human rights treaties.
- Implement a fair treatment policy and ensure that all employees are educated on the content, and that adherence is monitored.
- Ensure regular spot checks for both staff and equipment to ensure they are able to fulfil their duties. Create action plans when staff or equipment are not meeting requirements.
- Track the utilisation of facilities and monitor whether their current set up fulfils the local community's needs.
- Review the level of appropriate diagnosis and treatment at regular intervals, and take action when trends are identified.

6.13. Waste management

Health service facilities create various waste streams including non-hazardous waste, hazardous waste and clinical waste.

- Non-hazardous waste may include: domestic waste (municipal waste); food waste; hygiene waste; packaging waste; recyclables (paper, glass, aluminium etc.); furniture and waste generated from ground maintenance such as soil and plants.
- Hazardous waste could include: fluorescent tubes; laboratory, cleaning and photo chemicals; oils; batteries and waste electronics; paints and solvents. Pharmaceuticals can also be hazardous to the community if they are improperly disposed of.
- Clinical waste can be defined as any waste that consists wholly or partly of: blood or other bodily fluids; drugs or other pharmaceutical products; excretions; human or animal tissue; swabs or dressings/syringes; heavy metals (often mercury from amalgam dental fillings); needles or other sharp instruments.
- The principal sources of clinical waste are: blood transfusion; dental surgeries; general practitioners' surgeries; health centres; hospitals; research establishments including universities; public health laboratories and veterinary surgeries.

Unless hazardous and clinical waste is properly segregated, handled, transported and disposed of, it can present risks to the health and safety of employees and members of the public, for example through unnecessary spread of infection and disease, reduced quality of life (e.g. from inhalation of solvents, or pollutants from improper incineration), minor injuries (e.g. from improperly disposed sharps) and other ailments (e.g. skin irritation from improper chemical disposal in sinks).

More significant impacts can include exposure to blood-borne viruses such as Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV), and exposure to infectious biological waste which may be carrying hepatitis, e coli infection, tuberculosis and Methicillin-resistant *Staphylococcus aureus* (MRSA) (bacteria that can lead to serious infections).

It can also present risks to the environment, such as air and groundwater pollution and ground contamination.

Indirect risks include:

- The improper disposal of biological wastes, which can also lead to an infestation of vermin such as rats, cockroaches and birds which may be disease carriers.
- Cross infection from contaminated waste materials which are scavenged whether for reuse as a means of income generation (e.g. recyclable materials), or deliberate illegal use (e.g. hypodermic needles which are often later inappropriately discarded).
- Unpleasant odours and visual appearance created by clinical waste, particularly with regard to blood, tissue and bodily fluids.

6.13.1. Mitigation measures

- Facility operators should ensure that clinical waste is managed properly, and only transferred to an authorised waste management operator. There are legal requirements which set standards and procedures for how clinical waste is segregated, stored and labelled (usually colour coded), transported and disposed.
- Disposal options for clinical and hazardous waste vary depending on the nature of the waste but include incineration, treatment (via heat, chemicals or irradiation) and recovery. Larger health facilities (e.g. large hospitals) might have on site waste incinerators.
- Enforce immediate and safe disposal of needles and other sharp instruments into appropriate, puncture-proof sharps bins.
- Provide health surveillance and immunisation, where appropriate.
- Develop and implement a waste management plan covering all aspects of waste treatment on site.
- Wherever possible, priority should be given to reduction of wastes generated, and recovery and re-use of materials.
- Return packaging of hazardous materials (wherever possible), such as empty chemical drums, to supplier for reuse.
- Dispose of electrical and electronic equipment in line with regulation and waste management best-practice (e.g. recycling instead of landfilling).
- Dispose of food waste responsibly and explore options such as energy generation to reduce the use of landfill sites.

6.14. Water use discharge

Water uses specific to healthcare facilities, and especially hospitals, might include:

- Sterilizers and autoclaves.
- X – Ray equipment (water used in the processing of prints).
- Wastewater discharged from cleaning.
- Food preparation processes.
- General domestic and sanitary use including in-house laundry.
- Outdoor water use (especially if gardens are irrigated).

Depending on the geographical location of the health care facility, water availability may be an issue, especially if supply is threatened due to changing climate, or demand increases due to changing demographics or consumption patterns.

A further risk may be the contamination of water, which is then released to mix with external sources. Pollutants are most likely to be cleaning fluids, paints/solvents and drugs which have been improperly disposed of.

Local communities and the environment may be affected by pollution due to the discharge of untreated wastewater, which may affect the local ecology as well as posing a hazard to drinking water supplies and contaminating land.

6.14.1. Mitigation measures

- Minimise the consumption of water used in production and cleaning processes. By increasing rinse efficiency, a facility will reduce the volume of wastewater produced.
- Reduce domestic consumption where possible e.g. fit new toilets with double flush systems, and motion sensored taps/shower heads.
- Recycle wastewater where possible.
- Capture rainwater for appropriate use e.g. irrigation of gardens.
- Ensure untreated wastewater does not discharge to watercourses through use of wastewater treatment facilities and monitoring of wastewater discharges.
- Segregate wastewater, effluent streams and rainwater to reduce the need for wastewater treatment.
- Care should be taken that spilled medicines are not discharged to the sewer.

7. REVIEW

The principles contained in this guidance will be reviewed on an annual basis to facilitate improvement.

8. GENERAL REFERENCES FOR STANDARD METHODS

- Namibian: Labour Act No. 11 of 2007 and Government Notice No. 156 Labour Act, 1992: Regulations relating to the health and safety of employees at work
- Public and Environmental Health Act 1 of 2015.
- Hospitals and Health Facilities Act 36 of 1994
- National Health Act 2 of 2015
- Allied Health Professions Act 7 of 2004
- Nursing Act 8 of 2004.
- Pharmacy Act 9 of 2004.
- Medical and Dental Act 10 of 2004
- EU Directive 2010/32/EU - prevention from sharp injuries in the hospital and healthcare sector: <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32010L0032&from=EN>
- ILO Declaration on Fundamental Principles and Rights at Work Information: <http://www.ilo.org/declaration/lang--en/index.htm>
- International Organisation for Standardisation (ISO) ISO14001:2015: Environmental Management Systems – Requirements with Guidance for use. www.iso.org
- Carbon Trust guidance on environmental and social impact in the health sector: https://www.carbontrust.com/media/39216/ctv024_hospitals.pdf
- International Health Regulations 2005: <http://www.who.int/ihr/9789241596664/en/>
- Health Technical Memorandum: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167976/HTM_07-01_Final.pdf
- REACH – Registration, Evaluation, Authorisation and restriction of Chemicals: <http://www.hse.gov.uk/reach/>