

Flanders, a leading region in the field of Hazardous Medical Waste processing

Legislation in the field of waste processing is complex, and legislation on the transport of potentially hazardous products (ADR) is more complex still. Few people have a thorough understanding of the subject. Willy Van Praet, safety and prevention adviser for a number of hospitals in Belgium, is therefore more than an expert.

We met Willy Van Praet in his natural habitat: surrounded by flasks, bottles and canisters of hazardous waste in a sorting area of a large Flemish hospital.



Willy Van Praet, safety and prevention adviser.

You have many years of experience as a safety and prevention adviser in the care sector. If you look at how Hazardous Medical Waste (HMW) is currently processed, where do we stand today?

There has been a noticeable increase in the volume of HMW in recent years. Despite this, my overall impression is that the management (collection, transport and processing) of the waste is well under control. It is fair to say that Flanders is a leading region in the field of collecting and processing HMW. I think that the waste collection firms are doing everything they can to ensure very high standards when it comes to the transporting and further processing of HMW.

indeed play a major role. The main priority here is the patient, saving his or her life in some cases. So if a bit too much waste ends up in the yellow container, I don't feel that this is such a huge problem in view of the circumstances. Rather than the wrong medical decision. I am actually fairly satisfied with today's working method and the hospital staff's performance when it comes to waste. The ideal starting point may be to collect less and sort more, however I feel at this level there is little to be improved.

area. Take, for example, the HEPA filters used in laboratory fume cupboards. These filters are sometimes so large that you cannot find suitable packaging for them for ADR transport. We need to be creative in these areas and create European deviations in the legislation, just like we did in the case of Ebola (editor's note: see our interview with Kathleen Anthonissen from the Institute of Tropical Medicine).

You say that Flemish hospitals are performing well, however we are seeing that some care facilities intend to revert back to processing waste on site. What are your views on this?

“Regarding decontamination a number of questions remain unanswered for me and I genuinely feel that **transparency and environmental conditions** are needed.”

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It is difficult to monitor whether care staff are following the correct procedures for sorting and placing materials in the receptacles provided. We are not permitted to open the HMW containers, not even for verification purposes. I am a safety advisor at a number of hospitals and despite the legislation, which is the same everywhere, I see, for example, a large amount of liquids (sorted separately to HMW) end up at the household waste recovery centre at some hospitals, and almost none at other hospitals. So there is always scope for further improvements in a number of areas.

You optimise the processes from as soon as the waste arrives at the hospitals' household waste recovery centre. Could we make gains earlier in the chain by raising awareness?

I can very well understand that people have a main focus and that this focus is often to save lives, sometimes under a lot of time pressure. A large amount of HMW comes from the operating theatres, where time does

On site processing of HMW (reduction of the fraction and decontamination) is certainly not a bad idea in itself. But a number of questions remain unanswered for me. For example, does the heat penetrate to the core of the waste? What about sharp parts like needles? What about cytostatics, how can you guarantee that these fractions do not end up in the autoclave? For my part, these are all questions to which I have not yet received a clear answer and for which I genuinely feel that transparency and environmental conditions are needed.

The studies that have been carried out and the many visits that I have already made to hospitals abroad that process HMW on site in this manner have not yet convinced me.

Where is there still scope for progress in the field of HMW?

I maintain in all honesty that the working procedures currently in place are effective. I think that within the world of hospitals, certainly the large ones, chemical waste actually represents a bigger problem. There is definitely still room for improvement in this