

Sanitation in hospitals and health centres

Hospitals and health centres have special requirements for sanitation as they may have to deal with patients who are infected with diseases such as cholera, typhoid and hepatitis A. Staff caring for these patients are exposed to a higher risk of infection than the general public, as are other patients who may be weak and unable to fight infection.

There are a number of key points which must be addressed when planning sanitation in hospitals and health centres.

- Toilets for patients with infectious diseases must be separated from toilets for staff and other patients. If possible, staff treating infected patients must not work with other patients who may be vulnerable to infection.
- Toilet facilities should be thoroughly cleaned several times during the day.
- It is very important that excreta and sullage from hospitals and health centres are correctly treated. Hospitals should generally have their own wastewater treatment plant (for further information see Fact Sheets 3.10 and 3.11. This may not be possible for small health centres, in which case it is important to ensure that excreta and sullage are disposed of safely where they cannot contaminate water supplies or areas of human activity, such as fields.
- Facilities for washing and sterilizing bedpans hygienically should also be available.
- Chlorination of water supplies and storage tanks may be practised if water does not meet quality standards.
- Refuse must be disposed of safely. Bins with well-fitting lids or sacks are the most appropriate containers to stop flies and vermin being attracted to refuse. Refuse must be removed regularly, at least daily, and disposed of safely.
- Any contaminated materials such as syringes, needles, drips or bedding should be collected separately from other waste and incinerated on the hospital site, well away from patients, to kill any germs present.

Disposal of human wastes at hospitals and health centres during cholera outbreaks

During an outbreak or epidemic of infectious diarrhoeal disease, the treatment of stools and vomit is an important factor in controlling the spread of the disease. There are a number of ways of treating wastes from cholera patients.

- The simplest method for a family or small rural health centres is to put stools in a pit latrine or to bury them.
- In larger health centres and hospitals, the liquid and solid waste from cholera patients can be sterilised or buried. Stools and vomit can be sterilized using a disinfectant such as cresol or lysol. After sterilization, the waste should be buried or put into a toilet or latrine.
- Hospitals can use acid solutions which are mixed with the waste to lower the pH to below 4.5. Generally, after 15 minutes the waste will be safe for disposal in a toilet or latrine. *It is important not to use too much acid to lower the pH more than necessary. The toilet and other installations must be corrosion-resistant, or extensive damage may be done to the sewerage system. Acid should not be used where hospitals sewage is disposed of in septic tanks, as it will damage the function of the tank. The latter also applies to pit and compost latrines.*
- Semi-solid waste should preferably be incinerated, provided that the incinerator is designed for the destruction of wastes. This waste should be kept separate from other waste and put into single-use, moisture-proof bags if possible. The bags should be burnt at the same time as the waste. The waste may be taken to an on-site incinerator by handcart or to an off-site incinerator in a leak-proof container. Which-ever means is used, the equipment used to carry the waste should be cleaned after each use and regularly disinfected. If a handcart is used, it should be used solely for waste disposal.

The planning and emergency measures required to deal with outbreaks of cholera and other epidemic disease are covered in Fact Sheets 1.1 to 1.8.

Health education

Hospitals and health centres are important places in which to base health education programmes. This is because people attending hospitals and health centres are generally more receptive, as they are either ill, with someone who is ill or having their children vaccinated. Eye-catching posters should be put up around the reception area and elsewhere to convey health education messages. Health education classes, using techniques such as role playing, can be arranged to coincide with particular clinics. These can target specific groups within the community, in particular women with young children.

A good time for health education is at vaccination clinics. Because groups of women with infants will present for some time at these clinics, a much wider range of health education techniques can be used, taking advantage of the static audience. Thus, in addition to posters with general information, more specific messages can be relayed using role playing, songs and group discussion. Emphasis can be placed on the need for good water, sanitation and hygiene to keep the children healthy.