



Dated Quetta the 22nd October, 2025

NOTIFICATION

No.SO (Admn:)/CC&ED/2-26/2025/1692-1730. In exercise of Powers conferred by Section 39 of the Balochistan Environmental Protection Act, 2012 (Act No. VIII of 2012), the Government of Balochistan is pleased to make the following rules:

Short title and commencement. - (1) These rules may be called as the Balochistan Hospital Waste Management Rules, 2025.

(2) They shall come into force at once.

2. **Definitions:** - (1) In these rules, unless there is anything repugnant in the subject or context,

- (a) **"Act"** means the Balochistan Environmental Protection Act, 2012;
- (b) **"Agency"** means Balochistan Environmental Protection Agency;
- (c) **"Authorized Officer"** means any officer of the Agency authorized as such by the Director General for carrying out purposes of the Rules;
- (d) **"Chemical Waste"** means Waste includes chemicals from diagnostic and experimental work, cleaning processes, house-keeping and, disinfecting procedures, mercury waste such as from broken clinical equipment and spillage, and cadmium waste such as from discarded batteries;
- (e) **"Enquiry or Inspection"** means enquiry or inspection as provided under clause (a), of subsection (2) of section 6 of the Act;
- (f) **"Genotoxic Waste"** means waste includes cytotoxic drugs and out dated materials, vomitus, faeces or urine from patients treated with cytotoxic drugs or chemicals, and materials such as syringes and vials contaminated from preparation and administration of such drugs;
- (g) **"Government"** means the Government of Balochistan;
- (h) **"Healthcare Establishment"** means a clinic, laboratory, dispensary, pharmacy, nursing home, health unit, maternity center, blood bank, autopsy center, mortuary, research and veterinary institutions, veterinary hospital or clinic and any other facility involved in health care and biomedical activities;
- (i) **"Hospital Waste"** means both infectious & hazardous waste and non-infectious & non-hazardous waste;
- (j) **"Hospital Waste Management"** means Hospital waste, infectious & non-infectious both, segregation, collection, storage, transport, treatment, documentation and disposal of waste generated by treatment, diagnostics, pharmacies, and research activities;
- (k) **"Hospital Waste Management Supervisory Committees"** means committees, established at Provincial, District levels for facilitating, monitoring, supporting, guiding and directing the public or private hospitals for implementation of these rules;
- (l) **"Hospital Waste Management Team"** means team notified as such by the Medical Superintendent, Chief Executive, proprietor or owner of public or private hospital or clinic, or veterinary hospital, clinic or institution for management of hospital waste with distribution of responsibilities entrusted to different office bearers in the hospital;



- (m) **"Infectious Waste"** means waste contaminated by any type of pathogens such as bacteria, viruses, parasite or fungi and includes cultures from laboratory work, waste from surgeries and autopsies, waste from infected patients, discarded or disposable materials and equipment which have been in contact with such patients and infected animals from laboratories; 1
- (n) **"Inspection"** means the inspection and examination of the hospital by an authorized officer or inspection team;
- (o) **"Inspection Team"** means a team comprising of authorized officer and any other person having relevant/qualification and experience constituted by the agency;
- (p) **"Local Council"** means a Local Government body constituted under the Balochistan Local Government Act, 2010, including a Metropolitan Corporation, Municipal Corporation, Municipal Committee, District Council, or Union Council, within whose geographical jurisdiction a health care establishment is located;
- (q) **"Medical Superintendent"** means the head of the hospital by whatever designation called;
- (r) **"Non-Infectious & Non-Hazardous Waste"** means paper cardboard, packaging, food waste and others;
- (s) **"Pathological Waste"** means tissues, organs, body parts, fetuses, blood and body fluids that are removed during surgery, autopsy, or medical procedures;
- (t) **"Pharmaceutical Waste"** includes expired or unused Pharmaceutical products; spilled contaminated pharmaceutical products, surplus drugs, vaccines and discarded items used in handling pharmaceutical such as bottles, boxes, gloves, masks, tubes, or vials;
- (u) **"Private hospital"** means a hospital other than public hospital;
- (v) **"Public Hospital"** means a hospital being run or administered by the Federal, Provincial or Local Government;
- (w) **"Radioactive Waste"** means liquid, solid and gaseous waste contaminated with radionuclides generated from in-vitro analysis of body tissue and fluid, in-vivo body organ imaging and tumor localization, and investigation and therapeutic procedures;
- (x) **"Infectious & Hazardous Waste"** means, pathological waste, sharps, pharmaceutical waste, genotoxic waste, chemical waste, and radioactive waste;
- (y) **"Sharp"** means, whether infected or not, needles, syringes, scalpels, infusion sets, saws and knives, blades, broken glass and any other item that could cut or puncture.
- (z) **"Standard Operating Procedures (SOPs)"** means standard operating procedures (SOPs) issued notified or adopted by the Health Department Government of Balochistan; and
- (aa) The words and expressions used but not defined in these-rules shall have the same meanings as are assigned to them in the Act;

3. **Responsibility for Waste Management.** Every hospital, public or private, shall be responsible for proper management of the waste generated by it till its final disposal, in accordance with the provisions of the Act and these rules;

4. **Hospital Waste Management Team.** (1) The Medical Superintendent shall constitute a Hospital Waste Management Team. Team comprising the following: -

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| (a) Medical Superintendent | Chairman |
| (b) Heads of all departments of the hospital | Members |
| (c) Infection Prevention & Control Officer | Member |
| (d) Chief Pharmacist | Member |
| (e) Radiology officer | Member |
| (f) Senior Matron | Member |
| (g) Head of administration | Member |
| (h) Hospital Engineer | Member |
| (i) Head of the Sanitation Staff | Member |
| (j) Other hospital staff members as the Medical Superintendent | Member |



- may designate
- (k) Pathologist or Senior Lab Technician. Member
Member

(2) The Chief Executive, proprietor or owner or contractor, in case of private hospital, shall be responsible for constituting a hospital Waste Management Team by designating doctors, medical and paramedical staff comprising of three to five members, under intimation to the Agency.

(3) The officer in-charge of hospital or clinic, in case of veterinary hospital or clinic, shall be responsible for constituting Hospital Waste Management Team by designating veterinary doctors or veterinary assistants comprising of three to five members, under intimation to the Agency.

(4) The Medical Superintendent shall designate any other staff member in a hospital where the posts under sub-rule (1) do not exist, to perform the duties and responsibilities of the holders of such posts under these rules.

(5) The members of the Hospital Waste Management Team shall be informed in writing of their duties and responsibilities as provided under rules.

(6) One of the members of the Hospital Waste Management Team shall be designated by the Medical Superintendent as the waste management officer; who shall act as the secretary of the team.

5. Responsibilities of Hospital Waste Management Team- A Hospital Waste Management Team shall be responsible for developing waste management SOPs for each unit/ department of the Health Care Establishment (HCEs), preparation, monitoring, periodic review, revision or updating if necessary, and implementation of the waste management plan, enforce compliance with infection control and regulatory standards, coordinate with authorized waste disposal agencies, ensure staff training on waste handling and safety protocols, investigate and report accidents or incidents related to waste handling, maintain records in documentation of waste quantities and disposal methods and for supervision of all action taken in compliance with the provisions of these rules.

6. Meetings of Hospital Waste Management Team. - (1) Every Hospital Waste Management Team shall hold a review meeting at least once in a month.

(2) One-third of the members of the Hospital Waste Management Team shall constitute the quorum for a meeting.

7. Duties and Responsibilities of Medical Superintendent- A Medical Superintendent shall;

- (a) constitute the Hospital Waste Management Team.
- (b) designate the Waste Management Officer.
- (c) facilitate meetings of the Hospital Waste Management Team and ensure implementation of its decisions.
- (d) supervise implementation, monitoring and review of the waste management plan and ensure that it is up to date.
- (e) arrange for a waste audit of the hospital by an external agency as may be designated for the purposes, involving analyses for the existing waste, stream and assessment of existing waste management practices.
- (f) allocate sufficient financial and manpower resources to ensure efficient and effective implementation of the Waste Management plan; and.
- (g) manage resources for adequate training and refresher courses for the concerned hospital staff.

8. Duties and Responsibilities of the Heads of Departments. - The Heads of departments units of the hospital shall be responsible for proper management of waste generated in their respective departments, and in particular shall:-

- (a) ensure that all doctors, nurses, clinical staff in their respective departments, are aware of and where required properly trained in waste management procedures.
- (b) arrange proper supervision of the sanitary staff to ensure that they comply with waste management procedures at all times; and



- (c) liaise with the waste management officer for effective monitoring and reporting of omissions and errors in implementation of the Waste Management Plan and in compliance with SOPs.

9. Duties and Responsibilities of Infection Prevention & Control Officer - An Infection Prevention & Control Officer shall be responsible for;

- (a) giving advice regarding the control of infection and the standards of the waste disposal system;
- (b) Ensure compliance and implement National IPC guidelines.
- (c) conduct regular audits of hand hygiene, sterilization, waste handling, and isolation procedures;
- (d) investigate outbreaks and initiate appropriate containment and reporting measures;
- (e) report any non-compliance towards waste management to the Hospital Waste Management Team;
- (f) identifying training requirements for each category of staff and;
- (g) organizing training and refresher courses on safe waste management procedures.

10. Duties and Responsibilities of Chief Pharmacist: - The Chief Pharmacist shall be responsible for the efficient management of pharmaceutical stores and shall;

- (a) give advice regarding SOPs for management of pharmaceutical waste and;
- (b) ensure that the concerned hospital staff members receive adequate training in pharmaceutical waste SOPs;

11. Duties and Responsibilities by Radiology Officer: - The Radiology Officer shall be responsible for the efficient management of radioactive waste and in particular shall:

- (a) give advice regarding SOPs for management of radioactive waste;
- (b) ensure that the concerned hospital staff members receive adequate training in radioactive waste SOPs / and;
- (c) maintain the record of waste generated and transferred for final disposal in/from Radiology department;

12. Duties and Responsibilities of Senior Matron and head of Administration. - A Senior matron and head of administration shall be responsible for;

- (a) ensuring training of nursing staff, laboratory staff, medical assistants and sanitary staff and sweepers on waste management SOPs and basic personal hygiene/ and;
- (b) segregation of waste in wards and operation theaters.

13. Duties and Responsibilities of Hospital Engineer. - An hospital engineer shall be responsible for;

- (a) installation, maintenance and safe operation of waste storage facilities, waste handling equipment and where installed the hospital incinerator; and
- (b) ensuring that the concerned hospital staff members are properly trained for these purposes.

14. Duties and Responsibilities of Waste Management Officer. - A waste management officer shall, in addition to his duties and responsibilities, be responsible for the day to day implementation and monitoring of the waste management plan and shall;



(a) For waste collection: -

- (i) ensure internal collection of waste bags and waste containers, and their transportation to central storage facility of the hospital on daily basis;
- (ii) liaise with the supplies department of the hospital to ensure that an adequate supply of waste bags, containers, protective clothing and collection trolleys are available all the time;
- (iii) ensure that sanitary staff and sanitary workers immediately replace used bags and containers, with the new-ones of the same type and where a waste bag is removed from containers, it is properly cleaned before a new-bag is fitted therein; and;
- (iv) directly supervise the hospital sanitation staff assigned the duties to collect and transport the waste;

(b) For waste storage: -

- (i) ensure correct use of the central storage facility and that it is kept secured from unauthorized access and the waste from central storage facility shall be transferred to disposal site within twenty-four hours and;
- (ii) prevent unsupervised dumping of waste bags and waste containers on the hospital premises even for a short period of time; and maintain the record of waste brought to the central storage facility, type of waste entered, weight of waste, date and time of entrance of waste as well as when it was transferred from central storage facility to disposal- site;

(c) For waste disposal: -

- (i) coordinate and monitor all waste disposal operations and for this purpose keep coordination.
- (ii) ensure that the correct methods of transportation of waste are used on site to the central storage facility or incinerator, if Installed, and off site by the local council.
- (iii) ensure that the waste is not stored on the hospital premises for longer than twenty-four hours by coordinating with the incinerator operators and with the local council; and.
- (iv) ensure proper labeling of waste collection bags, the type of waste stored in them, weight of the waste and date of collection.

(d) For staff training and information: -

- (i) liaise with the head of the departments of the hospital, head of administration and senior matron to ensure that all doctors, clinical staff, nursing staff, laboratory staff and medical assistants are fully aware of their duties and responsibilities under the waste management plan; and
- (ii) ensure that sanitary staff and sanitary workers are not involved in waste segregation and they only handle waste bags and containers in the correct manner; and

(e) For incident management and control: -

- (i) ensure that emergency procedures are available at all times and that all staff members are aware of the action to be taken by them.
- (ii) investigate, record and review all incidents reports regarding hospital waste management;



15. Waste Management Plan: - (1) Waste Management Plan shall be prepared by the Waste Management Team and shall be based on internationally recognized environment management standards such as the international organization for standardization series.

(2) The waste management plan shall include:

- (a) A plan of the hospital showing the waste disposal points for every -ward and department, indicating whether each point is for infectious & hazardous waste or non-infectious & non-hazardous waste and showing the sites of the central storage facility for non-infectious & non-hazardous and the central storage facility for non-infectious & non-hazardous waste.
- (b) Details of the types, numbers and estimated cost of containers, waste bags and trolleys required annually.
- (c) Time tables indicating frequency of waste collection from each ward and department.
- (d) Duties and responsibilities for each of the different categories of hospital staff members, generating hospital waste and be invoiced in the management of waste.
- (e) An estimate of the number of staff members required for waste collection.
- (f) SOPs for the management of waste requiring special treatment before final disposal.
- (g) Effective arrangements for onsite and off-site transportation of waste as provided in Schedule I and II;
- (h) Contingency plans for storage or disposal of infectious & hazardous waste the event of break downs of incinerators or of maintenance or collection arrangements.
- (i) Training Courses-- and emergency procedures, programmers on waste management.

(3) A representative of a local council responsible for the collection and disposal of waste from the hospital shall be consulted in preparing and finalization of the Waste Management Plan.

16. Waste segregation. - (1) Infectious waste shall be separated from non-infectious waste at the ward bedside operation theater, laboratory or any other room in the hospital where the waste is generated by a doctor, nurse, or other person.

(2) All disposal of medical equipment and supplies including syringes, needles, plastic bottles, drips, and infusion bags shall be cut or broken and rendered non-reusable at the point of use by the person using the same, or in case any such used by such person.

(3) All infectious waste other than sharps, large quantities of pharmaceuticals, or chemicals, waste with a high content of mercury or cadmium such as broken thermometers or used batteries, or radioactive waste shall be placed in suitable container made of metal or tough plastic, with a pedal type or swing, lined with a strong yellow waste bag.

(4) The yellow waste bags shall be removed when these are not more than (03) quarters full and sealed, preferably with self-locking plastic sealing tags and not by stapling.

(5) Each yellow waste bag shall be labeled, indicating date, point of production, ward and hospital, quantity and description of waste, prominently displaying the biohazard symbol. The bags removed shall immediately be replaced with the new ones of the same type.

(6) Sharp including the cut or broken syringes and needles shall be placed in metal or high density plastic containers resistant to penetration and leakage, designed as such that items can be dropped by using one hand, and no item can be removed there-from.

(7) The containers shall be colored yellow and marked "DANGER! CONTAMINATED SHARPS". The sharp container shall be closed when three quarters full. If the sharp container is to be incinerated, it shall be placed in the yellow-waste bag with the other waste.



(8) Large quantities of pharmaceutical waste shall be returned to the suppliers. Small quantities shall be placed in yellow waste bag preferably after being crushed, where this can be done safely.

(9) Large quantities of chemical waste, and waste with a high content of mercury shall not be incinerated; but shall be placed in chemical resistant containers and sent to specialized treatment.

(10) Radioactive waste which has to be stored to allow decay to background level shall be placed in a waste bag, in a large yellow container or drum. The container or drum shall be labeled, showing the Radionuclide's activity on a given date, and the period of storage required, and marked "RADIOACTIVE WASTE" with the radiation symbol. Non-infectious Radioactive Waste which has decayed to background level, shall be placed in a white waste bags. Infectious radioactive waste which has decayed to background level shall be placed in yellow waste bags. High level and relatively long half-life radionuclides shall be packaged and stored in accordance with instructions of the original supplier under supervision of the Radiology officer and sent back to the supplier for disposal.

(11) Non-infectious waste shall be placed in a suitable container lined with a white waste bag. Adequate numbers of non-infectious waste containers shall be placed in all areas of the hospital and notices affixed to encourage visitors to use them.

17. Waste collection. - (1) - The waste shall be collected in accordance with the schedules specified in the Waste Management Plan.

(2) Sanitary staff and sanitary workers when handling waste, shall wear protective clothing at all times including face masks, industrial aprons, leg protectors Industrial boots and disposable or heavy duty gloves, as required.

(3) Sanitary staff and sweepers shall ensure that;

(a) Waste is collected at least once daily;

(b) All waste bags are labeled before removal, indicating production, ward, hospital and contents;

(c) The removed waste bags and containers are immediately replaced with new ones of the same type; and

(d) where a waste bag is removed from a container, the container is properly cleaned before a new bag is fitted therein;

18. Waste Transportation. - (1) Waste collection trolley shall, on-site transportation, be free of sharp edges, easy to load and unload, clean and preferably a stable three or four-wheel design with high sides and be cleaned regularly.

(2) The sealed waste bags shall be carefully loaded by hand onto the trolley to minimize the risks of punctures or tears.

(3) The Yellow bagged infectious waste and white bagged non-infectious waste shall be collected on separate trolleys and painted or marked in the corresponding.

(4) The route shall be direct one, from the final collection point to the central storage facility designated in the waste management plan. The collected waste shall not be left even temporarily anywhere other than at the designated central Storage facility.

(5) Local Council shall ensure that:

(a) All yellow bagged waste is collected at least once daily.

(b) All staff members handling yellow bagged waste wear protective clothing.

(c) Yellow bagged waste is transported separately from all other waste.

(d) All concerned staff members are properly trained in the handling, loading, unloading, transportation and disposal of yellow bagged waste; and fully aware of emergency procedures for dealing with accidents and spillages.

(e) All vehicles carry adequate supply of empty waste bags, protective clothing, cleaning tools and disinfectants to clean and disinfect any spillage.

(f) Staff of local council shall ensure that yellow bags are sealed while receiving them from the collection points.



- (g) The transportation of waste is properly documented and all vehicles carry a consignment note from the point of collection to the incinerator or land-fill or other final disposal facility; and
- (h) All vehicles are cleaned and disinfected after use.

19. Waste storage. - (1) A separate central storage facility shall be provided for yellow bagged waste with a sign prominently displaying the biohazard symbol and clearly mentioning the facility stores infectious waste.

- (2) The designated central storage facility Shall;
 - (a) be located within the hospital premises close to the incinerator, if installed, but away from food Storage or food preparation areas.
 - (b) be large enough to contain all the infectious waste produced by the hospital with spare capacity to cater for collection or incinerator breakdowns.
 - (c) be easy to clean and disinfect with an impermeable hard standing base, plentiful water supply and good drainage, lighting and ventilation.
 - (d) have adequate cleaning equipment, protective clothing, waste bags and containers located nearby; and.
 - (e) be easily accessible to collection vehicles and authorized staff but totally enclosed and-secure from unauthorized access including Inaccessible to animals, Insects and birds.

(3) Material other than yellow bagged waste shall not be stored in the central storage facility.

(4) The waste shall not be stored at the central storage facility for more than twenty-four (24) hours provided that in case of emergency where infectious waste is required to be stored for more than twenty-four (24) hours it shall be refrigerated at a temperature of 3°C to 8°C.

(5) Container with radioactive waste shall be stored in specifically marked area in lead shielded storage room.

(6) Container with chemical waste which are to be specialized treatment facilities shall also be stored in a separated room.

(7) The central storage facility shall be thoroughly drained in accordance with procedures stipulated in the Waste Management Plan.

20. Waste disposal. (1) Depending upon the types and nature of the waste material and the organisms in the waste, infectious waste shall be inactivated or rendered safe before final disposal by a suitable thermal, chemical, irradiation incineration, filtration or other treatment method, or by a combination of such methods involving proper validation and monitoring procedures.

(2) Effluents from the waste treatment method, shall also be periodically tested to verify that it conforms to the Environmental Quality Standard before it is discharged into the sewerage system.

(3) The yellow tagged waste shall be disposed of by burning in an incinerator, or by burial in landfill or by any other method of disposal approved by the Agency.

(4) Sharps containers shall, which have not been placed in yellow waste bags for incinerator be disposed of by encapsulation or other method of disposal approved by the Agency.

(5) The method of disposal whether by burning in an incinerator or by burning or landfill or otherwise shall be operated by a hospital only after approval of its environmental impact assessment, in accordance with the provisions of section 15 of the Act provided that hospitals already using an incinerator or landfill on the date of commencement of the rules shall submit an environmental report, in respect thereof to the Agency within two months from the said date and may continue to use the incinerator or landfill up till the dated thereon.

(6) All infectious & hazardous delivered to an incinerator shall be burned within twenty-four hours.



(7) The incinerator premises shall be continuously monitored by a close circuit camera system to ensure safety, compliance and operational over site.

(8) Ash and residues from incineration and other methods, shall be placed in robust, noncombustible containers and sent to the local council's designated risks waste landfill site.

(9) The landfills shall be located at sites with minimal risk of pollution of groundwater and rivers. Access to the site shall be restricted to authorized personnel only. Infectious & hazardous waste shall be burned in a separate area of the landfill under a layer of earth or non-infectious waste of at least one-meter depth which shall then be compacted.

(10) The landfill shall be regularly monitored by the local council to check groundwater and air pollution. The Local Council shall also ensure that the landfills are properly drained, especially in safe procedures use of protective equipment, hygiene and emergency response procedures.

(11) Daily collection of infectious waste from hospitals shall be taken by the vehicles of the local council immediately to the designated landfill site or incinerator by the most direct route in accordance with prior scheduling of collection times and journey times.

(12) Radioactive waste which has decayed to background level shall either be buried in the landfill site or incinerated.

Explanation. An incineration facility for radioactive waste shall require, in addition to approval of its EIA by the Agency, registration with and issue of license by Pakistan Nuclear Regulatory Authority (PNRA) and reconciled with the requirements of the Pakistan Nuclear Regulatory Authority Ordinance 2001 (III of 2001) and the guidelines made there under in connection with the management and disposal of radioactive waste.

(13) All liquid infectious waste shall be discharged into the sewerage system only after being, properly treated and disinfected.

Explanation. Liquid Radioactive Waste shall be discharged into the sewerage system only after it had decayed to background level and after it has been ensured that the radioactive materials are soluble and dispersible in water failing which, it shall be filtered.

(14) Portable filter assemblies, in case of gaseous radioactive waste, shall be used to extract iodine and -xenon. The used filters shall be treated as solid radioactive waste.

21. Accidents and spillages: - (1) In case of accidents or spillages, the following actions shall be taken:

- (a) The emergency procedures mentioned in the waste management plan shall be implemented immediately
- (b) The contaminated area shall immediately be evacuated, if required.
- (c) The contaminated areas shall be cleared and, if necessary, disinfected.
- (d) Exposure of staff members shall be limited to the possible extent during the cleanup operation, and appropriate immunization may be carried out, as required; and.
- (e) Any emergency equipment used shall immediately be replaced in the same location form which it was taken.


(2) All hospital staff members shall be properly trained and prepared for emergency response including procedures for treatment of injuries, clean-up of the contaminated areas and prompt reporting of all incidents of accidents, spillages and near misses.

(3) The waste management officer shall immediately investigate record and review all such incidents to establish causes and shall submit his report to the Hospital Waste Management Team.

(4) The Hospital Waste Management Team, shall review the report and where necessary shall amend the Waste Management Plan to prevent recurrence of such incidents and take such further action as may be required.

22. Waste Minimization and Reuse: - (1) Each hospital, for minimizing hospital waste, shall introduce:



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- (a) Purchasing and stock control involving careful management of the ordering process to avoid over stocking particularly with regard to date limited pharmaceutical and other products and to accord preference to products involving low amount of packaging.
 - (b) Waste recycling program involving return of unused or waste chemicals in quantity to the supplier for reprocessing, return of pressurized gas cylinders to suppliers for refilling and reuse, sale of material such as mercury, cadmium, nickel and lead acid to specialized recyclers and transportation of high level radioactive waste to the original supplier; and
 - (c) Waste reduction, practices in all hospital departments.

(2) Each hospital, to encourage reuse, shall separately collect and sterilize, either thermally or chemically in accordance with approved procedures, surgical equipment and other items which are designed for reuse and are resistant to the sterilization process.

23. Inspection and legal proceedings. - (1) The authorized officer may inspect any Health Care Establishment, incinerator or landfill located within the area of his jurisdiction to check that the provisions of these rules are being complied.

(2) Any contravention of any provision of these rules if discovered by the authorized officer, shall report the same to the Agency with intimation to the Deputy Commissioner concerned.

(3) Inspection shall be conducted at least once every quarter with immediate follow-up in response to complaints or observed non-compliance.

(4) The Agency, after becoming satisfied about the contravention of the rules on the basis of evidence, may initiate legal action against the offender, under the relevant rules/provisions of the Act.

(5) Recommend prosecution or closure in case of serious or repeated violations.

(6) Any person, hospital, staff, contractor, waste handler and sanitary workers found involved in the un-authorized handling, transportation, storage, treatment, or trade of hospital waste in violation of these rules shall be deemed to have committed an offence under the Act, and shall be liable to penalties under the relevant provisions of the Act.

24. Provincial committee. - (1) The Secretary Health, Government of Balochistan shall, by notification, constitute Provincial Hospital Waste Advisory Committee, for the Province and It shall be comprising of:

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| (a) Secretary Health Department | Chairperson |
| (b) Secretary Climate Change & Environment Department | Co-Chairman |
| (c) Nominee of the Local Government, Rural Development & Agrovilles Department | Member |
| (d) Representative of Balochistan Health Care Commission | Member |
| (e) Representative of one Medical University | Member |
| (f) Representative of the two NGO working in Health sector | Member |
| (g) Representative of Private Hospitals Association | Member |
| (h) DG, Balochistan Environmental Protection Agency | Member |
| (i) Director General Health. | Member / Secretary |
| (j) Any additional member or experts co-opted by the committee. | |

(2) The Provincial Hospital Waste Advisory Committee shall:

- (a) devise strategies in collaboration with concerned line departments of the hospital to give effect to the Rules
- (b) periodically review the implementation of the rules and recommend improvements in the rules; and

- (c) recommend adoption of such policy measures, plans and projects as it may consider necessary for the effective management of hospital waste in the province.

25. District Committee. - (1) The Secretary Health, Government of Balochistan shall notify the following District Hospital Waste Supervisory Committee for each -District:

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|-----|---|----------|
| (a) | Deputy Commissioner of concerned District | Chairman |
| (b) | District Officer (Environment) | Member |
| (c) | Representative of Local Council | Member |
| (d) | Representative of local NGO working in health sector. | Member |

(2) The District Hospital Waste Supervisory Committee shall hold its meetings on monthly basis, and;

- (i) review the implementation status of the rules;
- (ii) Pursue and direct the Medical Superintendent or Chief Executive, Owner, Proprietor, or contract of the hospital or incinerator or landfill to make arrangement for proper medical waste management.

26. Authorization by the Agency: - The management of each hospital, generating infectious-waste, shall apply to the Agency for issuance of a license for handling hazardous substances and the provisions of section 17 shall apply for granting such license.

BY ORDER OF
GOVERNOR BALOCHISTAN

SECRETARY CLIMATE CHANGE &
ENVIRONMENT

The Controller,
Government Printing and Stationery Department.
Balochistan, Quetta.

No.SO(Admn:)/CC&ED/2-26/2025/1692-1730.

Dated Quetta the 22nd October, 2025

A copy is forwarded for information to:

1. The Principal Secretary to Governor Balochistan, Quetta.
2. The Principal Secretary to Chief Minister Balochistan, Quetta.
3. All the Administrative Secretaries to Government of Balochistan, Quetta.
4. The Registrar, High Court of Balochistan, Quetta.
5. The Chairman, Balochistan Environmental Protection Tribunal, Quetta.
6. The Director General, Balochistan Environmental Protection Agency, Quetta.
7. The Deputy Draftsman, Law & Parliamentary Affairs Department with reference to his letter No.Legis: 4-276/Law/2025/359 dated 25th August, 2025.
8. The Private Secretary to Chief Secretary, Balochistan, Quetta.
9. The Private Secretary to Secretary Climate Change & Environment Department, Quetta.
10. Master file.



(MAJIK WAQAR HUSSAIN)
Under Secretary (Admn:)

SCHEDULE I
(SEE RULE) 15 (2) (g)
CATAGORIES OF HOSPITAL WASTE

Category Number	Type of Waste Category	Color Coding	Container Type	Treatment	Disposal
1.	Pathological waste (tissues, organs, body parts, fetuses, blood and body fluids)	Yellow	Metal or tough plastic bag		Cremation/ Incineration/deep burial
2.	Infectious waste (waste contaminated by any type of pathogens such as bacteria, viruses, parasite or fungi and includes cultures from laboratory work, waste from surgeries and autopsies, waste from infected patients, discarded or disposable materials and equipment which have been in contact with such patients and infected animals from laboratories)	Red	Disinfected container, high density plastic container resistant to penetration and leakage	Autoclaving/ microwaving.	Incineration /Land fill
3.	Sharp (whether infected or not, needles, syringes, scalpels, infusion sets, saws and knives, blades, broken glass and any other item that could cut or puncture)	Red	Disinfected container, High density plastic container resistant to penetration and leakage	All shall be cut or broken and rendered non-reusable at the point of use; disinfection by chemical treatment autoclaving/ microwaving and mutilation/shredding	Landfill
4.	Pharmaceutical waste (expired or unused pharmaceutical products, spilled contaminated pharmaceutical products, surplus drugs, vaccines or sera, and discarded items used in handling pharmaceutical such as bottles, boxes, gloves, masks, tubes, or vials)	Yellow	Metal or tough Plastic bag	Destruction	Incineration /landfill
5.	Genotoxic waste (cytotoxic drugs and outdated materials, vomitus, faeces or urine from patients treated with cytotoxic drugs or chemicals, and materials such as syringes and vials contaminated from the preparation and administration of such drugs)	Yellow		Return to supplier for treatment	Incineration/ Land fill



Category Number	Type of Waste Category	Color Coding	Container Type	Treatment	Disposal
6.	Chemical waste (chemicals from diagnostic and experimental work, cleaning processes, housekeeping and disinfecting procedures, mercury waste such as from broken clinical equipment and spillage, and cadmium waste such as from discarded batteries)	Yellow	Metal or tough plastic bag	Photo-chemicals should be delivered and vaporized	Landfill
7.	Radioactive waste (liquid, solid and gaseous waste contaminated with radio nuclides generated from investor analysis of body tissue and fluid, in-vivo body organ imaging and tumor localization, and investigation and therapeutic procedures)	Yellow	Metal or tough plastic bag	Treated in facility with lead walls	
8.	Non-infectious & non-hazardous waste (paper and cardboard, packaging, food waste and the like)	Black/white	Any suitable	Recycling plant	Landfill
9.	Incineration Ash(ash from incineration of any bio-medical waste)	Yellow	Metal or tough plastic bag		Landfill
10.	Liquid Waste (waste generated from laboratory and washing, cleaning, house-keeping and disinfecting activities)			Disinfection by chemical treatment	Discharge into drains/ sewage system

Explanation:

- Chemicals treatment using at least 1% hypochlorite solution or any other equivalent chemical reagent. It must be ensured that chemical treatment ensures disinfection.
- Mutilation/shredding must be such so as to prevent unauthorized reuse.
- There will be no chemical pretreatment before incineration. Chlorinated plastics shall not be incinerated.
- Color coding of waste categories with multiple treatment options as defined in Schedule I, shall be selected depending on treatment option chosen, which shall be as specified in Schedule I.
- Waste collection bags for waste types needing incineration shall not be made of chlorinated plastics
- Labeling: date, point of production, ward and hospital, quantity and description of waste and prominently displaying the biohazard symbol.
- Category 9 (liquid) do not require containers/bags.



**SCHEDULE II
(SEE RULE) 15 (2) (g)
LABEL FOR BIO-MEDICAL WASTE
CONTAINERS / BAGS BIOHAZARD CYTOTOXIC**

