



COMPASS CRUX™

July 2015 Edition
Steering Health Care Risk Waste in the right direction

**Helping fight Ebola
in Sierra Leone**

**Multidrug-Resistant
Organisms**

**New Treatment
Facility in Clayville**

**Tissue Register Now
Available**



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FROM THE EDITOR:

In this month's edition of the Compass CRUX, we follow Clinical Microbiologist and international speaker on sharps injury prevention, Terry Grimmond, on his 12 week deployment to help combat the spread of the Ebola Virus in Sierra Leone.



Vishika Singh, Compliance Manager for Compass, touches on Multidrug-Resistant Organisms and how to deal with Isolation Waste, while Janice Tooley of Shepstone & Wylie writes about the new EIA regulations and how they affect waste management licensing.

We introduce you to one of our treatment shift supervisors in Westmead, William Shozi, and to one of our Gauteng customers, Sandra Knighton, – both champions in the Health Care Risk Waste industry.

The opening of our Clayville Health Care Risk Waste treatment facility in Gauteng is a highlight for Compass. We are all looking forward to being able to offer existing and future customers a 'one-stop' waste collection, treatment and disposal solution in this region.

Happy and informative reading.

Warm regards

Tenley Cummings
Editor

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Our products are engineered to promote safety during the handling of health care risk waste during the handling of health care risk waste, leading to the overall reduction in occupational hazards. We are also committed to taking care of your health care risk waste by safely removing and treating it in a manner that is healthier for our environment.



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EBOLA EPIDEMIC IN SIERRA LEONE

TERRY GRIMMOND'S FIRST-HAND EXPERIENCE

Terry Grimmond



On the 27th February 2015, clinical microbiologist, speaker and researcher on sharps injury prevention and hospital waste management, Terry Grimmond, boarded a plane from Geneva to Sierra Leone to assist with establishing an Infection Control infrastructure throughout the 14 provinces to help curb the spread of the Ebola Virus.

Terry had spent the previous two days at the Geneva WHO SIGN meeting where Dr Margaret Chan, Director General for WHO, launched the new Injection Safety campaign, of which Health Care Waste sharps safety is an integral part.

After a 15 hour trip, Terry arrived in Freetown, the capital of Sierra Leone, at 8am on the 28th February and was instantly 'adopted' by two WHO volunteers – Michael Crosby from the USA and Shoaib Hussan from India.

Within an hour, he was sitting in the midst of their weekly Epidemiology meeting which, according to Terry, was "a boiler-room of amazing teamwork and activity, coordinating all intelligence on Ebola cases which had been confirmed." Terry was blown away by the commitment of the volunteers, who are there on six to twelve week deployments and all of whom work seven days a week.

On his first day, Terry twice made the mistake of extending his hand and was politely reminded of the 'no handshake rule'.

For the next ten days Terry spent ten hours a day training 75 nurses and doctors in Infection Prevention and Control (IPC). Terry describes the group as amazing, intelligent, fun and passionate about IPC. The whole team passed the exam in week one. "I have never seen so many humanitarian organisations in one place – an amazing inflow of compassion!"

What follows are extracts from Terry's blog during his stay in Sierra Leone, which gives insight into the enormous challenges that are

faced there.

Devastation: "Ebola has devastated Sierra Leone economically, socially and educationally. Schools and the university have been closed with the teachers not receiving pay for the past eight months. There is still no body contact and all the shops are closed by 6pm to avoid crowds."

Hospital fear: "All patient visits and drug treatment at a Health Unit suddenly stopped in October 2014 when the word spread that you "contract Ebola by going to hospital".

Terry blogs on Monday, 10th March – There are signs everywhere reminding us of the Ebola threat. In developing countries Ebola's reproductive number is two i.e. one case leads to two others, however, last week a single case in a remote village lead to 57 cases. The reason for this, explained as 'women's secret things', included bathing children in dead body wash-water to pass on the 'power' of the female leader and for 'exorcism'. This emphasises the persistent need for health education in remote areas which is why the training of the 75 medical staff to spread the 'correct' word is vital.

Good news is that beds in 'Ebola Treatment Centres' are at 12% capacity. A meeting was held to discuss decommissioning and the recovery of resources for distribution to 'non-Ebola', resource-poor, health care facilities after disinfection.

On day 24, the 23rd March, Terry writes about body temperatures being taken several times a day. A fever greater than 38°C is an early sign of Ebola, so temperatures are taken with an infrared pistol aimed at the temple, at the entrances to buildings and at police roadblocks.

"This Friday, two of the three provinces are in a three day 'lockdown', which means no shopping, no traffic, no-one outdoors – everyone has to stay at home. This enables 7000 health workers to visit every home and

provide advice on Ebola safety and to hand out brochures in an effort to eradicate the disease. This is only the second lock down in six months."

Evidence-based decision: "In Infection Prevention and Control, we strive to ensure all our recommendations to colleagues and clients are evidence-based and receive guidance from Centres for Disease Control and Prevention (CDC), WHO and our Professional Associations. The Ebola epidemic, in a poverty-stricken country, has raised questions which challenge us extensively. I can't thank our international IPC Consultants, from WHO and the CDC, enough. Their combined knowledge is enabling us to make practical and safe decisions at the edge of evidence," explains Terry.

The 1st April is the second ZERO Day in two weeks, which means that no cases of Ebola were recorded on that day.

The 2nd April is Terry's 36th day in Sierra Leone and it is lockdown again, which involves travelling to distant districts to assist local staff. Terry went to Tonkolili, Port Loko and Kambia.

The International Humanitarian Partnership (IHP) camp at Kambia is a 'tent town' and Terry was the 1000th guest. Eighty eight aid workers were staying the night with eight to a tent, all with their own 'room'. The Danish disaster-response group, DEMA, were the hosts. DEMA responded to the disaster within 24 hours, had tents erected within a week, underground piping laid the following week and offer 24 hour light, seven days a week, plus power, internet reception and a cafeteria.

Tragic tryst: “The woman who contracted Ebola and broke the three week ‘Zero Reports in Liberia’, may have contracted it via unprotected sex with her survivor partner, prompting the Liberian Government to extend the “protected sex period” from 90 days to indefinite, pending further research.”

Schools re-open: On day 45 of Terry’s voluntary deployment, a single-digit week of Ebola cases was reported and schools re-opened.

“After a year of closure, excitement is palpable as schools get ready to open. Many of the temporary Ebola centres were erected on school grounds and teams in protective gear sweat to ensure school yards are handed back in a safe and clean condition.”

“It is our task to ensure that the approximately 2000 health care workers are upskilled in basic Infection Protection and Control before resuming their former hospital roles. Incredibly, IPC did not exist in Sierra Leone before Ebola.”

Sacrifice: On the 13th April, Terry blogged that only nine cases of Ebola were reported the previous week which was helped by three days reflecting zero cases.

Sierra Leone has been through hell for twelve months with over 12000 cases of Ebola being reported and close to 4000 deaths, many of whom were children. Two hundred and twenty one health care workers have died helping to fight this epidemic.



ABOUT TERRY GRIMMOND

Terry is an Australian microbiologist and has 45 years experience in university hospitals and the health care industry. He is an international speaker on sharps injury prevention. He serves on Sharps Container Standards in four countries, was Canada’s representative on the ISO Sharps Container Standard and chaired the review of the US Standard. His research also embraces sustainability and Life Cycle Assessments of sharps containers, and their impact on health care greenhouse gas emissions.



MULTIDRUG-RESISTANT ORGANISMS

HOW TO DEAL WITH ISOLATION WASTE

Multidrug-Resistant Organisms (MDRO) are defined as microorganisms, predominantly bacteria, that are resistant to one or more classes of antimicrobial agents. Although the names of certain MDROs describe resistance to only one agent, for example MRSA and VRE, these pathogens are frequently resistant to the most available antimicrobial agents.

These highly resistant organisms deserve special attention in health care facilities. Various microorganisms have survived for thousands of years by their ability to adapt to antimicrobial agents. They do so via spontaneous mutation or by DNA transfer. This process enables some bacteria to oppose the action of certain antibiotics, rendering the antibiotics ineffective.

In most instances, MDRO infections have clinical manifestations that are similar to infections caused by susceptible pathogens. However, options for treating patients with these infections are often extremely limited. Studies have documented an increase in mortality, an increase in the length of the hospital stay, and an increase in hospital charges associated with multidrug-resistant gram-negative bacilli.

In health care facilities, isolation represents one of several measures that can be taken to implement infection control, especially in the case of MDROs. Isolation prevents the contagious diseases from being spread from a patient to other patients, to health care workers and visitors, or from outsiders to a particular patient. Isolation is most commonly used when a patient is known to have a contagious viral or bacterial illness which is transmissible from person-to-person.

Isolation is defined as the voluntary or compulsory separation and confinement of those known, or suspected, to be infected with a contagious disease agent, whether they feel ill or not, to prevent further

infections. In this form of isolation, transmission-based precautions are imposed.

Dedicated isolation wards may be pre-built into hospitals, or isolation units may be temporarily designated in facilities in the midst of an epidemic emergency.

Special equipment is used in the management of patients confined to various forms of isolation. These, most commonly, include items of personal protective equipment, such as gowns, masks, and gloves, and engineering controls, for example, positive pressure rooms, negative pressure rooms, laminar air flow equipment, and various mechanical and structural barriers.

Guidelines when dealing with Isolation or MDRO patients:

1. Limit the number of people with access to the patient, thus reducing the spread of infection.
2. Always stress hand hygiene - wash hands and sanitise hands before and after entering the patient's room.
3. Always use a single use container to dispose of waste and ensure that all waste containers are removed when the patient leaves isolation.
4. When a waste container is being collected from the isolation area, please ensure that the container is bagged and cable tied so as to ensure that the waste container surface cannot contaminate any other area.
5. Immediately take waste to the Central Storage Area (CSA) and do not leave it in the ward.
6. If the waste falls in the Formidable Epidemic Diseases (FED) category, please contact the waste collection service provider and arrange for a special collection.



Vishika Singh



ABOUT VISHIKA SINGH

Vishika is the Compliance Manager for Compass Medical Waste Services and has a Masters degree in Nursing Research from the University of KwaZulu-Natal. She is currently studying towards her Doctorate in Nursing. Vishika also holds a certificate in Infection Control, majoring in infection control and microbiology.

2012 CRE Toolkit - Guidance for Control of Carbapenem-Resistant Enterobacteriaceae (CRE) CDC Health Care Associated Infections, March 2013

Warnes, Sarah L.; Highmore, C. J.; Keevil, C. W. (November 27, 2012). "Horizontal Transfer of Antibiotic Resistance Genes on Abiotic Touch Surfaces: Implications for Public Health". MBio 3 (6): e00489-12. doi:10.1128/mBio.00489-12

Calfee, DP; Patel, G; Huprikar, S; Factor, SH; Jenkins, SG (2008). "Outcomes of carbapenem-resistant Klebsiella pneumonia infection and the impact of antimicrobial and adjunctive therapies". Infection Control and Hospital Epidemiology 29 (12): 1099-1106. doi:10.1086/592412

COMPASS' WILLIAM SHOZI

TEAMWORK, LOYALTY AND COMMITMENT

William Shozi has been with Compass Medical Waste Services for fourteen years and is a valued member of the family.

After working since the age of 17, often seven days a week and frequently going from a night shift straight into a day shift to make ends meet, William Shozi, shift supervisor at Compass Medical Waste Services, says this will be the last job that he has.

The 47 year old father of three boys says that when he leaves Compass it will be to retire. According to William, he couldn't have asked for a better job and it gives him comfort to know he will be part of the Compass family until retirement.

William was born and raised in Mariannhill, KwaZulu-Natal, but due to the unrest in the eighties, his mother sent him to live with his uncle in Camperdown where he completed standard six to nine.

Six years in the army in the Free State followed during which time William learnt the importance of hard work and working as a team. "It was very tough and we trained so hard but I learnt so much," explains William. "We were instructed in English and Afrikaans and, today, I still understand when someone speaks in Afrikaans."

After leaving the army, William worked for Futura Footwear in their factory in Pinetown. "I was responsible for mixing the chemicals for the rubber, used for the soles of shoes, and I really enjoyed my job," says William. Unfortunately, the company closed and William found himself unemployed.

"I applied for a job with the South African Police Force but they only had temporary jobs available so I became a reservist."

Having just got married, William knew he needed a more stable income and decided to become a night security guard over and above his police duties. He often worked seven days a week, sometimes twenty two hours a day, only sleeping during his lunch hour and for an hour after his day job and before his night shift.

"If I needed a break, I would ask a fellow security guard to take over from



me for a night or for the weekend shifts, but I needed the money so I worked very long hours."

It was during this time that William first met Ian du Randt, founder and managing director of Compass Medical Waste Services. "I was the night security guard for an area in Pinetown, Old Main Road where Ian had a shipping container to store stock. It was in 1998 and this is how Compass started," explains William.

"Ian asked me to keep an eye on the container and, every evening after work, he would come to check on the container and we would chat. He told me that one day he hoped he would have a big business and that I would work for him."

In 2001, William started at Compass as an onsite health care risk waste controller at RK Khan Hospital in Clairwood and then Wentworth Hospital before moving to the treatment plant in Westmead, which opened in the middle of 2002.

Between 2003 and 2004, William spent some time in 'stores' at the Westmead office monitoring orders and controlling stock, and then returned to treatment. As a

result, he has a very comprehensive understanding of what is involved in health care risk waste removal and treatment, and the non-negotiable standards to which Compass adheres.

Sadly in 2012, William lost his wife, Princess, to cancer after a very long battle. It was during this time that William also became ill. "Ian du Randt took care of me during my illness and, when I felt stronger, I returned to my job as shift supervisor at the Westmead plant."

William is responsible for overseeing the running of the plant from waste receipt, to the disinfection of sharps and infectious waste in the Bondtech Autoclaves, the storage of the anatomical and pharmaceutical waste prior to transportation to an incinerator, the removal of the autoclaved residue by DSW, as well as the cleaning of the re-usable containers.

When asked about his management style he believes that good communication and teamwork are key. "We are all part of a team and if one of the links in the chain is weak, our team is weak," concludes William.

THE NEW 2014 EIA REGULATIONS

DO THEY AFFECT WASTE MANAGEMENT LICENSING?

New Environmental Impact Assessment (EIA) Regulations came into force on 8 December 2014 replacing the EIA Regulations published in 2010. With them, came three new listing notices which replace the 2010 listing notices and which identify a number of activities that require environmental authorisation under the National Environmental Management Act 107 of 1998 ("NEMA").

LISTED ACTIVITIES AND WASTE MANAGEMENT ACTIVITIES

Apart from the transportation and treatment of effluent and sewage, the listing notices under NEMA do not include other waste-related activities such as the storage and treatment of general and hazardous waste. These, as you well know, are listed under the National Environmental Management: Waste Act 59 of 2008 ("NEM:WA") and require a waste management licence.

There may be the odd case where an environmental authorisation is required in addition to a waste management licence for the same facility. This may occur, for example, where development or expansion of infrastructure of a certain size takes place within 32 metres of a water course outside of an urban area (Listing Notice 1: activities 12 and 49) or in an urban area zoned public open space (Listing Notice 3: activity 14); or where one hectare or more of indigenous vegetation has to be cleared (Listing Notice 1: activity 27) or 300 square metres in more sensitive areas (Listing Notice 3: activity 12).

Generally speaking though, if an activity is listed as a waste management activity under NEM:WA, it won't appear in the NEMA listing notices.

EIA PROCESS APPLICABLE TO WASTE MANAGEMENT LICENCES

Although the new NEMA listing notices generally do not apply to waste facilities, the new 2014 EIA Regulations, which prescribe EIA procedures, do apply. This is because an applicant for a waste management licence is required to conduct either a basic assessment process (Category A activities), or a scoping and environmental impact reporting (Category B activities), as set out in the EIA Regulations which are in force at the time.

All applications for a waste management licence submitted before 8 December 2014 must be completed following the process prescribed in the 2010 EIA Regulations, or previous EIA regulations under which the application was made.

All applications for a waste management licence made on or after 8 December 2014 must be conducted according to the 2014 EIA Regulations. The most significant changes in these new regulations are the strict timeframes prescribed for applicants which, if not met, will result in the automatic lapsing of the application. These are also a number of significant changes in the reporting requirements for basic assessment, scoping, environmental impact assessment, and environmental management programmes.

WASTE MANAGEMENT LICENCE APPLICATION FEES

The fee structure for the following licence applications came into effect on 1 April 2014:

- New applications for Category A waste management activities: R2,000
- New applications for Category B waste management activities: R10,000
- Transfer or renewal of waste management licences: R2,000
- Applications for community based projects funded by government grants, or applications made by an organ of state are exempt from such fees.

APPEAL PROCESS FOR WASTE MANAGEMENT LICENCES

The appeal of a decision made by a licensing authority, either granting or refusing a waste management licence, is now governed by the 2014 National Appeal Regulations which also came into effect on 8 December 2014. The appeal process has been shortened to 90 days. There is no longer a requirement to give notice of an intention to appeal and appellants and respondents only have 20 days each to make their submission.

These new regulations do not apply, however, if the decision is in response to a licence application submitted prior to 8 December 2014 and the process followed was that set by the 2010 or 2006 EIA Regulations. In this case, the appeal process is still governed by the provisions contained in the 2010 EIA Regulations.



UNLICENSED WASTE MANAGEMENT ACTIVITIES

The application processes discussed on the previous page only apply to new waste management activities not yet commenced. However, if you have an existing facility for which one or more waste management activities are unlicensed, a remedy is available under Section 24G of NEMA. Notably, the application for a waste management licence in this instance is subject to an administrative fine of up to R5 million and does not protect the applicant from criminal proceedings.

Janice Tooley



ABOUT JANICE TOOLEY

Janice Tooley is a partner at Shepstone and Wylie Attorneys and a member of the Environmental Law Department. She specialises in environmental legal compliance, assisting clients with audits and legal registers, licence applications, directives, compliance notices, and appeals. She also provides legal advice and training on a range of environmental issues, and assists with High Court litigation. In addition to her law degree, Janice holds a Masters in Environmental Science and has 13 years experience as an environmental consultant.



HOUSEKEEPING IS MORE THAN CLEANLINESS

IT CAN SAVE TIME, MONEY AND LIVES

WHAT IS HOUSEKEEPING?

When we think of 'housekeeping' we tend to think of the common phrase: "A place for everything and everything in its place", but housekeeping means much more than this.

Good housekeeping means having no unnecessary items 'lying' around, keeping all necessary items in their proper place and maintaining good hygiene habits in the workplace.

Think about it, in an emergency situation, what if an employee could not get out of the work area safely because aisles were cluttered?

Good housekeeping is an essential part of a company's Health and Safety programme.

WHAT ARE THE BENEFITS OF GOOD HOUSEKEEPING AT WORK?

- Planning and managing the orderly storage and movement of materials will eliminate clutter, which is a common cause of accidents, such as slips, trips, falls, fires and explosions.
- Housekeeping is not just cleanliness, it includes keeping work areas neat and orderly, which will reduce the chances of harmful materials entering the body (e.g. dusts, vapours, bacteria). It improves productivity as it will be easier to find the right tools and materials for the job.
- Good housekeeping is also a basic part of accident and fire prevention.
- Effective housekeeping is an ongoing operation. It is not a hit-and-miss clean-up, implemented occasionally. Periodic 'panic' clean-ups are costly and ineffective in reducing accidents.
- An orderly workplace will impress all who enter the workplace and this will improve the company's image.

HOW TO DEVELOP / PLAN A GOOD HOUSEKEEPING PROGRAMME?

- Training is essential and employees need to know how to work safely with the products they use.
- Implementing clean-ups during the shift and creating a schedule for the following is essential:
 - » deep cleaning,
 - » decontamination of work areas (assign a responsible person to undertake the decontamination),
 - » cleaning of work areas, ablution facilities, kitchens and sleeping quarters, etc.
- Cleaning / decontamination of work areas must be done on a set schedule and done regularly. Records and checklists need to be updated.
- Material Safety Data Sheets (MSDSs) must be available for all chemicals and cleaning materials.
- Employee facilities need to be adequate, clean and well maintained with the provision of lockers for employees' Personal Protective Clothing and Equipment.
- The eating area should be separate from the work area and there must be a good supply of soap and disinfectants available in both.
- Signs such as 'Wet - Slippery Floor' and mandatory signs for required Personal Protective Clothing and Equipment need to be erected and visible.
- Internal audits and monthly SHE Inspections must be implemented as this forms part of Continuous Risk Assessments in the workplace.

WHAT ARE THE RISKS ASSOCIATED WITH POOR HOUSEKEEPING?

- Poor housekeeping is a hazard and contributes to accidents by hiding hazards that may cause injuries.
- This can be described as a 'Near Miss' / 'Potential Incident' which can result in an accident or diseases such as:
 - » Tripping over loose objects on floors, stairs and platforms, slipping on greasy, wet or dirty surfaces and the falling of poorly stacked items.
 - » Unhygienic habits can lead to infections such as bed-bugs, skin irritations / athlete's foot, etc.

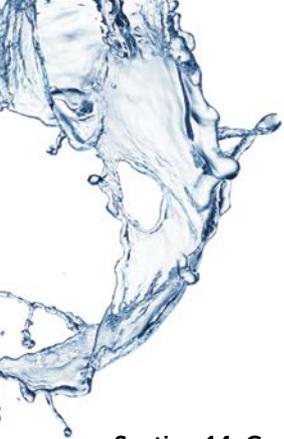
"GOOD HOUSEKEEPING AT WORK BENEFITS BOTH EMPLOYERS AND EMPLOYEES ALIKE"

THE OCCUPATIONAL HEALTH AND SAFETY ACT AND REGULATIONS NO. 85 OF 1993 (AS AMENDED) STATES:

Section 8: General Duties of Employers

The Employer must ensure that they provide a work environment which is safe and without risk to the health of employees.





SALES EXECUTIVE PRESENTS AT SAIEH CONFERENCE

Section 14: General Duties of Employees

Take reasonable care of your own health and the safety of others that may be affected by your actions.

Co-operate with your employer to ensure that the provisions of this Act are complied with.

Carry out a lawful instruction, health or safety instruction given to you by your employer.

If you are aware of anything unsafe or unhealthy in the workplace, you must report it as soon as possible to your employer or Health and Safety Representative.

HOUSEKEEPING ORDER IS 'MAINTAINED' NOT 'ACHIEVED'.

Extracted from SHEQ Management Guide

Desiré Golaith



ABOUT DESIRÉ GOLAITH

Desiré is a qualified Medical Technician with many years experience within the Occupational Health and Safety field. Desiré is currently studying towards her National Diploma in Safety Management (UNISA) and is Compass Medical Waste Services' SHE Manager.

Compass Medical Waste Services was invited to present at the South African Institute of Environmental Health Conference held at Inkosi Albert Luthuli Central Hospital in KwaZulu-Natal on Friday, 10th April.

The event was well supported by members of the Department of Health, as well as health care workers from the private sector. Compass' sales executive, Monica Cloete, presented on the nine streams of Health Care Risk Waste (HCRW) as well as the cradle to grave process of waste generation through to final disposal.

The two hour presentation was followed by questions and recommendations on how to work together to ensure complete compliance when it comes to dealing with health care risk waste in the hospital, clinic, private practice and pharmacy environment.

Representatives from Compass Medical Waste Services have been invited to speak at the next conference which will be held in Limpopo later this year.



A BUSINESS BREAKFAST WITH ANGUS BUCHAN

THE COMPASS TEAM ENJOYS AN INSPIRING MORNING

On Wednesday, 15th April over 400 people attended a business breakfast at Greyville Racecourse. Craig McIntosh, the son of ex-South African rugby union coach, Ian McIntosh, was the compere for the morning which started with a delicious breakfast prepared by Eat Greek. This was followed by a testimony by Jimmy Wright, the Sharks Biokineticist. Angus Buchan then took to the floor and had the guests enthralled during his hour long sermon.

Compass Medical Waste Services took three tables for their staff and spouses. Many of the Sharks players were also in attendance. One of the

highlights of the morning was that each guest received an 'Under An African Sky' wildlife calendar in support of CROW – a Compass Medical Waste Services initiative. According to Claire Hodgkinson, director of CROW, the attendees were thrilled with their calendar and we hope that once they have seen the breath-taking photos and excellent quality of the calendars they will be inspired to support the 2016 calendar campaign, which will be launched in July this year.

Angus Buchan was originally a Zambian maize and cattle farmer who started farming in Zambia but was forced to sell everything and move

to Greytown, KwaZulu-Natal, South Africa in 1976 due to political unrest in Zambia. In 1980, he started the Shalom Ministries to preach in his local community. Over time he has become a full-time evangelist, while the farm is now being run mostly by both his sons. In 1998, Angus wrote a book about his life, Faith Like Potatoes, which was turned into a film of the same title in 2006. Angus Buchan's Ordinary People is a 2012 semi-biographical film that tells the story of the growth of Buchan's ministry from the 1970s to the present, and that of three fictional characters whose lives are changed after attending one of his conferences.



SHARKS PLAYERS AT ANGUS BUCHAN BREAKFAST

Odwa Ndungane and Lubabalo 'Giant' Mtyanda of the Sharks, with Gary Ansell from Compass, showing off their 2015 'Under An African Sky' calendar in support of CROW.



Rugby players, Stephan Lewies and Franco Marais, are delighted with their 2015 'Under An African Sky' calendar which they received at the Angus Buchan breakfast held at Greyville Racecourse on Wednesday, 15th April.

"WE SHOULD NOT RELY ON OUR FEELINGS; WE HAD TO WALK BY FAITH AND NOT BY SIGHT. IF WE PRESERVE IN THE LORD, WE ALWAYS SUCCEED."

ANGUS BUCHAN,
FAITH LIKE POTATOES

MANAGING ANATOMICAL WASTE

Petro Doubell

TISSUE REGISTER NOW AVAILABLE THROUGH COMPASS

Following on from the article in our Compass Crux December 2014 edition, entitled Management of Anatomical Waste in a Health Care Facility, Compass has developed a tissue register booklet to assist health care facilities record vital information relating to anatomical waste,* such as:

- patient's name
- the type of anatomical waste
- anatomical waste container barcode(s) and waste manifest / Waste Collection Document (WCD) number
- two sets of signatures and witnesses, and
- general details, such as date, unit, etc.

Introducing a tissue register will ensure that your health care facility is compliant and will assist, exponentially, with the traceability of and accountability for this highly

regulated waste stream.

The booklet comes unbranded, A3 in size, and consists of 30 pages, in duplicate.

Contact your Compass Medical Waste Services' sales executive today, to order your tissue register or send an email to sales@compass.za.net

**Anatomical waste comprises tissues, organs, body parts, non-viable fetuses, placentas, blood and body fluids from patients, but excludes teeth and hair. It is also known as pathological waste.*



ABOUT PETRO DOUBELL

Petro Doubell, Compass' senior sales executive, saw a need at the health care institutions for an anatomical waste register – one that met the necessary requirements to assist Compass' customers to record the correct information, in order to ensure traceability of their anatomical waste.



TISSUE REGISTER				
Details of Tissues	Container Barcode	Signature	Witness	Waste Collection Signature
				0634

“A TISSUE REGISTER WILL ENSURE THAT YOUR HEALTH CARE FACILITY IS COMPLIANT”

NEW HCRW FACILITY IN CLAYVILLE

OPENING SOON!

Compass Medical Waste Services in Gauteng will soon be moving to their own health care risk waste (HCRW) treatment facility, custom-made to meet the specific needs of our customers.

Ninety percent of the construction work on site has already been completed and alterations to the offices are in the final stages. There is a vibe of excitement amongst the staff knowing that the move from Nuffield to Clayville is planned for the end of June, and treatment and disposal of waste at the facility will commence soon thereafter.

"The treatment facility will be a new operation for the Gauteng team and we are all looking forward to being able to offer existing and future customers a 'one-stop' waste collection, treatment and disposal solution," explains Jan van den Berg, Regional Manager for Gauteng.

"Being more centrally located will also result in improved efficiencies and customer service," concludes Jan.

The Bondtech autoclaves have already been installed, and the remainder of the equipment has been ordered and is in the process of being delivered. The Clayville facility will include a brand new wash-bay which will also accommodate the washing of super-links.

Compass' Jaco Kleinhans is the project manager for the new treatment facility while Julie Venter has been tasked with the project of moving the offices. The offices will be more spacious and professional looking, which the staff are thrilled about.

The details for the new Gauteng treatment site and offices are:

Address: 1 Pebble Lane, corner of Pebble Lane and Porcelain Road, Clayville, Ext 14, Olifantsfontein, 1666.

Email: salesgp@compass.za.net

Jan van den Berg



ABOUT JAN VAN DEN BERG

Qualifications: B Com Masters in Business Leadership, Certificate in Project Management.

Compass Regional Manager:

Gauteng and also servicing Mpumalanga, Limpopo and North West.



THE ENVIRONMENT

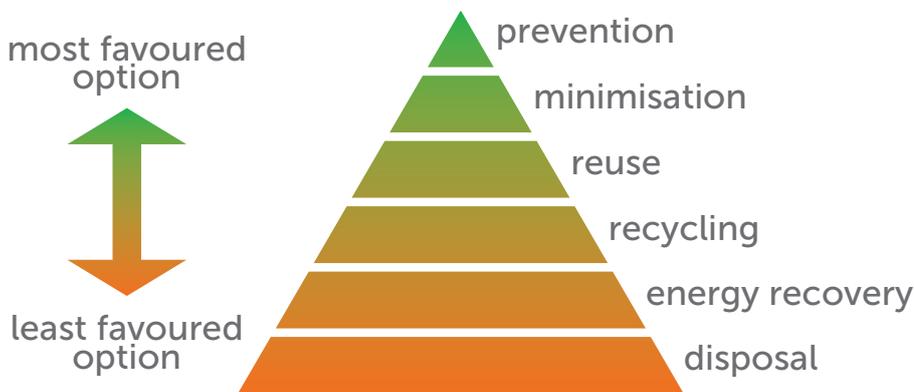
RECYCLING WITHIN YOUR HOSPITAL OR HEALTH CARE FACILITY REDUCE, REUSE AND RECYCLE

INTRODUCTION

As we know, Health Care Risk Waste (HCRW) is not a recognisable recyclable waste stream. However, HCRW only makes up 16% of the total waste stream generated by hospitals and health care facilities. Therefore, around 84% of the waste generated is non-hazardous waste that is currently going to landfill. This article looks at the 84% and how you, as generators, can best manage your waste streams in order to get a return on your waste, as well as reduce the amount ending up in landfill sites. Waste management should be based on the below six principles, which need to be adopted and form part of the culture within your facility, in order to effectively manage your waste streams.

Waste Management Hierarchy

The benefits of recycling your general



waste, for you specifically and for our environment, are as follows:

- decreases your overall waste stream therefore reducing waste to landfill and thus leading to a healthier environment.
- enables you to obtain a return on waste by recycling and getting rebates.
- reduces green house emissions that contribute to global climate change.
- changes a 'use, abuse and discard' culture to a 'reduce, reuse and

recycle' culture.

- conserves our natural resources and increases environmental awareness.

IMPLEMENTING A RECYCLING PROGRAMME WITHIN YOUR HOSPITAL OR HEALTH CARE FACILITY

Health care facilities are required to manage their HCRW very carefully. The same principles for managing health care risk waste apply for managing general waste. The following are steps for implementing a successful recycling programme for your general waste within your health care facility.

1. Carry out a Waste Assessment

Conduct a comprehensive walk-through of your facility identifying all the different types of waste being thrown away in each area. This will also help in identifying what types

of waste containers you will need. Typical areas with different waste streams could involve the following, for example:

- Canteen – glass, metal, cans, plastic, food waste (make sure that the food waste is separated from recyclable items so they do not get contaminated)
- Administrative areas – paper, cardboard, plastic, printer ink cartridges

2. Determine who you will be giving the recyclables to and how?

Here, you will have to source local companies that can recycle all of your chosen recyclable items. You will then have to select your recycling containers. These containers, ideally, should be different colours according to the specific recyclable.

For example, all plastic should be placed only in blue containers, and all paper and cardboard in green containers. It is important that you place your containers as close to point of generation as possible to make it convenient for people to recycle.

You will need to identify a waste area where the sorted recyclable materials can be stored until collected by the chosen recycling company. At the waste area, you will need to make sure that the different materials are kept separate in designated storage containers awaiting collection.

3. Keeping your general waste and HCRW separate

Treating and disposing of HCRW is expensive so it is very important that non-hazardous recyclable waste is not being placed into containers designated for hazardous waste streams.

4. Educating and training your staff

Staff need to be trained on the correct recycling procedures as well as being educated as to why they are recycling. Unless you have the 'buy in' from the staff, the recycling programme will never reach its potential. Draw up a training brief, and schedule a launch where you explain the benefits of recycling and sorting of the different materials. Include recycling training in the orientation of new employees. Recycling needs to be part of the culture within your facility.

5. Make sure your recyclable volumes are being recorded

This will make it possible for you to receive proper compensation for your materials as well as take the necessary corrective steps should your volumes start decreasing.

6. Publicise your success

Highlighting the success of your recycling programme can instantly improve community relations and help raise the profile of your facility.

RECYCLING TIPS BY DSW:

- Glass – remove all tops, lids, corks and metal foil. Wash and rinse bottles and jars before placing them in the allocated bins
- Cans – wash and crush both steel and aluminium cans before recycling
- Paper – make sure the paper is clean and that you read the instructions on the sides of the banks to find out what type of paper is accepted

CONTACT THESE RECYCLERS TO FIND OUT WHAT CAN BE RECYCLED AND WHERE YOUR NEAREST RECYCLING DEPOT OR ENTREPRENEUR IS LOCATED:

CANS

The Can Man 031 701 3902
Collect-A-Can 031 700 5935

GLASS

Willgro Recycling 031 205 3865
or 082 658 3373

PAPER

Mondi Recycling 031 206 0650
Nampak Paper
Recycling 031 507 1763
Sappi Waste Paper 031 462 2033
or /4/6

REDUCE, REUSE & RECYCLE

THE CATCH PHRASE ON EVERYONE'S TONGUES

At Compass we are well aware of the challenges that our customers face in implementing plans and systems to meet the requirements of the Waste Management Hierarchy, especially taking into account the classification of health care risk waste, and the various regulations and legislation that govern this waste stream. In an endeavour to help customers to ensure minimisation of waste to landfill, we can offer our customers the Daniels Sharpsmart System, a system that will save, on average, 28% plastic to landfill.

The rest of the world has acknowledged the need to implement systems that minimise waste to landfill and, in doing so, are introducing solutions such as the Daniels Sharpsmarts. How do we know that Daniels Sharpsmarts save 28% plastic to landfill? A five-year study was carried out in the USA across 103 hospitals to ascertain what, if any, environmental benefit the Daniels Sharpsmarts could have. The results were overwhelming, converting from single use sharps containers to reusable containers. These hospitals saved 3.5 tons of plastic to landfill, annually.*

Another study was carried out across 11 hospitals, and the results were the same. Converting from a single use containment system to a reusable containment system for sharps waste, the institution saved 27% plastic to landfill.**

How? By implementing the reusable sharps system you are automatically ensuring immediate and sustained reduction in plastic to landfill as the container itself is not used once, treated and disposed of, as is the case with the single use containers. The Daniels Sharpsmarts can be reused up to 500 times.

Is it not time for your institution to convert to a more environmentally friendly containment system, and do your part to save our environment?

* Grimmond T, Himes E and Skinner D. 28% Waste Reduction with Sharpsmart safety device, a 5-year 103 Hospital (study). (Abstract) CleanMed 2009, Chicago IL, May 2009.

** Grimmond T, Byland S, Fink R, Angela C, Beeke L, Callahan A, Christiansen E, Flewelling K, McIntosh K, Richter K and Vitale M. 28% Sharps Waste Reduction with Sharpsmart Safety Device - an 11 Hospital study. St Vincents Indiana 5th Annual Research Symposium, Indianapolis, June 2009

Byron Doherty-Bigara

ABOUT BYRON DOHERTY-BIGARA
Byron has a BSc Degree in Zoology, Botany and Tourism, as well as a BSc Honours Degree in Environmental Science. He has two years working experience in the waste management field dealing specifically with recycling and waste segregation. He is currently an Operations Trainee at Compass Medical Waste Services.

CALENDAR CAMPAIGN FUNDS NEW VEHICLE FOR CROW

FUNDRAISING INITIATIVE FOR WILDLIFE REHAB CENTRE

On Friday the 13th March 2015, Durban-based wildlife rehab centre, CROW, was presented with a brand new utility bakkie thanks to the proceeds raised from Compass Medical Waste Service's 'Under An African Sky's' 2015 "Born Free" calendar campaign.

For the fourth year in a row, CROW has been the beneficiary of this nationwide calendar campaign that raises much needed funds for wildlife conservation and animal welfare in South Africa. The new vehicle will be used to deliver and expand CROW's Wildlife Warriors Environmental Education programme to over 10000 children living in rural areas surrounding Durban.

Under An African Sky is a voluntary association established in 2009 by Compass Medical Waste Services

to raise funds in support of wildlife conservation. The association, with the support of volunteers and sponsors, produces a highly acclaimed limited edition calendar that is distributed worldwide in an effort to raise funds for animal welfare. To date, over R1.1 million has been raised from this Compass Medical Waste Services' initiative.

Speaking at the vehicle's official handover ceremony, CROW's Director, Claire Hodgkinson, said the organisation was committed to educating local children and young people about the role that they can play in conserving and protecting their local wildlife.

"Trying to prevent some of the human-inflicted injuries we witness on a daily basis through our

environmental education programme is an increasingly important part of our work. CROW is so grateful to Compass and 'Under An African Sky', as well as its corporate sponsors and the public, for their on-going support and for helping us to secure a better future for our wildlife."

The 2016 'Contrasts of Africa' calendar is currently being printed and will be available by the 1st August 2015. The stunning black and white, limited edition wall calendar sells for R170 each, while the CD size desk calendar is available for R50 each, excluding the cost of postage. Both make the perfect corporate gift, at the same time supporting a very worthy cause.

To place an order, please email orders@underanfricansky.co.za or phone Taryn Murdey on 031 267 9700.



SANDRA KNIGHTON

ENROLLED NURSE AT
DR YUSUF DADOO HOSPITAL

Sandra Knighton



Sandra completed her nursing diploma at Ann Latsky College of Nursing and then started her practical experience at Dr Yusuf Dadoo Hospital, then known as Paardekraal Hospital. Sandra has been there ever since and is currently in her 31st year of service.

According to Compass' sales executive, Fred Landman, she is a driven, passionate Health Care professional who is always willing to go the extra mile. "She has a deep passion for her career and she is always available to assist even though she is exceptionally busy," explains Fred. "She is dedicated to supporting and keeping her staff motivated. She is an incredible woman and a pleasure to deal with," concludes Fred.

Q What has been the biggest highlight of your career?

A My biggest highlight has been working in the ICU and Wound Care Unit. It is a challenge working with people who are in a critical condition. It is wonderful to see their progress and the best part is seeing them healed, pain free and ready to go home.

Q What do you like most about your job?

A The patients make me love what I do. They are grateful for the care we provide and seeing their appreciation always makes my day.

Q What does an average day at work entail?

A My job is varied but all aspects relate to ensuring our hospital is compliant, highly sterilised and hygienic and our patients are well cared for. I deal with infection control, ward rounds and ward checks, and I frequently check patients' charts. I am responsible for doing blood tests and receiving the results from the lab, for identifying and reporting notifiable diseases and for the hospital's waste management.

Q What is your biggest concern within Health Care Risk Waste (HCRW)?

A My concerns are cross contamination and poor waste segregation, which are not uncommon to the HCRW industry.

Q What measures or processes have you put in place to safeguard the health and safety of your patients and fellow staff members?

A We are fanatical about our Hand Washing Campaigns which are directed at the staff, as well as the patients. Staff training on communicable diseases takes place daily. I am also a stickler for ward cleanliness.

Q What is your biggest challenge to implement infectious control processes?

A The education of staff regarding the handling and segregation of waste is a continued focus for us. We are grateful to the Compass sales executives for the training they provide through their presentations on the nine categories of HCRW, as well as the cradle to grave process of waste generation through to final disposal.

Q How do you make a difference in the daily lives of your patients (or colleagues)?

A My staff and I constantly check that our patients' files are updated with the relevant information and reports. I also provide ongoing advice on my areas of expertise - dressing and treating wounds, infection control and waste management.





VISION

To be innovative, dynamic market leaders in health care risk waste management.

MISSION

To supply health care products and provide a professional health care risk waste management service, in an environmentally sustainable manner, to the health care community.

VALUES

- Transparency
- Commitment
- Reliability
- Initiative
- Teamwork

