

**National Standards**  
**on**  
**Water, Sanitation and Hygiene for Healthcare Facilities 2021**

(Reprinted, 2023)

***Unofficial English Translation***



**Government of Nepal**  
**Ministry of Health and Population**  
**2078 BS**

**Government of Nepal**  
**Ministry of Health and Population**

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Ref. No.:

Dispatch No.....

Date: 24/10/2021

**Message**

In keeping with Nepal's Constitution 2015, the Government of Nepal has established basic health, safe drinking water and sanitation as a constitutional right by ensuring every citizen the right to access safe drinking water and sanitation. To realize the constitutional right to safe drinking water, sanitation and hygiene, we are committed to providing health services to march towards forming a quality, healthy and prosperous society by embracing the National Health Policy 2076 "to ensure easy access to the services provided by health institutions of all levels by improving their quality, to develop and expand the one-door health system in order to control and manage infectious diseases by reducing antibiotic resistance, and to scientifically regulate and control environmental pollution, including air pollution, noise pollution and water pollution as well as food pollution."

In order to fulfill our commitment to meet the Sustainable Development Goal (SDG) of basic health services, safe drinking water and sanitation by 2030, there is a need today to set measurable goals and service standards and institutionalize such standards. In accordance with the Public Health Service Act 2075 BS, it is emphasized that health institutions must compulsorily pay special attention to drinking water and sanitation. It is highly important to ensure safe and quality services in order to protect the self-esteem of patients and their caregivers, improve the quality of service, respect diversity by creating a positive impact on the public health sector through access to safe drinking water, improved sanitation and hygiene practices within health care facility service provider and boosting the morale of health workers and other staff working in health facilities. This standard has been prepared and implemented with the objective of encouraging the federal, provincial and local levels to give priority to national standards on drinking water, sanitation and hygiene for health facilities and to increase investment according to the need with added commitment. Based on the local context and situations, the provinces and local levels may apply the specified standards in toto or take it as a model basis and prepare and apply additional standards based on their needs and context or further modify this standard and apply it.

I am very glad to present the National Standards for WASH in Healthcare Facility 2021, guaranteed by the Constitution of Nepal and the National Health Policy and various policies and guidelines on health service. I would like to assure that the Government of Nepal will always encourage the constructive role and collaboration of relevant stakeholders in the implementation of these standards. I would like to thank institutions and individuals who contributed directly and indirectly during the preparation of these National Standards. Finally, I am fully confident that these standards will provide safe and quality health care.

.....  
Birodh Khatiwada  
Minister  
Ministry of Health and Population

**Government of Nepal**  
**Ministry of Health and Population**

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**Foreword**

Drinking water, sanitation and hygiene are important components of the public health sector. To bring about changes in drinking water, sanitation and hygiene at the health facility level, it is imperative that general public and civil society, including health workers, are made aware of health. Availability of drinking water, sanitation and hygiene-related facilities in a health facility enhances capacity to provide safe and quality health services.

National Standards for WASH in Healthcare Facility, 2021 are based on the Public Health Service Act 2075 BS. In these National Standards, it has been emphasized that health workers and local stakeholders must pay attention to drinking water and sanitation in health facilities. In order to provide quality health services in health facilities without obstructions, the Ministry has prepared Water, Sanitation and Hygiene related National Standard. This National Standard make Nepal's health facilities more accountable and sensitive to move forward from the current status to make the water, sanitation and hygiene sector a model. Therefore, it is imperative that health facilities pay proper attention to drinking water, sanitation and hygiene.

I believe that the National Standards for WASH in Healthcare Facility, 2021 will help to reduce infections during the delivery of health services and improve occupational safety through quality WASH service in health facilities as well as effectively provide service recipient-centred quality health services.

.....  
Bhawani Prasad Khapung  
Hon'ble State Minister  
Ministry of Health and Population

**Government of Nepal**  
**Ministry of Health and Population**  
(.....Section)

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Ramshahpath, Kathmandu, Nepal

Received letter No.:

Ref. No.:

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Date:.....

**Subject:** .....

**Preface**

The Government of Nepal has made significant improvements in the health service sector. In order to maintain the achievements made in the health service sector, the National Health Strategy has adopted the following four main strategic principles:

1. Equitable access to health services,
2. Quality health services,
3. Improvements in the health system, and
4. Multi-dimensional concept

The Ministry strongly believes that equitable and quality health services are incomplete if drinking water, sanitation and hygiene is not included in all its levels. I would like to emphasize that the minimum standards of excellent health services should be maintained by all three levels of government (federal, provincial and local) as well as non-governmental organizations. The reform of the health service system has also demanded the development of national standards on drinking water, sanitation and hygiene in health facilities. Therefore, these standards help to minimize the risk of infections through health facilities and build strong monitoring and accountability mechanisms at all levels of health facilities by strengthening the trust and confidence of the community and service recipients.

I would like to thank everyone for creating the National Standards on WASH with the participation of the Technical Working Group on WASH in Healthcare Facilities, the Ministry of Health and Population, the Ministry of Water Supply, development partners, academic and heads of the private sector. In addition, I hope and believe that these standards will be transformed into real service acts through the enhancement of partnership between stakeholders, and that these standards will help health workers, other related staff, local communities and stakeholders to create a healthy environment for health services.

.....  
Dr Roshan Pokhrel  
Secretary

**Government of Nepal**  
**Ministry of Health and Population**  
**Department of Health Services**

Phone: 5361768  
Pachali, Teku  
Kathmandu, Nepal

Date: 1/12/2021

**Foreword**

The Government of Nepal aims to provide quality health services for all Nepalese people by equally enhancing access to the services.

It is necessary to enhance the quality of essential systems, such as water supply, sanitation and hygiene, develop preparedness for disaster management and control of microbial infections in health facilities. The lack of appropriate drinking water, sanitation and hygiene also increases the financial burden on the health service system in the treatment of additional diseases caused by infections through health facilities that provide health services. Therefore, it is necessary to create national standards for maintaining the quality of drinking water, sanitation and hygiene and impart knowledge and skills to health workers working in all health facilities.

In that context, I believe that the issuance of the National Standards for WASH in Healthcare Facilities 2021 is a great opportunity as well as a necessity, which will help health facility to provide quality health services apart from achieving universal health service coverage.

.....  
Dr Dipendra Raman Singh  
Director General  
Department of Health Services

**Government of Nepal  
Ministry of Health and Population  
Department of Health Services  
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Phone: 5361768  
Pachali, Teku  
Kathmandu, Nepal

Date: 25/10/2021

**Foreword**

The Government of Nepal is committed to providing quality health services. Safe drinking water, sanitation and hygiene are essential components for providing quality health services to communities. The Public Health Service Act 2075 BS has clearly mentioned the fact that every health healthcare facility must take necessary precautions to prevent and control infectious diseases. It is very important to introduce health awareness to the general public and the civil society, including health workers, to understand the importance of drinking water, sanitation and hygiene and to bring about changes at the household and health facility levels.

If there is a lack of safe drinking water, sanitation and hygiene facilities, it will reduce the capacity to provide safe and quality health services. Therefore, it has been felt that drinking water, sanitation and hygiene standards are indispensable components of health institutions.

Therefore, I would like to express my sincere thanks to the members of the water supply, sanitation and hygiene technical working group in the health facility, specially the Senior Health Administrator Dr Surendra Chaurasia, Senior Public Health Administrator Chudamani Bhandari, Senior Public Health Administrator Shrijana Shrestha, Senior Public Health Administrator Sagar Prasad Ghimire, Public Health Officer Sonam Singh, Health and Hygiene Specialist of WaterAid Nepal Upma Adhikari, National Professional Officer of World Health Organization Dr Sudan Raj Panthi and Water Supply and Sanitation Specialist of UNICEF Nepal Siddhi Shrestha and other individuals for the contribution they have made to materializing and issuing these standards.

Finally, I hope and believe that these standards will help in the appropriate management of drinking water, sanitation and hygiene to provide health services in the health facilities of Nepal and will improve the existing situation.

.....  
Dr Bhim Singh Tinkari  
Director  
Management Division  
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Date: 25/10/2021

**Foreword**

Nepal's Constitution 2072 BS, Part III Article 30 has ensured "clean environment" in accordance with the right to a clean environment and according to the right to health care in Article 35 "right of citizens to receive free basic health services, including drinking water, sanitation and hygiene, as a fundamental right." The Local Government Operation Act 2074 BS, the Public Health Service Act 2075 BS, the Public Health Service Regulations 2077 BS and the National Health Policy 2076 BS have recommended for the implementation of medical waste management and environmental health as a priority. Likewise, according to the SDGs, a goal has been set to make drinking water and sanitation facilities accessible to all by the year 2030. The Government of Nepal has implemented the Nepal Health Sector Strategy (from 2015 to 2020) to ensure equal access to quality health services.

A healthy body requires safe drinking water. Likewise, toilet cleanliness, sewerage management and personal hygiene and hygiene promotion are equally necessary for us. In the course of providing quality health services, a large amount of healthcare waste is produced in health facilities, so it is necessary to properly and sustainably manage such harmful and polluted waste.

I would like to express my sincere thanks to the members of the water supply, sanitation and hygiene technical working group in healthcare facilities, especially the Senior Public Health Administrator Chudamani Bhandari, Senior Public Health Administrator Shreejana Shrestha, Senior Public Health Administrator Sagar Prasad Ghimire, Public Health Officer Sonam Singh, Health and Hygiene Specialist of WaterAid Nepal Upma Adhikari, National Professional Officer of World Health Organization Dr Sudan Raj Panthi and Water, Sanitation and Hygiene Specialist of UNICEF Nepal Siddhi Shrestha and other helpful personalities for the contribution they have made in embodying and releasing this standard.

I believe that this national standard will help to formulate minimum services and facilities in drinking water and sanitation and their sustainable operation in all levels of healthcare facilities. Furthermore, I sincerely request for the support and cooperation of all concerned for the successful implementation of the Standards.

.....  
Dr Surendra Prasad Chaurasia  
Chief  
Environmental Health and Healthcare Waste Management Section  
Management Division

## **Abbreviations**

FRC	Free Residual Chlorine
IPD	In-patient Department
OPD	Out-patient Department
PPE	Personal Protective Equipment
SDG	Sustainable Development Goal
WASH FIT	Water and Sanitation for Health Facility Improvement Tool



# National Standards on Water, Sanitation and Hygiene for Healthcare Facilities, 2021

**Preamble:** Whereas it is expedient to control the adverse effects of providing quality health services due to insufficient and unsafe drinking water, sanitation and hygiene in healthcare facilities, the Ministry has issued this standard exercising the power vested by Section 64 of the Public Health Service Act 2075 BS.

## CHAPTER-1 COMMENCEMENT

**1. Short title and commencement:** (1) The title of these Standards is "National Standards on Water, Sanitation and Hygiene for Healthcare Facilities, 2021."

(2) The Standards shall come into force from the date of being approved.

**2. Definitions:** In these Standards, unless the subject or context requires otherwise:

- a) "Act" means the Public Health Service Act, 2075 BS.
- b) "Level" means the federal, provincial and local levels
- c) "Regulations" means the Public Health Service Regulations, 2077 BS.
- d) "Ministry" means a ministry overseeing health-related matters of the Government of Nepal.
- e) "WASH" means water supply, sanitation and hygiene.
- f) "Department" means the Department of Health Services under the Ministry.

**3. Objectives:** The objectives of the Standard are as follows:

- a) To help the bodies/agencies concerned identify the needs of drinking water, sanitation and hygiene in health facilities and address the aspects to improve the needs or gaps that have not been met according to the needs identified;
- b) To help to reduce infections that may occur while providing health services and improve occupational health safety through quality WASH services in health facilities as well as help to effectively provide quality health services that are service recipient-centred;
- c) To encourage health workers, patients, relatives of patients, visitors and attendants to enjoy health services and to learn and adopt sanitation and hygiene-related behaviours;
- d) To encourage the adoption of good practices related to WASH at community level.

**4. Rationale:** If necessary precautions regarding WASH are not taken in health facility, those facilities can be places of high risk of infectious diseases. Therefore, the standards on WASH for health facilities in the country are necessary to make the government and civil society more accountable and sensitive in providing more resources to move forward from the current situation regarding WASH, as well as raising awareness of the risk of diseases that may occur in facilities as mentioned in Schedule 1 and the measures to prevent the said diseases.

**5. Classification of healthcare facilities for WASH Standard:** The healthcare facilities as per level-wise arrangements made in laws and regulations shall be classified into five groups pursuant to Schedule 3 on the basis of the Standard on WASH pursuant to Schedule 2.

**6. Implementation of the Standards:** (1) The implementation of this Standard will be done in coordination and collaboration with the federal, provincial and local levels. The roles and responsibilities of the three levels of government will be as mentioned in Schedule 4.

(2) The major roles and responsibilities of stakeholders at provincial and local levels such as health workers, service recipients, sanitation workers and communities in the implementation of this Standard shall be as mentioned in Schedule 5.

**7. Level of services available in health facilities:** Health facilities shall be divided pursuant to Schedule 6 on the basis of water, sanitation and hygiene services as well as facilities available in health institutions.

**8. Glossary and Definitions:** The meaning, context and definitions of the glossary used for different purposes in different places of this Standards shall be as mentioned in Schedule 7.

## **CHAPTER-2**

### **WATER USED IN HEALTH FACILITIES**

**9. Provisions related to availability of and access to water:** (1) Improved water sources shall be arranged in such a way that water is available round the clock in health facilities.

(2) In service providing units such as examination rooms, delivery rooms, laboratories, etc, there should be a hand wash basin with 5 litres of water per minute flowing smoothly and the access of users shall be within a distance of 30 metres.

(3) In every healthcare facilities, there should be a place where water is regularly available and facilities to be available for everyone to access for drinking, washing hands, using in toilets, personal cleanliness, preparing food, washing clothes, other cleanliness, gardening and medical purposes.

(4) Water supply pipes shall be connected in such a way that water flows regularly.

(5) For health workers, other staff, patients, relatives of patients and attendants (children and persons with disabilities), drinking water facilities meeting the quality standards mentioned in Schedule 8 shall be made available on every floor round the clock.

(6) Even in cases where the primary source of water supply is connected to the healthcare facilities, an improved alternative source of water shall be made available so that it can be used.

(7) The standards related to the quality of water used in healthcare facilities shall be as per Schedule 9.

**10. Quantity of water:** The availability of water in the quantity mentioned in Schedule 10 shall be ensured for health workers, staff, attendants of patients and every person who uses water in healthcare facilities.

**11. Water storage:** Clean and safe water storage shall be arranged in the premise of healthcare facilities. The water storage tank shall include a reservoir capacity for at least two days as back up in case of disruption of the main water supply distribution system. In order to protect the water storage area from pollution, arrangements shall be made to keep it covered and to clean it regularly. There should not be any kind of leakage in the storage tank.

**12. Water quality:** (1) The quality of drinking water arranged in healthcare facilities shall meet the standards of the National Drinking Water Quality 2079 (revised). If jar water is used in healthcare facilities, it shall meet national quality standards for treated drinking water. Also, the tanker guidelines shall be complied with for tanker water.

(2) The healthcare facilities concerned shall regularly monitor the quality of water made available in the facility. The monitoring shall find the following minimum quality being maintained:

- a) Suitable free residual chlorine (FRC 0.5 mg/l in an emergency situation) in drinking water or any 100 ml sample should not contain *E. coli* or thermo-tolerant coliform bacteria and other chemical elements, including physical/arsenic, shall be within the limits of prevailing laws and guidelines of the World Health Organization.

- b) Drinking water shall be arranged within easy reach of all health workers, staff and caregivers, and drinking water structures shall be child and disability friendly.
- c) A water safety plan shall be implemented in the water supply (distribution) system and it shall be an integral part of water quality monitoring and certification.
- d) Healthcare facilities shall compulsorily comply with this standard. A regular mechanism shall be arranged to monitor whether or not the standard has been implemented.
- e) Drinking water should not have any taste, smell or colour.

(3) Although the point (place) of water distribution and the source of water for washing hands and other purposes are the same, the point (place) of distribution shall be different.

(4) Water that is not of drinking quality shall only be used for cleaning and washing clothes.

(5) The minimum quality of water used for medical purposes shall be the same as the quality of drinking water or it shall be of a higher quality than that which does not pose a risk for any condition, such as hemodialysis or for bathing children. As micro-organisms, such as *Pseudomonas Aeruginosa*, *Legionella*, *Cryptosporidium*, are resistant to chlorine used for water purification, appropriate techniques shall be adopted for treatment.

## **CHAPTER-3**

### **SANITATION AND HYGIENE**

- 13. Standards related to sanitation and hygiene:** Every healthcare facilities shall comply with sanitation and hygiene-related standards as mentioned in Schedule 11.
- 14. Improved toilets:** (1) The facilities of improved and accessible toilets that are in operation in healthcare facilities shall be available for health workers, sanitation staff, patients, relatives of patients, visitors and attendants.
- (2) The facilities of user-friendly toilets in healthcare facilities shall be child, gender and disability-friendly as per Schedule 12.
- (3) Privacy shall also be ensured through the facility of improved toilets in healthcare facilities. The toilet shall have a door and shall have a 40-inch high and above that a well-fitting bolt with an L-drop.
- (4) The toilet of the healthcare facility shall have plenty of cross-ventilation and a good arrangement of nets and lights.
- 15. Cleanliness and maintenance of toilets:** (1) Toilets shall be cleaned in such a way that dirt, dust, excreta, insects and hoppers as well as water do not accumulate.
- (2) In the toilet, cleaning materials, such as soap, water, contaminant-removing chemicals, wiping cloths, cleaning brushes, etc shall be compulsorily available.
- (3) A regular cleaning and maintenance schedule shall compulsorily be made to ensure that it is constantly cleaned and in operation. Generally, public toilets shall be cleaned with detergent or water three times and attached toilets in private patient rooms shall be cleaned at least twice a day and immediately when dirty. All contact surfaces shall be cleaned with disinfectant chemicals (0.5% chlorine) and a separate brush shall be used to remove visible dirt and dust.
- (4) Blood stains or solid/liquid substances from the body shall be cleaned with 0.5% chlorine.
- (5) The cleaning person should understand his/her role and the importance of cleaning and should have received training related to cleaning, including the methods of preparing liquid to prevent contamination. Adequate cleaning materials and PPE shall be made available for that purpose.
- (6) The protective equipment of the cleaning person shall include at least rubber gloves, rubber boots and a waterproof apron. In case of possible risk to the face, a mask covering the nose and mouth shall be worn to protect the eyes.
- (7) A repair and maintenance provision shall be made to ensure that the toilet is always in operation.
- (8) There should not be any big holes, cracks or leaks in the structure of the toilet.
- (9) There should not be any obstruction to using the toilet, and if there is one, it shall be repaired immediately.

(10) In the case of cabin or patient's attached toilet, it shall be cleaned at least twice a day, and if it is a common toilet, it shall be cleaned at least three times a day.

(11) In addition to the features mentioned in Section 15, the toilets available in healthcare facilities shall have the features as per Schedule 13.

**16. Hygiene:** (1) In all the important places of healthcare facilities, such as OPD, IPD, emergency room, waiting room, laboratory, delivery room and all the toilets, hand-washing facilities with soap and water shall be available compulsorily. Under the hand hygiene facility, there should be a hand-washing basin/station (sink, bucket with a lid, soap and water) and tap and drainage facilities.

(2) In healthcare facilities, hand-washing facilities shall be available in places such as toilets or waiting areas and delivery rooms so that children and people with disabilities also have access to them.

(3) In the hospitals of the third, second and first categories, bathing facilities (within the sanitary facility of the health institution or in a separate building) shall be available for health workers, staff and patients.

(4) Alcohol-based hand sanitizer shall be placed in the healthcare facilities in such a way that it is visible and usable by all and that it can frequently be used to disinfect. Furthermore, soap and water shall be compulsorily available in healthcare facilities to clean dirty or contaminated hands.

(5) Hand-washing areas shall be regularly cleaned with detergent or 0.5% chlorine.

(6) A sensor or elbow tap shall be used in the operation theatre.

**17. Healthcare waste management:** (1) Waste emitted from healthcare facilities of every level shall be managed as per the National Healthcare Waste Management Standards and Operating Procedures, 2020.

(2) Coloured bins (waste containers with clearly visible markings and signs) shall be available at convenient locations.

(3) Every category of waste shall be treated, managed and disposed of according to the safest possible (non-burning technique) available. Waste management shall be pursuant to Schedule 14.

(4) A designated waste collection site, where waste can be collected and disposed of in a safe and effective manner, shall be arranged.

(5) The ground and environment of the healthcare facilities shall be free of uncontrolled healthcare waste.

(6) Staff should have adequate waste management equipment and PPE, and training should have been provided to safely collect and dispose of healthcare waste.

(7) Heads of healthcare facilities, related health workers, authorized persons, members of the Healthcare Waste Management Committee and the municipality concerned shall take the responsibility for healthcare waste management.

(8) Rain water and surface water shall be disposed of safely so as not to transmit pollution to healthcare facilities and the surrounding external environment.

**18. Prevention and control of infections:** (1) As any person who works at a healthcare facility or visits to seek its services is at risk of infection, prevention of infection shall be everyone's responsibility.

(2) Staff should have been properly trained in precautions as per infection control standards and be provided with adequate cleaning and infection prevention equipment and PPE.

(3) Beds, floors, walls, toilets, showers, equipment and floors, dust of healthcare facilities shall be regularly cleaned and disinfected to ensure that they are clean and sterile.

(4) Medical equipment shall be cleaned and sterilized as needed.

(5) There should be an adequate number of separate toilets, showers, clothes washing locations and waste disposal facilities in the areas earmarked.

(6) In specific environments (such as isolation of cholera patients), if vomit or faeces are observed, they shall be cleaned and half a cup of 0.5% active chlorine solution shall be used to disinfect them.

(7) Any place contaminated with blood, excreta, vomit or bodily fluids shall be cleaned and disinfected immediately.

(8) Soiled clothes and linen should be kept in appropriate bags in a separate place and should be washed with laundry detergent at a temperature of 60 to 90 degrees Celsius by using a washing machine. If there is no washing machine, put the clothes in a large vessel/drum in a solution of hot water and soap and clean by turning them with the help of a stick. In addition, while turning the cloths, precautions should be taken to avoid the spilling and overflowing of hot water. After some time, empty the large vessel/drum and keep the cloths immersed in 0.05% sodium hypochlorite for 30 minutes. Finally, rinse with clean water and dry the cloths properly in the sun as much as possible.

(9) Clean and soiled linen shall be stored and transported separately in marked bags.

(10) Beds, mattresses and pillows soiled by blood or fluids from the body of every patient shall be cleaned immediately. Beds in IPD rooms shall be at a distance of four feet.

(11) Patients and caregivers shall be adequately counseled within 30 minutes of arrival at the healthcare facilities regarding the necessary personal infection control practices in the event of an outbreak.

(12) Dead bodies shall be properly managed to avoid transmission of infectious diseases.

(13) Since open defecation is a serious public health risk in any situation, if necessary, in addition to building more toilets and increasing the number of cleaning staff, the healthcare facility shall immediately conduct awareness campaigns on sanitation.

(14) Health institutions shall take the following precautions to prevent infection:

- a) Before touching a patient, after touching a patient, after touching anything close to the patient, before performing any treatment related to the patient, after coming into contact with the patient's faeces, urine or other waste, using the prescribed steps of hand-washing;
- b) Wearing personal PPE like gloves, eye protection glasses, masks, aprons;
- c) Maintaining appropriate environmental sanitation and waste disposal practices;
- d) Preventing injuries caused by sharp objects;
- e) Special precautions (such as using different shoes, gowns, food) shall be taken in the operation theatre/intensive care unit.



**SCHEDULE-1**  
**(Related to Section 4)**

**Risk of Diseases in Healthcare Facilities and Measures for Prevention**

Risk of diseases	Measures for prevention
Airborne infections (such as legionellosis, avian influenza, tuberculosis, corona virus (SARS), MERS, COVID-19, etc)	<ul style="list-style-type: none"> <li>• Cross ventilation in an easy manner</li> <li>• Available space for every patient</li> <li>• Distance between beds</li> <li>• Arrangements for separate rooms (isolation) for patients who are at high risk or infected</li> <li>• Proper use of masks and appropriate management of waste</li> <li>• Arrangements for isolation of active infected patients</li> <li>• Proper arrangements for disposal of sputum</li> <li>• Hand hygiene</li> </ul>
Fecal oral disease such as diarrhea, enteric fever, cholera, dysentery, etc	<ul style="list-style-type: none"> <li>• Water supply (quality and access) management</li> <li>• Safe management of excreta</li> <li>• Hygiene-related service and facility management</li> <li>• Food hygiene management</li> <li>• Hand hygiene management</li> </ul>
Contaminated water in wounds/surgical incisions, infection from medical equipment and dressings/needles (such as health institution infection—sepsis)	<ul style="list-style-type: none"> <li>• Arrangement of single-use of medical equipment and dressings/needles</li> <li>• Pre-disinfection management</li> <li>• Cleaning and sterilization of equipment and dressing materials</li> <li>• Management of good quality water</li> <li>• Management of the adoption of disinfection techniques during surgery and dressing</li> <li>• Timely management of fumigation of surgical location/beds/operation theatre.</li> <li>• Management of separate waste disposal routes</li> </ul>
Blood-borne infections (such as hepatitis B, hepatitis C, HIV) due to infected syringes, needles and unsafe administration	<ul style="list-style-type: none"> <li>• Management of healthcare waste management and management of single-use of syringes and needles (disposable)</li> <li>• Safe management of blood transfusion</li> <li>• Proper use of needles, management of single-use of needle capping</li> <li>• Management of the use of PPE</li> </ul>
Stress and discomfort caused by heat and cold (such as high fever)	<ul style="list-style-type: none"> <li>• Heating, ventilation, air condition and insulation management</li> </ul>
Transmission of insect-borne diseases (such as malaria, dengue, leishmaniosis)	<ul style="list-style-type: none"> <li>• Management of insect control within the building and its surroundings</li> <li>• Management of the patient's safety</li> <li>• Management of the safety of infrastructure</li> </ul>

**SCHEDULE- 2**  
**(Related to Section 5)**

**WASH Standards for Health Institutions**

<b>Groups of health institutions</b>	<b>Drinking water</b>	<b>Sanitation</b>	<b>Hygiene</b>	<b>Medical waste management</b>
Health facilities belonging to the category I	A (II)	A (II)	A (II)	A (National Healthcare Waste Management Standards and Operating Procedures 2020)
Health facilities belonging to the category II	A (II)	A (I)	A (II)	A (National Healthcare Waste Management Standards and Operating Procedures 2020)
Health facilities belonging to the category III	A (I)	B	A (I)	A (National Healthcare Waste Management Standards and Operating Procedures 2020)
Extended service category	B	B	B	B
Mobile camp category (in outbreak and normal situations)	B	B	B	See the note below.

Note: (A) means Advanced (Standard) and (B) means Basic.

**SCHEDULE- 3**  
**(Related to Section 5)**

**Classification of Healthcare Facilities based on WASH Standard**

Groups of health institutions	Classification of Health Institutions
Healthcare facilities belonging to the category I	General hospital with 100 to 300 beds, specialist hospital, specialized hospital, teaching hospital and other teaching hospital under health science academy, children's hospital, specialist Ayurved hospital and dialysis centre
Healthcare facilities belonging to the category II	Basic hospital, general hospital with 25 to 50 beds, Ayurved health centre—general Ayurved hospital with 25 to 50 beds, homeopathy hospital, laboratory, specialist clinic, polyclinic, geriatric care centre, eye treatment centre, physiotherapy centre, rehabilitation centre (psycho-social and physical), radio imaging centre, hospice centre, test tube baby (IVF) centre
Healthcare facilities belonging to the category III	Basic health service centre, basic Ayurved service centre, Ayurved health centre, health clinic, dental clinic, geriatric counseling centre, Ayurved clinic, naturopathy centre, acupuncture centre, acupressure centre, <i>sowarigpa (amchi)</i> clinic, traditional service centre, homeopathy clinic, <i>yunani</i> treatment centre, yoga meditation and physical exercise centre, blood circulation centre
Extended service groups	Locations where extended service is provided
Mobile camp groups (in outbreak and normal situations)	Temporary/mobile camps

**SCHEDULE-4**  
**(Related to Sub-section (1) of Section 6)**

**Roles and Responsibilities of Federal, Provincial and Local Levels**

S.N.	Federal level	Provincial level	Local level
1	To review the existing national policies and ensure that there is a national policy framework to support the improvement of weak conditions of healthcare facilities	To raise awareness of environmental health in healthcare facilities among the main stakeholders at the provincial level	To create a clean health service environment in healthcare facilities and mobilize health workers, local community and other local stakeholders to make the environment sustainable  To promote the safety, encouragement and working environment of health service recipients and other staff
2	To ensure that there are national bodies/agencies to set, implement and monitor standards	To ensure the availability of appropriate service delivery bodies/agencies at the provincial level to monitor whether or not the national standards have been complied with	To determine and implement the responsibility of local bodies/agencies for monitoring whether or not national standards have been implemented at the healthcare facility  To promote an environment that encourages the safety of health workers, service recipients and other staff
3	To provide experts, resources and knowledge through information communication mechanisms	To provide experts and resources to formulate and appraise plans at the local level	To appraise the existing conditions, consult with local stakeholders (including health workers, other staff and local community) and formulate plans for improvements and new activities with adequate resources
4.	To review national standards and amend them if required  To ensure that there is a regulation framework to encourage and support implementation	To ensure that the national regulation framework has been reflected in guidance and support for implementation at the provincial level	To define goals, policies and procedures for the implementation of national standards and/or guidelines reflecting the local context.  To define methods to implement goals, policies and procedures
5	To make funds available or facilitate for the same for the national programme (federal, provincial and local levels)	To allocate funds for improvement and new activities planned in provincial level healthcare facilities	To allocate/seek funds for planned improvement and new activities in local healthcare facilities
6	To monitor progress at the national level and promote uniformity in the implementation of standards in all areas and levels	To ensure that national standards have been implemented with uniformity in all healthcare facilities, ensure the surveillance of improvement and new activities	To monitor planned improvement and new activities
7	To prepare informative information, education and communication materials for training and behavioural changes appropriate for healthcare facilities of all categories and levels  To ensure that an appropriate curriculum has been made available for health workers	To help to provide health workers with appropriate training/orientation and information	To help to provide health workers with appropriate training/orientation and information  To provide health service recipients with counselling and orientation  To ensure that there are skilled human resources in healthcare facilities for

	To provide the health workers of all levels with appropriate training/orientation and information		necessary plumbing services, operation and repair and maintenance as well as waste management
8	To periodically review and update policies, standards, training contents and materials used for monitoring and evaluation	To inform the province level main stakeholders about the components of environmental health updated in healthcare facilities	To create a hygienic health service environment and make it sustainable, mobilize the support of health workers, local community and other local stakeholders  To promote an environment that encourages the safety of health service recipients and health workers
9	To effectively coordinate with concerned ministries (the Ministry of Water Supply, Ministry of Forest and Environment, Ministry of Health and Population, etc.) for WASH Standards	To establish an effective coordination between responsible ministries (the Ministry of Social Development and the Ministry of Infrastructure Development)	To effectively coordinate with service provider agencies and management committees and make them comply with standards

**SCHEDULE-5**  
**(Related to Sub-section (2) of Section 6)**

**Roles and Responsibilities of Stakeholders**

1	Health service recipients	<ul style="list-style-type: none"> <li>To comply with the standards related to the use and supervision of drinking water, sanitation and hygiene services and facilities and observe the hygiene-related behaviour of health workers and other staff of the healthcare facilities</li> <li>To provide feedback to the healthcare facilities for proper improvements of drinking water, sanitation and hygiene where required</li> </ul>
2.	Health service recipients and their relatives, visitors and attendants	<ul style="list-style-type: none"> <li>To comply with the standards on the use and supervision of drinking water, sanitation and hygiene services and facilities and observe the hygiene-related behaviour of health workers of the healthcare facilities</li> <li>To provide feedback to healthcare facilities for proper improvements of drinking water, sanitation and hygiene services where required</li> </ul>
3	Healthcare facility Operation and Management Committee	<ul style="list-style-type: none"> <li>To achieve drinking water, sanitation and hygiene-related goals and maintain them, formulate a drinking water, sanitation and hygiene-related annual plan, include it in healthcare facility improvement plan and implement it</li> <li>To achieve the goal related to drinking water, sanitation and hygiene, implement the plan actively, regularly and continuously follow up to attain its achievements</li> <li>To plan a separate budget for drinking water, sanitation and hygiene activities</li> <li>To assign separate staff for healthcare waste management</li> <li>To ensure that there are skilled human resources for necessary plumbing services in healthcare facilities</li> <li>To coordinate with local stakeholders</li> <li>To implement Water and Sanitation for Health Facility Improvement Tool and keep it improving</li> </ul>
4	Health workers	<ul style="list-style-type: none"> <li>To comply with standards</li> <li>To take WASH-related responsibilities in the healthcare facility quality improvement plan</li> <li>To continuously take the initiative (such as hand hygiene and healthcare waste management) to prevent the infection of infectious diseases</li> <li>To monitor drinking water, sanitation and hygiene-related facilities and repair, maintain and improve them</li> <li>To inform and encourage patients, relatives of patients, visitors and attendants to adopt an appropriate hygienic behaviour</li> <li>To achieve the goal set in the drinking water, sanitation and hygiene improvement plan and actively participate in maintaining the goal</li> </ul>
5	Chief of the healthcare Facility	<ul style="list-style-type: none"> <li>To achieve drinking water, sanitation and hygiene-related goals and maintain them, formulate an annual plan on drinking water, sanitation and hygiene for healthcare facility and implement it</li> <li>To monitor compliance with drinking water, sanitation and hygiene-related standards and ensure that these standards have been complied with</li> <li>To organize orientations, seminars and training courses as required</li> <li>To improve the conditions of drinking water, sanitation and hygiene and maintain its sustainability, coordinate and collaborate with the concerned stakeholders at local-level</li> </ul>
6	Sanitation-related staff	<ul style="list-style-type: none"> <li>To effectively bring about continuity and uniformity in infectious disease prevention and control-related activities such as sanitation of the healthcare facility and healthcare waste management</li> <li>To work actively in the healthcare facility to achieve intentions/goals determined in the drinking water, sanitation and hygiene promotion/improvement plan</li> </ul>
7	National and international support organizations/agencies	<ul style="list-style-type: none"> <li>To provide necessary technical and financial support for compliance with and implementation of drinking water, sanitation and hygiene-related standards</li> </ul>
8	Communities	<ul style="list-style-type: none"> <li>To participate in awareness raising programme on disease control and health to be organized in the community through organizations</li> <li>Inform concerned agencies about the inadequate management practices of healthcare waste management found around the healthcare facilities</li> <li>To provide feedback to the concerned healthcare facilities and the local level regarding drinking water, sanitation and hygiene-related services and facilities of healthcare service providers</li> </ul>

**SCHEDULE-6**  
**(Related to Section 7)**

**Service Level of Water Supply, Sanitation and Hygiene Available in the Healthcare Facilities**

Service level	Drinking water in healthcare facility	Sanitation in the health institution	Hand hygiene in healthcare facility	Disposal of waste in healthcare facility	Environmental sanitation
Advanced	Drinking water, sanitation and hygiene-related all standards mentioned in this standard shall be met.				
Basic level	Water is available from an improved source on the premises	Improved sanitation facilities are usable, with toilet dedicated for staff, sex-separated toilet with menstrual hygiene facilities, and toilet accessible for people with limited mobility	A basin with soap and water or alcohol-based hand cleaning gel/chemical (sanitizer) available for hand hygiene in the service point and toilets.	In the location where consultations/services are provided, wastes are collected and kept separately in at least four containers (bins) and sharps and infectious waste disposed of safely	Sanitation staff trained and basic protocols for cleaning available.

**SCHEDULE-7**  
**(Related to Section 8)**

**Meaning, Context and Definition of Glossary used in the Standards**

S.N.	Glossary	Definition
1	<b>Improved source — water</b>	Healthcare facilities have piped, tube well, protected well, rain water, packaged or transported water from licensed distributors
2	<b>Basic services -- water</b>	Water is available in the healthcare facilities premises from the improved source
3	<b>Advanced/Standard services -- water</b>	Quantity/standard met as defined by this WASH Standards for advanced/standard level
4	<b>Improved toilet</b>	Techniques to separate excreta in a hygienic manner into sewers, septic tanks or pits such as flush latrine, VIP latrine, ecosan latrine or pit latrine with a slab
5	<b>Basic services -- sanitation</b>	Improved and usable toilets separate for health workers, other staff and health service recipients; in addition, toilets separate toilet for women so that hygiene management during menstruation is easy, and able to meet the needs of persons with disabilities
6	<b>Advanced/Standard services – sanitation level 1</b>	As per Schedule 13
7	<b>Advanced/Standard services – sanitation level 2</b>	As per Schedule 13
8	<b>Basic services – hand hygiene</b>	Materials for hand hygiene (basin with a provision of soap and water or alcohol-based hand rub gel—sanitizer) are available in the service providing locations and toilets
9	<b>Advanced/Standard services – hand hygiene level 1</b>	Quantity/standard met as defined by this WASH Standard for the advanced/standard level
10	<b>Advanced/Standard services – hand hygiene level 2</b>	Quantity/standard met as defined by this WASH Standard for the advanced/standard level
11	<b>Basic services – health care waste</b>	Waste collected separately in a safe manner in at least four different coloured containers (green, blue, red and yellow)-infected, sharp, healthcare and pathological waste in a red container, reusable waste in a blue container, decomposable waste in a green container and cytotoxic and genotoxic waste such as batteries and organic and inorganic waste in a yellow container; infected waste managed and disposed of in an appropriate and safe manner
12	<b>Advanced/Standard services – healthcare waste</b>	Quantity/standard met as defined by this WASH Standard for the advanced/standard level
13	<b>Basic services –environmental sanitation</b>	Sanitation and disinfection protocols (sanitation schedule and frequency) for surfaces and equipment in the healthcare facilities are available and sanitation staff are trained
14	<b>Alcohol-based hand rub or sanitizer</b>	To destroy micro-organisms and/or temporarily prevent their growth, an alcohol-based hand cleaning mixture (sanitizer) containing more than one type of alcohol, liquid and moisture absorbent mixed chemical substances
15	<b>Water quality labeling</b>	Marks or signs at every point where water comes in as potable or not potable
16	<b>Water safety plan</b>	Assessment and management on the basis of the risk of the water supply system to prevent water from being contaminated and its continuous safety After analysing the situation in the healthcare facilities, the Water and Sanitation for Health Facility Improvement Tool, ie WASHFIT, can be used for improvement
17	<b>Arsenic to be tested</b>	Underground sources of water, especially shallow tube wells in the Terai and deep boring in Kathmandu valley
18	<b>Hub hospital</b>	Hospitals selected by the government for emergency activities
19	<b>Locations where services are provided</b>	OPD, IPD, emergency room, delivery room and waiting room



## SCHEDULE-8

### (Related to Sub-section (5) of Section 9) Water Quality Standard for Healthcare Facilities (Revised in 2022)

#### A. Compulsory Testing Parameters

Group	Dimension	Unit	Maximum Concentration Limit	Remarks
<b>A. Compulsory Testing Parameter</b>				
<b>Physical Parameters</b>	Turbidity	NTU	5	NHBGV
	pH	-	6.5 -8.5	NHBGV
	Color	TCU	5	NHBGV
	Taste and odor	-	Not objectionable	NHBGV
	Electrical conductivity	µS/cm	1,500	NHBGV
<b>Chemical Parameters</b>	Iron	mg/l	0.3 (3)	NHBGV
	Manganese	mg/l	0.2	NHBGV
	Arsenic	mg/l	0.05	HBGV
	Fluoride	mg/l	0.5-1.5 (Min-Max)	HBGV
	Ammonia	mg/l	1.5	NHBGV
	Chloride	mg/l	250	NHBGV
	Sulphate	mg/l	250	NHBGV
	Nitrate	mg/l	50	HBGV
	Copper	mg/l	1	NHBGV
	Zinc	mg/l	3	NHBGV
	Aluminum	mg/l	0.2	NHBGV
	Total Hardness	mg/l	500	NHBGV
	Residual Chlorine	mg/l	0.1-0.5	HBGV  (only in system where chlorine is used)
	<b>Microbiological parameters</b>	<i>E coli</i>	cfu/100 ml	0
Total coliform		cfu/100 ml	0 (95% sample)	

#### B. Risk and context based additional testing Parameters

Group	Dimension	Unit	Maximum Concentration Limit	Remarks
<b>Physical Parameters</b>	Total dissolved solids	mg/l	1,000	NHBGV
<b>Chemical Parameters</b>	Calcium	mg/l	200	NHBGV
	Lead	mg/l	0.01	HBGV
	Cadmium	mg/l	0.003	HBGV
	Chromium	mg/l	0.05	HBGV
	Cyanide	mg/l	0.07	HBGV
	Mercury	mg/l	0.001	HBGV
	Nitrites	mg/l	3	HBGV
<b>Microbiological Parameters</b>	Total coliform	cfu/100 ml	0 (95% sample)	HBGV

Resource material: Nepal Gazette, published on 2079/03/02: National Drinking Water Standard, 2079

**Notes:**

- Values within parenthesis indicates acceptable when there are no other options
- Health based guideline value (HBGV) parameters are directly related to effect to health while Non-health based guideline value are related to effectiveness of operation of the system or social and aesthetic value of water
- All service providers shall have to compulsorily test parameters mentioned under section A within 5 years and establish the baseline
- Parameters mentioned under section B shall be tested when industrial, harmful waste generated from human settlement, agricultural activities
- Suspected microbiological parameters other than e-coli shall be tested during water related epidemic
- Service provider shall issue notice to users to treat water by any means when they fail to supply as per standard mentioned under section A.
- Residual chlorine shall exceed 0.5 mg/l and fluoride shall be less than 0.5 mg/l during time of epidemic or high chances of contamination

**Mineral water**

- a) "Natural mineral water" means water mixed with mineral substances obtained naturally from potable water or from water springs, wells or underground water (except from public water distribution) and such water must not contain external dust (pollutants) or substances harmful to health.
- b) "Mineral water made by adding chemical elements" means water made mineral by processing and adding necessary chemical mineral elements.
- c) Colour and taste of mineral water should be natural and without smell.
- d) Mineral water shall not be transported or distributed without sealing it hermetically.
- e) Mineral water shall be hermetically sealed in clean and sterilized food grade plastic or glass containers in such a way that it does not leak or open before consumption by the person drinking it.

The quality of mineral water shall be as follows:

1 The following elements and compounds shall have or not exceeding the following quantities	
Turbidity	Not exceeding 5 NTU
Total dissolved solids	Not exceeding 750 mg/l
PH	From 6.5 to 8.5
Copper as Cu	Not exceeding 1.0 mg/l
Iron as Fe	Not exceeding 0.3 mg/l
Nitrate as NO <sub>3</sub>	Not exceeding 45 mg/l
Residual free chlorine	Not exceeding 0.2 mg/l
Fluoride as F	Not exceeding 1.5 mg/l
Mercury as Hg	Not exceeding 0.001 mg/l
Cadmium as Cd	Not exceeding 0.01 mg/l

**SCHEDULE-9**  
**(Related to Sub-section (7) of Section 9)**

**Water Quality-related Standards for Healthcare Facilities**

Purpose of water distributed	Source of quality	Verification	
		How to do	How many times to do
For drinking, washing hands and medical purpose: Advanced/Standard services – Level 1	National Drinking Water Quality Standards (Schedule1)	Water quality testing parameters explained in the National Drinking Water Quality Standards, 2022 (revised)	Monthly testing on selected parameters ( <i>E coli</i> , FRC, turbidity, pH) and once a year on other parameters
For special situations (hemodialysis, intensive care unit and newborn intensive care unit, neurology related, heart related and operation, plastic surgery): Advanced/Standard services— Level 2	Drinking Water Quality Guidelines – in line with the World Health Organization and the need of every equipment	Water quality testing parameters explained in the World Health Organization Guidelines, 2017 (Addendum)	Weekly testing on selected parameters ( <i>E coli</i> , FRC, turbidity and pH) and once a year on other parameters
Water of quality lower than drinking water quality is only used for cleaning, washing clothes and sanitation.			

**SCHEDULE-10**  
**(Related to Section 10)**

**Quantity of Water to be Available to Every Person who uses Water in Healthcare Facilities**

<b>Important areas</b>	<b>Quantity of water</b>
OPD/Emergency Department	5 litres/consultation
IPD	40-60 litres/patient/day
	15 litres/caregiver/day
Operation Theatre/Delivery Room	100 litres/operation
Dry or Supplementary Feeding Centre	0.5-5 liters per consultation depending on waiting time
Wet Supplementary Feeding Centre	15 litres/consultation
In-patient Therapeutic Feeding Centre	30 litres/patient/day
	15 litres/caregiver/day
Cholera Treatment Centre	60 litres/patient/day
	15 litres/caregiver/day
Serious Fatal Respiratory-related Disease (such as COVID 19, SARS) Isolation Centre	100 litres/patient/day
Viral Hemorrhagic Fever Isolation Centre	300-400 litres/patient/day
	15 litres/caregiver/day
Health workers and other staff	50-100 litres/person/day
Laboratory	10 litres/test
Emergency camps/hub hospitals (intensive water management is necessary to save staff, caregivers and patients from diseases such as cholera and viral hemorrhagic fever)	An alternative water distribution system for emergency camps/hub hospitals (daily distribution of water in existing quantity to be equal in capacity)
Alternative arrangements for situations where water supply is obstructed.	Arrangements for reserve water at least up to two days in all healthcare facilities should be made for situations where the water distribution system is obstructed.

**SCHEDULE-11**  
**(Related to Section 13)**

**Sanitation and Hygiene Standards for Healthcare Facilities**

**a) Sanitation-related standards for healthcare facilities**

Location	Advanced/Standard (Level -1)	Advanced/Standard (Level -2)
Courtyard (outside the main building)	<p><u>All people (based on setting):</u></p> <p>A. There shall be a male block with one toilet, three urinals and two hand-washing basins (one wash basin at a height of 24").</p> <p>B. There shall be a female block with three toilets and two hand-washing basins (one wash basin at a height of 24").</p> <p>C. There shall be male/female and disability-friendly toilets.</p>	<p><u>All people: (based on the number of patients):</u></p> <p>The number of toilets for men shall be at the ratio of 1:100 and for women at the ratio of 1:50. The number of urinals for men shall be at the ratio of 1:50, the number of hand-washing basins for men at the ratio of 1:100 and for women at the ratio of 1:50.</p>
Registration/Waiting Location	One common toilet	<p><u>For all</u></p> <p>There shall be one male block with one toilet, three urinals and two hand-washing basins (one wash basin at a height of 24").</p> <p>There shall be one female block with three toilets and two hand-washing basins (one wash basin at a height of 24")</p>
Outdoor Patient Department (every department/room)	<p><u>Service recipients (based on setting):</u></p> <p>There shall be one male block with two toilets, three urinals and two hand-washing basins (one wash basin at a height of 24").</p> <p>There shall be one female block with five toilets and two hand-washing basins (one wash basin at a height of 24").</p> <p>There shall be one male/female and disability-friendly toilet.</p>	<p><u>Service recipients (based on the number of patients):</u></p> <p>The number of toilets for men shall be at the ratio of 1:100 and for women at the ratio of 1:50. The number of urinals for men shall be at the ratio of 1:50.</p> <p>The number of hand-washing basins for men shall be at the ratio of 1:100 and for women at the ratio of 1:50 (one wash basin at a height of 24").</p> <p><u>Staff:</u></p> <p>There shall be one male toilet with a hand-washing basin and one female toilet with a hand-washing basin.</p>
Indoor Patient Department	<p><u>Service recipients:</u></p> <p>There shall be one male block with one toilet, three urinals, one shower and two hand-washing basins (one wash basin at a height of 24")</p> <p>There shall be one female block with four toilets, one shower and two hand-washing basins (one wash basin at a height of 24").</p> <p>There shall be one male/female and disability-friendly toilet.</p> <p>Defecation and urination pots for children: there shall be one pot for every service venue.</p>	<p><u>Service recipients:</u></p> <p>(Separate for female, male wards and including disability-friendly)- there shall be one toilet for every six beds, one shower for every eight beds, two basins (one at a height of 24") for up to 30 beds and thereafter for every (additional) 30 beds one additional basin and one urinal for every 12 beds.</p> <p>Defecation and urination pots for children: there shall be two pots for every 20 beds.</p> <p>The disability-friendly toilet shall have bathing facilities.</p> <p><u>Staff:</u></p> <p>There shall be one male toilet with a hand-washing basin and one female toilet with a hand-washing basin.</p>
Emergency Room	<p><u>Service recipients</u></p> <p>There shall be one toilet with a basin for men for every 30 beds and one toilet</p>	<p><u>Service recipients</u></p> <p>There shall be one toilet for men for every eight beds and toilet for women for every six beds.</p>

	with a basin for women for every 15 beds. Defecation and urination pots for children: there shall be one pot for every 20 beds.	There shall be one shower for every eight beds, two basins (one wash basin at a height of 24") for up to 30 beds and thereafter for every (additional) 30 beds one additional basin and one urinal for every 12 beds. Defecation and urination pots for children: there shall be two pots for every 20 beds. The disability-friendly toilet shall have bathing facilities. <u>Staff:</u> There shall be one male toilet with a hand-washing basin and one female toilet with a hand-washing basin.
Consultation Room (patient examination room), Duty Room, Nursing Station and Private Rooms	There shall be a toilet with a hand-washing facility.	Doors shall have handles and be wheelchair friendly.
Laundry Room	There shall be one common toilet with a hand-washing basin for men and women	There shall be one toilet for men and women with separate hand-washing basins
USG (ultra sonogram) Room	Doors shall have handles and be wheelchair friendly.	Doors shall have handles and be wheelchair friendly.
Operation Theatre	A sluice shall be connected to the scrub area in the operation theatre before operation.	A sluice shall be connected to the scrub area in the operation theatre before operation.
Pathology Room	There shall be one toilet with a hand-washing basin nearby.	Doors shall have handles and accessible to wheelchair.
Labour/Postpartum Room	There shall be one toilet with a hand-washing facility.	There shall be two toilets with a hand-washing facility.
Delivery room	There shall be provision for a sluice with a separate exit connected to the delivery room.	There shall be provision for a sluice with a separate exit connected to the delivery room
Mortuary	There shall be one toilet.	There shall be one toilet.
Laundry Room	There shall be washing machine.	There shall be arrangements for a central washing system, a washing machine and a semi-covered drying place.
A place or room in every department to keep materials and mops to be used by patients' caregivers (Janitor closet in every department)	There shall be a place with water taps in the designated room to wring mops.	There shall be a place with water taps in the designated room to wring mops.
Outdoor therapeutic physical therapy and nutrition treatment	There shall be one common toilet.	The number of toilets for men shall be at the ratio of 1:100 and for women at the ratio of 1:50.

Note: The toilet shall not be more than 30 meters away from the user. Every female toilet shall have a bin with a lid (containing a plastic bag) to keep menstrual materials.

#### b) Hygiene standards for health institutions

S.N.	Dimension/sub-dimension	Advanced/Standard (Level-1)	Advanced/Standard (Level-2)
<b>1</b>	<b>Shower</b>		
1.1	Shower facility	There shall be separate showers for men and women as required and at least one shower in every indoor room.	
<b>2</b>	<b>Hand hygiene</b>		
2.1	Hand-washing location	As listed below, every section shall have one hand washing place in	As listed below, in every section, there shall have one hand washing place in be

		operation theatre, wards, consultation rooms, dressing room, sterilization room and in other locations like laboratory, kitchen, laundry, shower, toilets (as mentioned in Advanced/Standard Level-1 sanitation) waste disposal area and mortuary.	one operation theatre, wards, consultation rooms, dressing room, sterilization room and in other locations such as laboratory, kitchen, laundry room, shower room, toilets (as mentioned in Advanced/Standard Level-2 sanitation) waste disposal area and mortuary.
2.2	Hand drier	There shall be paper towel napkins.	There shall be paper towel napkins or electric hand driers
2.3	Hand-washing while examining the patient	There shall be arrangements for washing hands with water and soap or using sanitizer after examining every patient.	
3	<b>Hygiene in clothes washing</b>		
3.1	Changing of bed linen	In OPD – daily In IPD – daily In maternity/emergency centre – bed linen shall be changed after each service recipient.	
3.2	Linen management	A separate container for storing used linen and washing facilities (a washing machine with appropriate washing and drying facilities in sun or in electrical medium) shall be available. Washed linen shall be kept in a clean container.	
4	<b>Personal sanitation and protective equipment (service providers)</b>		
4.1	Apron	Shall be used while in duty	
4.2	Mask	Shall be used while conducting serious procedures, carrying out physical examination, managing infected patients and cleaning/ managing waste.	
4.3	Cap	Shall be used while starting a serious process, managing infected patients and cleaning/managing waste.	
4.4	Gumboots	Shall usually be used in maternity centre and while cleaning/managing waste.	
4.5	Gloves	Shall be used while starting a process, conducting physical examination, managing infected patients and cleaning/managing waste.	
5	<b>Menstrual hygiene management</b>		
5.1	Management of sanitary pads	In every female toilet	
5.2	Waste bin with a lid and a pedal		
5.3	Water supply		
5.4	Waste management of used sanitary pads	Waste management without burning	
6	<b>Food hygiene</b>		
6.1	Sanitation	<ul style="list-style-type: none"> <li>It shall be ensured that hands are washed with soap and water before preparing and eating food.</li> <li>It shall be ensured that hands are washed with soap and water after using the latrine.</li> <li>It shall be ensured that gloves and caps are worn while serving/carrying food.</li> <li>It shall be ensured that adequate arrangements are made to control vectors (harmful organisms).</li> <li>It shall be ensured that all equipment, utensils and floors used for food preparation are thoroughly cleaned.</li> </ul>	
6.2	Food storage arrangement	<ul style="list-style-type: none"> <li>Separate locations and containers shall be arranged for storing raw and prepared foods</li> <li>Amount of pesticides used in raw food such as fruit and vegetables shall not exceed the prescribed standards.</li> <li>Food shall be properly covered while being stored, serving the patient and carrying.</li> <li>Plastic bags shall not be used for packing and selling hot cooked food.</li> </ul>	
6.3	Food hygiene	<ul style="list-style-type: none"> <li>It shall be ensured that food is cooked well.</li> <li>It shall be ensured that food items such as meat, fish and egg are cooked well.</li> <li>It shall be ensured that vegetables, soups and other liquid foods are cooked and heated at temperatures above 70 °C.</li> </ul>	
7	<b>Mortuary sanitation</b>		

7.1	Cleaning of Equipment	Shall be carried out after every postmortem.	Shall be done after each postmortem.
7.2	General cleaning and disinfection	Disinfection shall be carried out regularly daily by cleaning with detergent and water and using 0.5% chlorine solution.	
7.3	Structure	There shall be at least one mortuary in a hospital with more than 100 beds.	
7.4	Freezer and chemical (formalin) to protect dead bodies from decaying	Techniques to adjust temperature to 4 to 6.5 <sup>o</sup> C and chemical (formalin) to protect dead bodies from decaying in order to maintain the natural form of the bodies shall be available.	
7.5	Structure	A separate structure shall be built in the courtyard of a healthcare facilities in such a way that it does not affect neighborhood.	
8.	<b>Information flow and hygiene promotion</b>	Hygiene-related information shall be provided targeting to hygiene promotion to health workers, caregivers and service providers for all services. Information regarding behaviour, including washing hands with soap and water and taking care of infants and minors, shall be provided to the appropriate location. Arrangements shall be made to provide information through notice boards, television, newspapers, etc.	
9	<b>Vector and rodent control</b>	Attention shall be paid to the sanitation of healthcare facilities for the control of vectors and rodents in the healthcare facilities. Pesticides shall be sprayed regularly for vector control.	
10	<b>Capacity building</b>	The capacity of health workers and other staff of the healthcare facilities shall be enhanced on the importance of indoor patient care and WASH.	
11	<b>Environmental sanitation/hygiene</b>	The premises of the healthcare facilities shall be surrounded by greenery and waste shall not be thrown or burnt indiscriminately. For management of waste, please refer National Healthcare Waste Management Standard and Operating Procedure, 2020.	



**SCHEDULE-12**  
**(Related to Sub-section (2) of Section 14)**

**Features to be Available in User-Friendly Toilets in Healthcare Facilities**

Child friendly	<ul style="list-style-type: none"><li>○ The handle of the door and structure of the toilet shall be accessible to children.</li></ul>
Gender friendly	<ul style="list-style-type: none"><li>○ There shall be separate toilets for men and women.</li><li>○ A waste bin with a lid shall be available in the women's toilet.</li></ul>
Disability friendly	<ul style="list-style-type: none"><li>○ Arrangements shall be made for accessible and barrier-free pathways that are without stairs or steps (in case of healthcare facility building being outside).</li><li>○ A hand railing shall be attached to the floor or wall.</li><li>○ There shall be a room built in such a way that a wheelchair can turn.</li><li>○ A door at least 100 cm wide shall be made.</li><li>○ Door handle, hand rail and structure of the toilet shall be accessible (for wheelchair or crutch/cane users).</li><li>○ Other facilities (such as rope/tactile tile for finding the way for the visually impaired) as appropriate shall be added.</li></ul>
Others	<ul style="list-style-type: none"><li>○ There shall be at least one toilet with a pan.</li></ul>

**SCHEDULE-13**  
**(Related to Sub-section (11) of Section 15)**

**Features of Toilets**

<b>Men's toilet block</b>	There shall be one low-height urinal (child/user friendly).
<b>Toilet blocks and separate women's toilets</b>	Every toilet shall have a waste bin with a lid for disposal of used sanitary pads.
<b>One toilet for both men and women</b>	There shall be one low-height urinal, one toilet with a pan and one hand-washing basin.
<b>Women's and men's, persons with disabilities and child-friendly toilets</b>	There shall be ramp with railing, brail floor, hand rail till the toilet, any one of the toilet side hand rail, low-height hand-washing basin (for children/wheelchair users) Preferable: There shall be appropriate arrangements to change napkins.
<b>Hand-washing basin</b>	There shall be soap and water (hot and cold), proper arrangements for hand driers and wastewater connected to sewer.
<b>Used wastewater (drainage)</b>	The toilet can be connected to the septic tank in case there is reduced water use in the healthcare facilities.
<b>Septic tank</b>	Two rooms (chambers) It shall be able to hold for four hours. It shall be emptied every five years. Arrangements shall be made to transport or bury the sludge to a treatment plant. There shall be a provision for wearing PPE during emptying.
<b>Pit latrine</b>	<b>In the Terai:</b> A latrine shall be at least 30 metres away from any ground water source, and the distance between the pit latrine bottom and ground water shall be at least 1.5 metres and shall be emptied every three years. <b>In the hills/mountains:</b> After filling, arrangements shall be made for making new pits. Arrangements shall be made to transport or bury the sludge to a treatment plant. PPE shall be worn during emptying.

**SCHEDULE-14**  
**(Related to Sub-section (3) of Section 17)**

**Healthcare Waste Management-related Techniques**

1.	Needle	Needle cutting or bending equipment (100%) shall be used.
2	Separate collection of waste	Arrangements shall be made to collect waste separately that is produced in different ways.
3	Healthcare waste management	Waste shall be separated at the ward level as per the National Healthcare Waste Management Standard and Operating Procedure, 2020 and arrangements shall be made for collection and transportation to the final disposal destination.
4.	Decomposable waste management	Biogas plants/compost pits can be used for decomposable types of waste (left over food, vegetables, fruit, etc).
5	Sterilization of potentially infected waste	Infectious waste (gloves, syringes, IV sets, blood bags, sharp objects, etc) shall be done by sterilization techniques (autoclave, etc) that can transmit infections.
6.	Management of highly infected laboratory waste	Highly infected laboratory waste shall be immersed in chemicals (such as 0.5% sodium hypochlorite, etc). In the context of chemical use, prior to disposal of such waste, the national public health laboratory guidelines "Prescribed Operating Procedures for Biosafety in Laboratory for Infection Control in Nepal, 2073 BS" shall be complied with.
7	Separate management of processable/not-processable waste	Separate arrangements shall be made for collection/storage and processing of waste such as non-burn techniques of disinfection like autoclave, microwave for reusable tools and non-reusable waste like cotton, syringes, needles, cotton pads, sanitary pads, etc shall be collected separately and disposed of properly without causing harm.
8	Personal protective arrangements	Personal protective equipment (masks, caps, shoes, aprons, gloves, etc.) shall be available and used properly.
9	Management of segregated waste	After appropriate processing, non-hazardous and hazardous waste shall be appropriately and safely disposed of in the containers) provided by the municipality, private collector or reused or disposed of in any other designated site).
10	Notice	Notices regarding healthcare waste management shall be posted in such a way that health workers, patients and visitors are able to see and read them.
11	Waste management unit at different levels	There shall be a provision of healthcare waste management unit/department at the provincial level.
12	Responsibilities, regular meeting, orientation/ training management	A Healthcare Waste Management Committee shall be formed, the Committee shall meet regularly, and arrangements shall be made for organizing healthcare waste management-related training/orientation at least once a year.
13	Capacity building	Training shall be provided to health workers and other staff of different levels or categories of healthcare facilities.
14	Budget management	Provision of adequate budget, infrastructure, equipment, operation and necessary classified provision for other shall be made for healthcare waste management.